A to Z Housing

Stabilization Services Personal Information Referral Form

Once completed, please send to Hirsi@atozhousingmn.com or fax to 612-808-2396

Name:	**Date of Birth**:	**Preferred Pronoun:**	**Referral Date**:
PMI:	**Diagnosis Code:**	**Phone**:	**Alt. Phone**:
Current/Old Address:			
Mailing Address:			
New/Moved to:			
County of Fiscal Responsibility:	**Email**:	**Move Date**:	

To be eligible Housing Stabilization Services, you must be able to check all boxes under Housing Stabilization Services Eligibility Requirements. If these don't apply to you, you may be eligible for a different housing program. If you are unsure, please reach out to Sadia.

Housing Stabilization Services

(Eligibility Requirements as defined by DHS)

☐ Medical Assistance Recipient

☐ Be 18 years or older

☐ Have a documented disability or disabling condition or SSI/SSDI

☐ Requires assistance with communication, mobility, decision making, or managing challenging behaviors

☐ Experiencing housing instability

Disability Type

☐SSI/SSDI eligible

☐Developmental Disability

☐Substance use disorder

☐Injury or illness with extended incapacitation

☐Mental Illness

☐Learning Disability

Current Living Situation

If the individual is on a PMAP, list which one Choose One

Member ID: Group Number:

Disability Services Information

(Not necessary for eligibility, informational purposes only)

☐ Community Alternative Care waiver (CAC)

☐ Community Alternatives for Disabled Individuals waiver (CADI)

☐ Traumatic Brain Injury waiver (TBI)

☐ Developmental Disabilities waiver

☐ Consumer Directed Community Supports (CDCS)

☐ Targeted Case Management

☐ Senior Care Coordinator

☐ Elderly Waiver

☐ Private Duty Nursing

☐ Personal Care Assistance (PCA)

☐ Personal Care Assistance (PCA Choice)

☐ Semi-Independent Living Services (SILS)

☐ ARMHS

☐ Home Health Aid

☐Other:

Referring Person and or Referring Professional:		
Provider Agency:	**Phone**:	**NPI (if applicable):**
Fax Number:	**Email**:	

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Required Documentation

Proof of Disability Type

☐Professional Statement of Need
☐State Medical Review Team
☐MA-DX/MA-BX
☐SSI/SSDI letter
☐Medical Opinion Form
☐Age 65 or over

Assessment Type:

☐Professional Statement of Need (PSN)
☐Coordinated Services and Supports Plan (CSSP)
☐MnChoices Assessment

Important dates (drop down menu)**:**

Date Submitted to DHS for Eligibility:

If they have a waiver, what date does the CSSP expire?

If they do not have a waiver, what date does the Housing Focused Person Centered Plan expire?

I Have a Voucher

☐Voucher Type:
Choose One

☐Other:

Demographics/History

Race: Choose One
Disability: Choose One
☐ Developmental Disability
☐ Intellectual Disability
☐ Veteran

Housing Affordability Type Needed

Housing that:

☐ Accepts vouchers
☐ Income Based
Subsidized Housing
☐ Market Rate

Employment

1. Are you/they earning minimum wage or more?

   Choose One

2. Would you/they like a referral to people who can help you find a job that pays minimum wage or more:

   Choose One

Submit Form

Notes: