**Person Centered Plans Referral Form**

**Client Information:**

Full Name:

Date of Birth:

Phone Number:

8-digit PMI/Subscriber ID # *(if known)*:

HMIS # *(if known)*:

**Referral Provider Information:**

Agency Name:

Staff Full Name:

Staff Phone Number:

Staff Email Address:

**Type of Referral:**

Initial ORRenewal

*Initial= no HSS services / Renewal= services expiring soon or expired and in grace period*

Internal OR External

*Internal= referring agency will provide HSS / External= outside agency will need to provide HSS*

**Eligibility Check List- Person Centered Housing Consultants**

Client age is 18 years or older

Client is homeless OR at risk of homelessness OR transitioning from facility

ROI complete- client authorization for referral agency to share info with PCHC

After Person Centered Housing Consultants confirms above eligibility requirements, proof of disability type and assessment type will be required. Note: The Professional Statement of Need meets both proof of disability and assessment type.

**Assessment Type:**

* Professional Statement of Need (dated within past 9 months)
* Coordinated Entry
* MnChoices Assessment

**Eligibility Documents for Proof of Disability Type:**

* Professional Statement of Need (dated within the last year)
* State Medical Review Team
* MA-DX/ MA-BX/ MA-EPD
* Social Security Income/ Social Security Disability Insurance
* Medical Opinion Form
* Age 65 or over

**Submit Documents To:**

Person Centered Housing Consultants

Email:  [brian@pch-consultants.com](mailto:brian@pch-consultants.com)

Phone:  612-326-3862