



**Prevail House**

1419 Hwy 33 S Cloquet, MN 55720

**Shared Housing Referral Form** (11/2016)

**Shared Housing** is **defined** as an arrangement in which two or more unrelated people share a **house** or an apartment. Usually private sleeping quarters are available; the rest of the **house** is **shared**. Services received will be defined in a service agreement separate from the tenancy agreement/lease.

**Tenant Information and Background Study Information**

Tenant Full Legal Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Alias: \_\_\_\_\_ Sex: \_\_\_ M \_\_\_ F \_\_\_ Other Phone/Cell: \_\_\_\_\_

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

Referral source: \_\_\_\_\_

Phone number of referral source: \_\_\_\_\_ Date referred: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

**Criminal History:**

Have you ever been convicted of or charged with a crime \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ ?

If yes, please explain. When and where \_\_\_\_\_

Name Guardian/Legal Representative(if applicable): \_\_\_\_\_ Phone: \_\_\_\_\_

Case Manager (if applicable): \_\_\_\_\_ County \_\_\_\_\_ Phone: \_\_\_\_\_

For Shared Housing you are required to have completed the following;

GRH/MSA: Housing Assistance-Applied for \_\_\_\_\_yes or \_\_\_\_\_No Has been approved \_\_\_\_\_

HUD/Section 8 Voucher- Applied for \_\_\_\_\_yes or \_\_\_\_\_No Has been approved \_\_\_\_\_

Optional: You are encouraged to apply for SNAP/Food Assistance.

SNAP- Applied for \_\_\_\_\_yes or \_\_\_\_\_No Has been approved \_\_\_\_\_

County-Shelter Verification Form-Processed \_\_\_\_\_yes or \_\_\_\_\_No

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Service Information**

**Please check which services you are requesting or already receiving through Safe Transitions:**

\_\_\_\_\_ **ARMHS:** An updated and completed Diagnostic Assessment is needed (completed within the last year), please include with this referral form, if possible. ARMHS services cannot start until the Diagnostic Assessment is complete. We can help you with getting a Diagnostic Assessment if you need help.

\_\_\_\_\_ **IHS:** Please complete the Application for Services, A current CSSP, Abuse and Neglect Plan is needed.

**Services you are currently receiving:** ARMHS \_\_\_\_\_ ILS \_\_\_\_\_ Nursing \_\_\_\_\_ Homemaker \_\_\_\_\_  
Supported Employment \_\_\_\_\_ Other \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

**Medical Insurance (Name/ID#):** \_\_\_\_\_

**Current Physical:** \_\_\_\_\_ **Current Mantoux:** \_\_\_\_\_

**Allergies: Food/Medications/Pets:** \_\_\_\_\_

**Comments:**

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**Any additional information you would like us to have please fax to Cloquet Community Programs office with attn.: Prevail House on it. Thank you!**

**Please submit the referral form and attachments to:**

Safe Transitions, Inc.  
1501 Highway 33 South Cloquet, MN 55720  
Or  
3656 Front Street Barnum, MN 55707  
Fax: (218) 389-9851

**If you have any questions about this process, please call (218) 878-1364**



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**PERMISSION FORM TO RUN A BACKGROUND SCREENING**

In connection with your application for tenancy, we may procure a consumer report on you from LexisNexis Screening Solutions as part of the process of considering your candidacy as a tenant. In the event that information from the report is utilized in whole or in part in making an adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the federal Fair Credit Reporting Act.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will be given a summary of these rights together with this document.

By your signature below, you hereby authorize us to obtain a consumer report about you in order to consider you for tenancy.

Applicant's Name: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number and State: \_\_\_\_\_

Name as appears on Driver's License: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ **NOTE:** Date of Birth information is used **ONLY** by LexisNexis Screening Solutions for verification of identity and is not used for any purpose by the Landlord.

Applicant's Signature: \_\_\_\_\_