|  |  |  |
| --- | --- | --- |
| **Housing Provider Contact Information**Agency Name:      Program Name:      HMIS Program ID:      Person Completing Form:       Email:       Phone:      Intended Case Manager (if known):       Email:       Phone:        |  | **Number of Vacancies**     **Check Box if REPLACMENT Referral** [ ]  |
| **Type of Program**[ ]  PSH[ ]  TH [ ]  RRH |  | **Household Type**[ ]  Single Adult[ ]  Family – Single-Parent Household[ ]  Family – Two-Parent Household |
| **Head of Household Age**[ ]  16-21 [ ]  18-21 [ ]  18-24[ ]  Any Age[ ]  Other:       |  | **Family Size**[ ]  Any Family Size[ ]  Not Applicable (single adult/youth)      Parent(s),       Children |
| **Unit Size (if applicable)**[ ]  Studio/Efficiency [ ]  1BR [ ]  2BR [ ]  3BR[ ]  4BR[ ]  Other:       |  | **Location**[ ]  Scattered Site[ ]  Site-BasedCity:       Neighborhood:       Expected Vacancy Date:       |
| **Homeless Status as Required by Funder**[ ]  Chronic[ ]  LTH [ ]  High Priority Homeless[ ]  HUD Homeless[ ]  MN Homeless  |  | **Sobriety**[ ]  No sobriety requirement [ ]  Client must be soberPlease elaborate:        |
| **Disability**[ ]  HoH must have disability impacting ability to work[ ]  A household member must have a disability [ ]  No disability requirement[ ] Other:       |  | **Income**[ ]  Household must have verifiable incomeMinimum Monthly:       Maximum Monthly:      [ ]  Household may have zero income Maximum Monthly:       |

**Please send completed form to:** – CES.Hennepin@hennepin.us