Region 7E AMHI Regional Housing Coordination Services Referral

Purpose of Service: *To provide services to referred residents of Region 7E who:*

- *Are adults; age 18+*
- *Have AMH TCM case management services within the five counties.*
- *Have a Diagnostic Assessment within the preceding three years, retained by the county, confirming SPMI eligibility*
- *Are transitioning from residential treatment or are currently homeless or at risk of homelessness OR are obtaining new independent housing*
- *Are currently residing and seeking housing in Region 7E.*

Today's Date: _____

**Name: _____

**PMI Number: _____

Address: _____

**Phone: _____ Email:

_____

Preferred method of contact (check one):

- Email
- Phone
- Text

**Referral services requested:

- Housing Triage
- Bridging-Household furnishings
- Bed

**Referring case manager:

Name: _____

Email: _____

Phone: _____

How many adults and children are in your household? Adults: _____ Children: _____

Is there any other information the Regional Housing Coordinator should know?

_____
_____
_____
_____

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Once this form is complete, please send to the **Regional Housing Coordinator, Deb Kenney, at** debK@lakesandpines.org. Please also include the following:

- Consent for Release of Information for Lakes and Pines.

**These fields are required to submit the referral.