**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 preference  Any 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  No  Are you aware of any drug/alcohol use? Yes  No  Does 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  No  Housing 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***