



The Arc of Minnesota Housing Access Services Eligibility Form

The following person has expressed interest in working with The Arc of Minnesota's Housing Access Services Program:

Name of eligible Person: _____ Date of Birth: _____

Address: _____

Phone: _____ County: _____

To be eligible for Housing Access Services people must be eligible for either a Medical Assistance Home Care Service or any of the disability waivers.

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.

- Alternative Care waiver (AC)
- Community Alternative Care waiver (CAC)
- Community Alternatives for Disabled Individuals waiver (CADI)
- Traumatic Brain Injury waiver (TBI)
- Elderly waiver (EW)
- Developmental Disabilities waiver (DD)
- Private Duty Nursing
- Personal Care Assistance (PCA)
- Personal Care Assistance (PCA Choice)
- Semi-Independent Living Services (SILS)
- ARMHS - Adult Rehabilitative Mental Health Services
- Other, please specify _____

Name of Person Verifying eligibility: _____

Agency: _____ Phone: _____

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