



Perspectives Supportive Housing

APPLICATION INSTRUCTIONS



EQUAL HOUSING
OPPORTUNITY

1. Disability Verification Form:

This form (find attached to application) **must be filled out and signed** by an appropriate (**licensed**) person like the applicant's alcohol/drug counselor, therapist, medical physician, social worker, child protection worker, etc. Their Title must be added following their signature. The Applicant must also sign this form (at the top) giving their permission for release of information. [either transfer this form onto your program letterhead or enclose the business card of the person who signed off on the form]

2 Release of Information Form:

1. This form **must be filled out and signed by the applicant** and specific names **and** telephone numbers need to be included.

If you work with:

- Counselor
- Sponsor
- Therapist
- Psychiatrist
- Guardian Ad Litem
- Addiction Counselor
- Guardian of children
- Child protection worker
- Probation Officer
- Anyone else that you believe can give information about your recovery.

Please provide their information on separate releases and sign them all. **ALL releases need to have current phone numbers and fax numbers of every person you work with to send those releases out immediately.**

3 Homeless Certification:

This form must be filled out and signed by the referring program staff. This can be in the form of a letter on the agency's letterhead, or the use of our form.

Thank you for your attention to these special instructions. Please call if you have questions.

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