MN HOMEBASE
HOUSING SERVICES, INC.
"Where there is a need, be a part of the solution."

UMPI A897932500

102 LAUREL ST, SUITE 2
BRAINERD MN 56401
MAIN - 218-542-4128
FAX - 218-542-4108
www.homebasemn.com

Housing Stabilization Services Referral Form

Date of Referral	Is This an HSS Provider Change Request?	Is Interpreter Needed?
	☐ Yes No ☐ If yes, Previous Provider:	☐ Yes Language:

Referral Contact Information

NAME or ORGANIZATION MAKING REFERRAL	PHONE	EMAIL

Housing Stabilization Services Needed

(Once approved for services, the approval covers both Transition and Sustaining services, the check boxes are for planning purposes.)

☐ TRANSITION (find housing) ☐ SUSTAINING (maintain housing)

☐ CONSULTATION (Housing Focused Person-Centered Plan)

Person Information

FIRST NAME (preferred)	MI	LAST NAME	DATE OF BIRTH

LEGAL NAME (if different than chosen)

PHONE NUMBER	EMAIL ADDRESS	CONTACT PREFERENCE ☐ Phone ☐ Text ☐ Email	DAYS/TIMES

HOME/MAILING ADDRESS	APT	CITY	STATE	ZIP	COUNTY

MA PMI	INSURANCE PROVIDER & ID (if applicable)

If applicable, list person's Guardian, Case Manager or Care Coordinator, Housing Consultant etc.

Name	Organization/Relationship	Phone	Email	Preferred Contact Via
				☐ Phone ☐ Email
				☐ Phone ☐ Email

Housing Instability

☐ Homeless ☐ At-Risk for Homelessness
☐ Transitioning from a facility ☐ Institutional level of care/Eligible for Waiver

Living Situation

☐ Own Housing ☐ Family /Friends ☐ Adult Foster Care, group home ☐ Hotel/Motel ☐ Jail/Prison
☐ Shelter/Board & Lodge ☐ Hospital/Treatment/Detox/Nursing Home ☐ Place not meant for Housing

Health Profile/Diagnosis

☐ Physical Illness, Injury or Impairment ☐ Mental Illness ☐ Chemical Dependency
☐ Developmental Disability ☐ Learning Disability

Disability Type

☐ SSI/SSDI ☐ Injury or Illness with extended incapacitation ☐ Mental Illness
☐ Developmental disability ☐ Substance-Use Disorder ☐ Learning Disability

MN HOMEBASE HOUSING SERVICES, INC.
"Where there is a need, be a part of the solution."

UMPI A897932500

102 LAUREL ST, SUITE 2
BRAINERD MN 56401
MAIN - 218-542-4128
FAX - 218-542-4108
www.homebasemn.com

HOMEBASE HOUSING SERVICES INC will submit required eligibility documentation to DHS for approval.

Disability type or disabling condition (need to select at least one)

☐ SSI/SSDI - no documentation needed; DHS eligibility review team will verify
☐ Age 65 or over -no documentation needed; DHS eligibility review team will verify
☐ MA-DX/MA-BX/MA-EPD -no documentation needed; DHS eligibility review team will verify
☐ MEDICAL OPINION FORM (DHS-2114)
☐ PSN (Professional Statement of Need) -also meets proof of assessment type (DHS-7122)
☐ Don't have/Don't know/Need assistance with getting this documentation

Assessment Type (need to select at least one)

☐ MnCHOICES Assessment

If person has a waiver case manager or MSHO+care coordinator, no documentation needed
If person does not have a waiver case manager, the MnCHOICES assessment is completed and the CSP(Community Support Plan) is the documentation needed.

☐ LONG TERM CARE CONSULATION (same as MnCHOICES Assessment)
☐ Coordinated Entry Assessment (Homeless Services)
☐ PSN (Professional Statement of Need) – also meets proof of disability type (DHS-7122)
☐ Don't have/Don't know/Need assistance with getting this documentation

Person-Centered Plan (need to select at least one)

☐ CSSP (Community Services Support Plan) or Coordinated Care Plan (CCP), documentation needed;

CSSP: Person has a waiver case manager and a Coordinated Services and Support Plan
CCP: Person has a MSHO/MSC+care coordinator

☐ Housing Focused Person-Centered Plan

Completed by:
- a housing consultant (Homebase can complete)
- targeted case manager

☐ Don't have/Don't know/Need assistance with getting this documentation

Please email completed referral form and documentation to:
referrals@homebasemn.com or fax to 218-542-4063
If you have any questions, please feel free to visit our website or call Homebase Housing Services Inc at 218-232-0979

HSS info for Targeted CM's

HSS info for Waiver CM's