

**Housing Stabilization Services**

Referral Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal Information**

|  |  |  |
| --- | --- | --- |
| First Name:  | M.I.: | Last Name: |
| Date of Birth: | Gender: Male FemalePreferred Pronouns: He/She/They | Race:  | SSN: |
| Address: | City:  | Zip code: |
| PMI Number: | Phone Number:  | E-mail address: |

**Legal Status & Legal Representative Contact Information**

|  |
| --- |
| [ ] Responsible for self [ ] Under Guardianship **(complete section below)**  |
| First name: | Last name: |
| Address: | City:  | Zip code:  |
| Phone Number: | Fax Number:  | Email: |

**Waiver Case Manager Information**

|  |  |
| --- | --- |
| First Name: | Last Name:  |
| Email Address: Phone Number:Fax:  |

**Requested Documents**

|  |
| --- |
| [ ]  An updated CSSP with Independent Living Placement Housing Stabilization Services [ ]  Transition [ ]  Sustaining[ ]  Face sheet |

**Staff Preferences**

|  |  |
| --- | --- |
| Male/Female | Ethnicity:  |
| Language Preference:  |

**Desired Locations of Residency**

|  |
| --- |
| Counties: |
| Cities:  |

**How soon does the person served need to move?**

|  |
| --- |
|  |

**\*Please email completed referral documents to Jennifer Bartel, the Housing Stabilization Services Supervisor at Independent Living Placement: Jennifer.Bartel@ilpmn.com**