

TRANSITIONAL HOUSING TRANSMITTAL FORM

FAX or Email Transmittal:

Date: _____

TO: Ramsey County Workforce Solutions: Hua Moua, Housing Planner

FAX: (651) 266-9891

EMAIL: hua.moua@ramseycounty.us

PHONE: (651) 266-6053

FROM: (Housing Agency) _____

Case Manager: _____ Email: _____

Phone: _____ Fax: _____

Client Name: _____ MAXIS or SSN Required # _____

Address: _____

Phone#: _____ Alternative Phone#: _____

Financial Worker Name (if known): _____

MFIP Counselor Name/Agency (if known): _____

I hereby authorize the release of the above information to Ramsey County MFIP concerning myself as necessary for the purposes of general case management and for the participation in the _____ Program.

I understand that I may revoke this consent in writing. I also understand that without the information the _____ (Housing Program) and cooperating agencies may be unable to provide me or my dependents with the services I am requesting.

A photocopy of this authorization will be treated in the same matter as the original.

*Release is valid while receiving housing services

Client Signature: _____ Date: _____

Date Entered Housing: _____

Date Exited Housing: _____ Reason for Leaving: _____

Client Forwarding Address: _____

Bottom section to be completed by the MFIP Employment Services Agency only

Agency: _____ Counselor: _____

Phone: _____ Fax: _____

ES Agency notify Housing Advocate within 5 business days upon receiving transmittal