

Jarar Home Health Care

REFERRAL FOR

HOUSING STABILIZATION SERVICES (HSS)

Reach out to Hodo Dahir or 612-772-7388

Jararhomecare@gmail.com

Referring Staff Name and Title: _____

Referring Agency: _____ Phone Number: _____

Email: _____

Client name: _____ Birth date: _____ Household size: _____

Current address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Social Security #: _____ PMI: _____

Client email: _____

Client has (circle any that apply):

- Brain Injury Waiver (BI)
- Community Alternate Care Waiver (CAC)
- Elderly Waiver (EW)
- Community Access for Disability Inclusion Waiver (CADI)
- Developmental Disability Waiver (DD)
- Pending eviction (date, if known _____)
- Section 8 voucher
- SSI or SSDI income

If client has a Care Coordinator, Targeted Case Manager, or Mental Health Case Manager, please share name and phone (if known):
