

Hennepin Coordinated Entry System Referral Request Form

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
REPLACEMENT
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-Based

City:
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 sober
Please 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 income
Minimum Monthly:
Maximum Monthly:
 Household may have zero income
Maximum Monthly:

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