



The Arc Minnesota Housing Stabilization Services Personal Information Referral Form

Once completed, please send to [BethanySchwerr@ArcMinnesota.org](mailto:BethanySchwerr@ArcMinnesota.org) or fax to 651-374-9532

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

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 Bethany.

<p><b><u>Housing Stabilization Services</u></b> (Eligibility Requirements as defined by DHS)</p> <input type="checkbox"/> Medical Assistance Recipient <input type="checkbox"/> Be 18 years or older <input type="checkbox"/> Have a documented disability or disabling condition or SSI/SSDI <input type="checkbox"/> Requires assistance with communication, mobility, decision making, or managing challenging behaviors <input type="checkbox"/> Experiencing housing instability	<p><b><u>Disability Type</u></b></p> <input type="checkbox"/> SSI/SSDI eligible <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Substance use disorder <input type="checkbox"/> Injury or illness with extended incapacitation <input type="checkbox"/> Mental Illness <input type="checkbox"/> Learning Disability	<p><b><u>Disability Services Information</u></b> (Not necessary for eligibility, informational purposes only)</p> <input type="checkbox"/> Community Alternative Care waiver (CAC) <input type="checkbox"/> Community Alternatives for Disabled Individuals waiver (CADI) <input type="checkbox"/> Traumatic Brain Injury waiver (TBI) <input type="checkbox"/> Developmental Disabilities waiver <input type="checkbox"/> Consumer Directed Community Supports (CDCS) <input type="checkbox"/> Targeted Case Management <input type="checkbox"/> Senior Care Coordinator <input type="checkbox"/> Elderly Waiver <input type="checkbox"/> Private Duty Nursing <input type="checkbox"/> Personal Care Assistance (PCA) <input type="checkbox"/> Personal Care Assistance (PCA Choice) <input type="checkbox"/> Semi-Independent Living Services (SILS) <input type="checkbox"/> ARMHS <input type="checkbox"/> Home Health Aid <input type="checkbox"/> Other:
<p><b><u>Current Living Situation</u></b></p>		
<p>If the individual is on a PMAP, list which one</p> <p>Member ID: _____ Group Number: _____</p>		

<b>Referring Person and or Referring Professional:</b>		
<b>Provider Agency:</b>	<b>Phone:</b>	<b>NPI (if applicable):</b>
<b>Fax Number:</b>	<b>Email:</b>	

<p align="center"><b>Required Documentation</b></p>	<p align="center"><b><u>I Have a Voucher</u></b></p> <p><input type="checkbox"/> Voucher Type:</p> <p><input type="checkbox"/> Other:</p>	<p align="center"><b><u>Demographics/History</u></b></p> <p>Race:</p> <p>Disability:</p> <p><input type="checkbox"/> Developmental Disability</p> <p><input type="checkbox"/> Intellectual Disability</p> <p><input type="checkbox"/> Veteran</p>
<p align="center"><b>Proof of Disability Type</b></p> <p><input type="checkbox"/> Professional Statement of Need</p> <p><input type="checkbox"/> State Medical Review Team</p> <p><input type="checkbox"/> MA-DX/MA-BX</p> <p><input type="checkbox"/> SSI/SSDI letter</p> <p><input type="checkbox"/> Medical Opinion Form</p> <p><input type="checkbox"/> Age 65 or over</p>		<p align="center"><b><u>Housing Affordability Type Needed</u></b></p> <p>Housing that:</p> <p><input type="checkbox"/> Accepts vouchers</p> <p><input type="checkbox"/> Income Based Subsidized Housing</p> <p><input type="checkbox"/> Market Rate</p>
<p align="center"><b>Assessment Type:</b></p> <p><input type="checkbox"/> Professional Statement of Need (PSN)</p> <p><input type="checkbox"/> Coordinated Services and Supports Plan (CSSP)</p> <p><input type="checkbox"/> MnChoices Assessment</p>		<p align="center"><b><u>Employment</u></b></p> <ol style="list-style-type: none"> <li>Are you/they earning minimum wage or more?</li> <li>Would you/they like a referral to people who can help you find a job that pays minimum wage or more:</li> </ol>
<p align="center"><b>Important dates</b> <small>(drop down menu):</small></p> <p>Date Submitted to DHS for Eligibility:</p> <p>If they have a waiver, what date does the CSSP expire?</p> <p>If they do not have a waiver, what date does the Housing Focused Person Centered Plan expire?</p>		

Notes: