



Soulful Solutions Inc.

HSS Referral Form: Waiver Clients

Phone: 651-788-9933 | Fax: 763-356-4325

NPI#: 1821770033

Referring Person's Information:

Date of Referral: _____

Name of waiver case manager: _____

Phone: _____ Email: _____

Client Information:

Legal Name: _____ Preferred Name: _____

Date of Birth: _____ PMI# _____

Insurance Provider: _____ Insurance Member ID: _____

Monthly Spenddown Amount (if applicable): _____

Mailing Address: _____

Current Address (if different from above): _____

Phone: _____ Email: _____

Eligibility Determination:

Does the recipient receive any of the following duplicative services? (check yes or no)

Assertive Community Treatment (ACT) ___ Yes ___ No

Moving Home Minnesota (MHM) ___ Yes ___ No

Relocation Service Coordination (RSC) ___ Yes ___ No

Other Duplicative Services ___ Yes ___ No

What is the client's current living situation? (check one)

- ☐ Own Housing (name is on lease, fully independent living)
- ☐ With Family/Friends due to economic hardship
- ☐ In a facility (ICS, group home, adult foster care, etc.)
- ☐ Homeless

What is the client's preferred living situation? (check one)

- ☐ Own Housing (name is on lease, fully independent living)
- ☐ With Family/Friends due to economic hardship
- ☐ In a facility (ICS, group home, adult foster care, etc.)
- ☐ Other: _____

Is this a provider transfer? (check yes or no) ___ Yes ___ No

Service Requested: (check one) ___ Transition ___ Sustaining

Support Plan Checklist:

- ☐ Include all pages, including the signature pages
- ☐ All fields in the section of "My Supports" is filled out (see example on page 2)

Please email the completed form AND current support plan to

hssreferrals@soulfulsolutionsinc.com

*or fax it to **763-356-4325**.*

Example Support Plan section for HSS:

My Supports

People And Community Organizations That Support Me

Person's Name	Relationship
-- Jennifer Villeneuve	-- HSS Worker
Role	Organization's Name
-- Support/Interdisciplinary Care Team	Soulful Solutions NPI 1821770033
	Unit Rate: \$17.17
	Units: 600
	Total Service: \$10,302.00



Housing Stabilization
Services:
Sustaining/Transition

Support Description

Housing Stabilization Services (HSS) will provide support and assistance with housing search process, including the following: assistance with applying for benefits (e.g. vouchers, utility assistance, etc.) and evaluating budget/affordability; searching for available housing and completing applications; managing and following up regarding waitlists; understanding and negotiating a lease; and planning regarding packing and moving process. HSS will communicate regarding status of housing search and any documents/information needed for housing application. HSS will provide written updates to CM as requested.

Date Printed: 5/8/2025

Effective Date Range: 8/1/2024 - 7/31/2025

Page Number: 4 of 9

Support Plan

Form ID: 18340314

Frequency

-- As needed

Area Of Need

Housing

Goals

-- Must be filled out: examples include "move to new independent housing" or "retain current housing"