**Ridgewell Living LLC**

**HOUSING STABILIZATION SERVICES (HSS) REFERRAL FORM**

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

**Referrer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Referrer’s Phone/Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Complete ALL Sections** *- can click in checkboxes.*

**Personal Information**

|  |  |  |
| --- | --- | --- |
| First Name: | M.I. | Last Name: |
| Date of Birth: | Gender: [ ] Male [ ] Female[ ] Prefer not to say[ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Race:  | SSN: |
| Diagnostic Codes and Descriptions (for mental health and physical health): | PMI #: |
| Phone Number: | Cell Number:  | E-mail address: |
| Current address: | City: | Zip code: | County: |

**Emergency Contact**

|  |  |  |
| --- | --- | --- |
| Name | Relationship | Phone Number |
|  |  |  |

**More About you**

|  |
| --- |
| Are there any known cultural considerations? [ ] Yes [ ]  No  If yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Is there any gender preference regarding the assigned staff? [ ] Yes [ ]  No  If yes: [ ]  Male [ ]  Female [ ]  No preferenceAny known Allergies: [ ] Yes [ ]  No  If yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tell us more about yourself (other things we should know, priorities, goals): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Level of Need**

|  |
| --- |
| Does this person have a criminal background? [ ] Yes [ ]  NoAre you aware of any drug/alcohol use? [ ] Yes [ ]  NoDoes this person use the following? (mark all that apply) [ ] Walker [ ]  Cane [ ]  Wheelchair [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Does this person have an income source? [ ] Yes [ ]  No **(If yes, enter information below)**Type of income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Does this person currently have a lease? [ ] Yes [ ]  No If yes, when will it end? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Is this person currently homeless or will be homeless? [ ] Yes [ ]  No If yes, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| How soon does this person want to move? (exact date not necessary) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How soon will this person need to move? (exact date not necessary) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Is this person best described as [ ]  **actively** looking for housing or [ ]  **passively** looking for housing?  |
| Will this person need Transitional Services? [ ]  Yes [ ]  NoHousing search preferences (mark all that apply): [ ]  Market Housing [ ]  Income-based Housing  [ ]  Supportive Housing [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Which day/s and time/s of the week is the person available for Consultation:[ ]  Mon \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Tue \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Wed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Thur \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Fri \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Sat \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Sun \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Meeting preference: [ ] In-person [ ] Remote (phone or video call) [ ] Not sure yet |
| Other important notes (please be specific): |

**Legal Status & Legal Representative Contact Information**

|  |
| --- |
| Check box that applies:[ ] responsible for self [ ] under guardianship (complete section below)  |
| First name: | Last name: |
| Address: | City:  | Zip code: |
| Email:  | Phone Number:  | Fax Number: |

**Current Case Manager Information**

|  |
| --- |
| Check box that applies:[ ] Housing Consultant [ ] Waiver Case Manager [ ] Targeted Case Manager [ ] Moving Home MN [ ] None |
| Names: | Agency Name: | NPI: |
| Address: City: Zip code:   |
| E-mail Address: |
| Office number (with direct ext. if applicable): | Office Fax: |

***\*Do include any other available supporting documents*** *(like most recent PSN, Assessments, Medical Opinion letter, etc.)*

Referrer’s (e)Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Send completed form and supporting documents to:*

**Email: *info@ridgewell-living.com*Subject: *HSS Referral Form***

or

**Fax:** ***(763)-647-1477  Attn: HSS Referral Team***