

**Housing Stabilization Services**

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

**Personal Information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| First Name: | | | M.I.: | Last Name: | | |
| Date of Birth: | Gender: Male Female  Preferred 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**