



The Arc Minnesota Housing Access Services Eligibility and Personal Info. Form

Date: _____

Name: _____

Date of Birth: _____

OLD Address: _____ city: _____ zip code: _____

NEW Address _____ city: _____ zip code: _____

Phone: _____ County: _____ Move Date: _____

Referred by: _____ Phone _____

To be eligible for Housing Access Services people must be eligible for a Medical Assistance Home Care Service. Please check the appropriate box that indicates either this person has been assessed or determined eligible for one of the following services or is currently receiving one or more of the following services.

Check all that apply

for office use only, check all that apply.

- Private Duty Nursing
- Personal Care Assistance (PCA)
- Personal Care Assistance (PCA Choice)
- Semi-Independent Living Services (SILS)
- ARMHS
- Other, please specify

- Information and referral
- Home Search
- Home viewing with Person
- Budget Assistance
- Landlord Meeting
- Rental app./lease assistance
- Public Housing App.
- Furnishings
- MSA/Shelter Needy access
- Assistance Funds
- Moving Assistance
- On-going support
- Moved from being Homeless
- Moved from group home
- Helped obtain SNAP (Food Assistance)
- Already has SNAP at time of intake
- Other _____

Name of Person Verifying eligibility: _____

Agency: _____ Phone: _____ Fax: _____

(By signing this form you are verifying the individual named above is eligible for one or more of the listed services)

Signature: _____ Date: _____

Housing Access Services is a partnership with the Minnesota Department of Human Services and The Arc Minnesota. All personal information will only be viewed by The Arc Minnesota staff and Minnesota Department of Human Services designated staff.



Consent for release of information

I/we _____ do hereby authorize the exchange of information described below. I have been informed of the intended purpose and use of this exchange, and that this information will not be further released without my written consent.

The following parties:

Name	Stacey Nordby or designated HAS staff.			
Agency	The Arc Northland The Arc Minnesota			
Address	424 West Superior Street Suite 500			
City/Zip	Duluth, MN 55802			
Phone	(218)726-4739			
Fax	(218)726-4732			

Have my express permission to exchange the following information:

- This form authorizes oral and written communications
- Notice of Eligibility for Medicaid Home Care or a Waiver Service
- Household Budget information
- Photo and journal of Housing Access Services provided for reporting to the MN Department of Human Services and marketing/promotional purposes for The Arc of Minnesota.

Other, please specify _____

I believe this exchange of information to be in my best interests. I understand that I may cancel this consent (not retroactive) upon written notice. I understand that this consent will automatically expire one year after the date of my signature.

Individual Date

Parent/Guardian Date