



## Housing Stabilization Services Referral

### Recipient Information

Recipient Name:

Recipient DOB:

Recipient PMI:

### Contact Information

Recipient Phone:

Recipient Email:

Recipient Mailing Address:

County of Residence:

### Referral Type

**Has the individual been previously referred to another agency for HSS? (Has the CSSP been sent to another provider or are they receiving services).** *If any of these statements are true, please select Yes. This has no impact on whether we will accept the referral, it just changes the form we need to submit to DHS.*

Yes,  No.

### Guardianship

Does recipient have a guardian?  Yes,  No.

If yes, please provide the following information:

Guardian Name:

Guardian Phone:

Guardian Email:

### Rep Payee

Does recipient have a Rep Payee?  Yes,  No.

If yes, please provide Rep Payee information:

Rep Payee Name:

Rep Payee Phone:

Rep Payee Email:

### Recipient Living Situation

Own Housing: Lease, mortgage, rent

Family/Friends

Service Provider

Hospital/Treatment

**Provider NPI: A659105500**

Shelter

Other:

### Recipient Primary Diagnosis

F84.9, Developmental Disability

F81.89, Learning Disability

F99, Mental illness

F19.20, Chemical Dependency

R69, Physical illness, injury, or impairment

### Referring Entity

Waiver Case Manager/Care Coordinator

Targeted Case Manager

Housing Consultant

Coordinated Entry

Other:

### Case Manager Information

Case Manager Name:

Agency:

Phone:

Email:

### Notes

Please include any relevant information that you think will help us better served the recipient of services.



## Referral Information Submission Checklist

### Recipient on the Waiver

- Current CSSP with Housing Stabilization Transition or Sustaining authorized included in the list of services.
  - Provider NPI: **A659105500**
  - Provider Name: **Redeemer Services, Inc**
- Referral Form
- Note for transfers from Housing Stabilization Service agency, *you must end service on CSSP and include Redeemer Services, Inc.* starting from the next day following the end of previous service date.
- Send referrals to [Referrals@Redeemerservices.com](mailto:Referrals@Redeemerservices.com)
- If you have any questions, please contact [Francis@redeemerservices.com](mailto:Francis@redeemerservices.com)

### Recipient not on the Waiver

- A completed and signed Professional Statement of Need (DHS 7122) from a qualified professional.
- Completed and signed Housing Focused Person-Centered Plan (DHS 7307)
  - Provider Name: Redeemer Services, Inc.
  - NPI: A659105500
  - Provider Email Address: [Francis@RedeemerServices.com](mailto:Francis@RedeemerServices.com)
  - Phone Number: 651.219.4503
  - Address: 6053 Hudson Road STE 300 Woodbury MN 55125
- Referral Form.
- Send referrals to [Referrals@Redeemerservices.com](mailto:Referrals@Redeemerservices.com)
- If you have any questions, please contact [Francis@redeemerservices.com](mailto:Francis@redeemerservices.com)