



Today's Date:

Provider NPI: A723105100

CLIENT INFORMATION

Full Name:		DOB (mm/dd/yy):		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address:			City:	State:	Zip:
Phone:	MA/PMI #:	Start Date:			

Documented Disability:

- SSI/SSDI Developmental Disability Physical Illness Learning Disability Mental Illness
- Chemical Dependency

Proof of disability (check the included document):

- Professional Statement of Need (DHS-7122)
- Coordinated Services and Supports Plan (CSSP)
- Care Plan

Current Living Situation (please check appropriate box):

Own housing: Lease/Rent Other

Service Provider: Foster care

Group Home

Emergency Shelter

Jail/prison/juvenile detention

Hospital/Treatment/Detox/Nursing Home

Family/friends due to economic hardship

Hotel/Motel

Place not meant for housing

Are Medical Assistance and the waiver currently active? Yes No Renewal date:

Select Services Type

- Housing Transition
- Housing Sustaining
- Housing Consultation

Insurance

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Medica | <input type="checkbox"/> Hennepin Health | <input type="checkbox"/> Blue Plus |
| <input type="checkbox"/> Health Partners | <input type="checkbox"/> United Healthcare | <input type="checkbox"/> Prime West |
| <input type="checkbox"/> UCare | <input type="checkbox"/> MA | <input type="checkbox"/> SouthCountry |
| Other: | | |

Current Level of Housing Instability (please check appropriate box):

- Homeless
- At-Risk of Homelessness
- Transitioning from Facility
- Institution Level of Care/Eligible for Waiver

Please fill out the form with as much detail as possible and return with a copy of the most current proof of disability document.

Email referral to Info@prosperitywellness.org

Phone: 612-433-5081 or 612-250-4819

Guardianship Status: Self Other (list name & contact info):

CASE MANAGER INFORMATION

Prosperity Wellness values the presence, support, and input of case managers on the support team. Please fill this form below.

Case Manager Name:		Phone #:	
County/Agency:		Fax #:	
Address:	City:	State:	Zip:
Email:			