

## Harmony Home Services - Client Referral Form

### Referrer Information

Your Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Client Information

Client Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

### Eligibility Information

Medicaid ID: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Housing Status: \_\_\_\_\_

Disability Status: \_\_\_\_\_

### Services Needed

☐ Housing Search & Application Assistance

☐ Landlord Negotiation & Advocacy

☐ Benefits Application Assistance

☐ Housing Stabilization Support

☐ Case Management

Urgent Needs: \_\_\_\_\_

Additional Information: \_\_\_\_\_

### Release of Information

☐ I have obtained consent to share this information

☐ I give permission to contact me regarding this referral

Submit to: [referrals@harmonyhomeservices.org](mailto:referrals@harmonyhomeservices.org)

Phone: (612) 555-0123