



Hiawatha Bluffs Living Application – Part One

The first part of this application is to be filled out by applicant, referral source, or both together.

Date: _____

Applicant: _____

Referral Source: _____

Referral Contact Information: _____

County of Financial Responsibility: _____

Applicant's Phone: _____

Applicant's Address: _____

What type of housing is client moving from? _____

Male / Female

Please indicate if receiving any of the below services and also indicate providers' names and companies when applicable:

- Guardian: _____
- Conservator: _____
- Representative payee: _____
- PCA services: _____
- Therapy: _____
- Psychiatry: _____
- Chemical dependency services: _____
- Case manager: _____
- Pharmacy: _____
- Employment services: _____
- ARMHS worker: _____
- Primary care doctor: _____
- Other involved services/agencies:

Applicant's employment status: _____



The second part of this application is to be filled out by the referral source with the help of the applicant.

Hiawatha Bluffs is a permanent supporting housing project that is developed to assist individuals with serious mental illness, with or without history of chemical dependency, who exhibit unsuccessful community living stability. The population is individuals that have been unable to maintain stable housing due to mental health symptoms and/or behaviors. The screening criteria is that one of the following applies to the applicant within the last three years:

1. The applicant has been committed as MI (person with mental illness) or MI/CD (a person with mental illness and chemical dependency) twice or had a commitment extended.
2. The applicant has been treated in an IRTS (Intense Residential Treatment Service) facility twice.
3. Due to mental illness symptoms or behaviors, the applicant has had repeated involvement with law enforcement.
4. The applicant has been admitted to an inpatient psychiatric unit at least twice.

People with a pas conviction of arson, methamphetamine production, or designated as a Level III sex offender will NOT be considered for housing at Hiawatha Bluffs Living. Management reserves the right to reject an application that may pose a threat to the property, themselves, or others.

Please indicate if the applicant have a charge of:

- Arson
- Methamphetamine production
- Or is the applicant designated as a Level III sex offender?

Please verify the applicant's homelessness status:

- Long term homelessness: The applicant is lacking a permanent place to live continuously for a year or more or at least four times in the past.
- At risk of long term homelessness: The applicant is at risk of long-term homelessness due to being faced with a set of circumstances that is likely to cause the household to become homeless in the future, including: living in substandard housing, living in housing that is inadequate for the size of the household, living in housing with a person who engages in domestic violence, paying more than 50% of household gross income for rent, or having insufficient household resources to pay for current housing and meet other basic needs.
- Not homeless or at risk of homelessness.

As the referral source, I verify that the applicant meets the criteria as noted above. He or she is eligible on fitting criteria # _____ above.

Name: _____

Signature: _____

Date: _____



Mental health diagnosis: _____

Is the applicant medication compliant? _____

Which medications does applicant currently take?

Which services will need to be changed due to a move to Hiawatha Bluffs?

Please explain for his or her illness affects daily functioning:

Chemical health diagnosis: _____

When was the last time, to your knowledge, that the applicant has used drugs and/or alcohol?

How does his/her chemical use affect their functioning?

Is the applicant physically disabled?

Will the applicant require a handicap accessible unit? _____

Does this person require any special assistance/equipment/accommodations to live in an apartment? If so, please explain:



Has the client:

- Attempted suicide? If so, please explain:

- Engaged in self-injurious behaviors? If so, please explain:

- Frequently eaten too little or too much? If so, please explain:

- Physically assaulted someone? If so, please explain:

- Threatened to harm others? If so, please explain:

Does the client have the following emotional symptoms or experiences?

- Stress/anxiety. If so, please explain:

- Angry outbursts or extreme mood swings. If so, please explain:

- Manic symptoms. If so, please explain:

- Passive to abusive situations. If so, please explain:

- Vulnerable to naiveté. If so, please explain:

- Significant trauma in his/her life. If so, please explain:



Categories regarding functioning

Sexual trauma:

History of predatory sexual behavior:

Sexually inappropriate behavior:

History of inability to manage funds:

Risk of being taken advantage of financially:

May take advantage of others financially:

Current legal issues:

Past legal issues:

Medical health issues:

Limitations to mobility, sight, hearing, etc:



LOCUS score: _____

Please submit with the most recent Diagnostic Assessment, Treatment Plan, and Functional Assessment.

Please also submit with the releases attached at the back.

Please return completed form to Emma Burns at 1433 Service Dr, Winona, MN 55987. You may also fax the completed form to (507) 474 4004. If you have any questions, please e-mail emmab@hvmhc.org.

The applicant will not be placed on the wait list or accepted until all portions of the application are completed fully.

Please indicate any other necessary or relevant information about applicant:



The third part of this application is to be filled out by the applicant.

Why would you would benefit from living here?

What do you hope to get from living here?

What is your current living status and what is it like there?

What are some of your mental health symptoms?

How do they impact your daily life?

What are some of your goals relating to your mental health?

Do you have a history of chemical dependency? If so, please explain.

Are you willing to comply with the following expectations at Hiawatha Bluffs Living? Please color in the bubble next to all of them that you are willing to comply to.

- Taking and filling medications as prescribed
- Attending at least one group activity weekly
- Attending ARMHS meetings weekly and case management meetings monthly
- Taking a UA if staff feels it is necessary and/or has reason to doubt your sobriety
- Following behavior expectations (acting appropriately)



Please write a statement briefly describing any other information you think is applicable to this application:

Applicant's name: _____

Signature: _____

Date: _____