

Housing Stabilization Services (Transitioning & Sustaining) Referral Form

Required with this completed referral form

1) One of the following person-centered planning options (check the included document):

- Housing Focused Person-Centered Plan (DHS-7307)
- Coordinated Services and Supports Plan (Case Manager)
- Coordinated Care Plan (Senior Care Coordinator)

2) Proof of housing instability/assessed need for services (check the included document):

- Professional Statement of Need (DHS-7122)
- MN Choices Assessment
- Long Term Care Consultation
- DHS HSS Coordinated Entry Assessment/Document

3) Proof of disability (check the included document):

- Professional Statement of Need (DHS-7122)
- Proof of Age 65 or older (please check if applicable – do not need to provide proof)
- SMRT Approved Letter
- Medical Opinion Form (DHS-2114)
- MA-DX/MA-BX/MA-EPD (please check if applicable – do not need to provide proof)

4) Diagnosis (select a diagnosis type for client):

- Developmental Disability
- Physical Illness, Injury or Impairment
- Learning Disability
- Chemical Dependency
- Mental Illness

5) Areas in need of housing (Check one or more assessed needs. Must reflect the need areas that were identified in the assessment):

- Mobility
- Communication
- Decision Making
- Managing Challenging Behaviors

Referral Date	
Referring Case Manager	
Phone Number	
Email Address	
County (CFR) and CM Agency	
Agency NPI	

Client Name	
Date of Birth	
Address	
Phone Number	
Waiver Type: CADI, BI, DD, CAC, EW	
PMI Number/Medical Assistance Number	
Diagnosis and ICD10	
Guardian: Yes or No	

Please make sure an updated CSSP with our agency information for Housing Stabilization Services is included.

Case Managers: Coordinated Services and Supports Plan

(CSSP) Care Coordinators: Community Support Plan (CSP)

"We strive to improve the quality of life for individuals and families experiencing housing instability by helping them find acceptance, guidance, and hope while providing best community service possible."