



HAUS KEY HOUSING SERVICES

CLIENT INTAKE FORM

154 E BROADWAY ST
SUITE 7
MONTICELLO / MN /
55362
(612) 454-0776

WWW.HAUS-KEY.COM

DATE	CARE COORDINATOR	PHONE NUMBER
MM/DD/YY	Name	Phone Number

CLIENT ONBOARD INFORMATION

CLIENT NAME		ADDRESS	
CLIENT PHONE			
DATE OF BIRTH			
MEDICAL ASSISTANCE #			
PMI #			

Does the client have an existing Assessment (i.e MnCHOICES or Coordinated Entry)?

What is the client's current income and source type?

Does the client have a Person-Centered Service Plan developed?

Reason for seeking Housing Stabilization services?

Does the Client smoke?

☐ Yes ☐ No

Does the Client have any Evictions or Unlawful detainers?

☐ Yes ☐ No

Does the Client have a criminal record?

☐ Yes ☐ No

Please attach Professional Statement of Need (PSN) / Coordinated Services Support Plan (CSSP)