

**Robinhood Corporation UMPI# A995143200**  
**Fax to: 651-646-8623 E-mail to: dan@robinhoodcorp.com**  
**HOME MODIFICATION CLIENT REFERRAL FORM**

Referring Agency: \_\_\_\_\_

DATE: \_\_\_\_\_ ID # \_\_\_\_\_ PMI # \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

CLIENT NAME: \_\_\_\_\_ CLIENT DIAGNOSIS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ OTHER PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

WAIVER PROG. (check one):  AC  EW  CADI  CAC  TBI  DD

CDCS? WAIVER YEAR DOLLAR AMOUNT LEFT: \$ \_\_\_\_\_

WAIVER DATE SPAN: \_\_\_\_\_

CONTACT NAME AND RELATIONSHIP (if other than client): \_\_\_\_\_

CONTACT PHONE NUMBER: \_\_\_\_\_ CONTACT E-MAIL: \_\_\_\_\_

ACCESSIBILITY ISSUE (work to be done):

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

OTHER PERTINENT INFORMATION: \_\_\_\_\_

MODIFICATIONS AUTHORIZED BY PROPERTY MANAGEMENT OR OWNER? \_\_\_\_\_

LANDLORD CONTACT NAME: \_\_\_\_\_ PHONE \_\_\_\_\_

(check one):

ASSESSMENT AND COLLECT TWO BIDS  ASSESSMENT ONLY  SINGLE BID

CASE MANAGER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

CDCS BILLING INFORMATION:

BILL TO (FSE): \_\_\_\_\_

ATTN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_