

Spectrum Care LLC  
 370 Wabasha St N Ste 610  
 St Paul, MN 55102  
 651-330-6223 office  
 651-400-6204 fax  
[ftorres@spectrumcarellcmn.co](mailto:ftorres@spectrumcarellcmn.co)  
[m](#) UMPI#502433200



### Housing Stabilization Services

Referral Date:

#### Client Information

|            |             |    |               |      |  |
|------------|-------------|----|---------------|------|--|
| First Name |             | MI | Last Name     |      |  |
|            |             |    | I             |      |  |
| DOB        | Gender Male |    | Pronoun       | Race |  |
|            | M F         |    |               |      |  |
| Address    |             |    | Phone         | SSN  |  |
| PMI #      |             |    | Email Address |      |  |

#### Case Manager Information

|       |               |            |
|-------|---------------|------------|
| Name  | Agency        | NPI/UMPI # |
|       |               |            |
| Phone | Email Address |            |
| Fax   |               |            |

#### Qualified Professional

|      |
|------|
| Name |
|------|

|               |              |
|---------------|--------------|
| Email Address | Phone<br>Fax |
|---------------|--------------|

Documents Enclosed (check all that apply)

|   |  |
|---|--|
| MN Choice Assessment<br>CSSP Cadi Waiver<br>PROFESSIONAL STATEMENT OF NEED DHS FORM7122<br>Community Support Plan<br>Elderly Waiver |  |
|---|--|