WELLHEALTH SERVICES REFERRAL FORM

Phone (952) 923-4174
All referrals to be sent: referrals@wellhealthservices.org

Service	UMPI Number
HSS	M578678700

Housing Stabilization Services (HSS) Eligibility (*Required*)

Must be 18+ years
Actively on Medical Assistance
Experiencing or in danger of housing stability?

Client Information

First Name _____ Last Name _____

Address _____ _____ _____
City State Zip

Cell Phone _____ Email _____

Date of Birth _____ _____ _____

Emergency or Guardian Contact

First Name _____ Phone _____

PMI Number _____ MCO Provider _____

Interpreter Needed, If yes, Language Needed: _____

Case Manager Or Referring Party

Name _____ Phone _____ Email: _____

Services Needed

Housing Stabilization Services:

☐ **Consultation** ☐ **Transition** ☐ **Sustain Scope of Services (If Applicable):**

☐ **I agree to the HIPAA Privacy Statement**