

**COMMUNITY SERVICES DEPARTMENT
INFORMATION REQUEST**



RE: HH # _____

Your application for **Emergency Transportation Assistance** cannot be completed without the following information. Please do or send the following information:

1. () You must call 320-679-1800 or 1-800-832-6082 to do a telephone intake interview with _____ Ext. _____ in the Community Services Department.
2. () Proof of **ALL** income into the household from _____ to _____.
3. () Apply for County Emergency/Crisis Assistance/Diversionary Assistance and sent us the results **IN WRITING**.
4. () Complete the enclosed worksheets **IN FULL**. Do not leave anything blank. Please call if you have any questions.
5. () A note from you explaining your situation and the reason you cannot afford to pay for the repairs. The note must be **SIGNED AND DATED**.
6. () Copy of repair bill/estimate.
7. () Copy of vehicle title.
8. () Verification of current employment or enrollment in post-secondary school.

This form has been completed by _____, Community Services Employee

This information must be received by Lakes and Pines as soon as possible or your file will be CLOSED and you will NOT receive any assistance.

MAIL TO:

COMMUNITY SERVICES DEPARTMENT
LAKES & PINES CAC, INC.
1700 Maple Avenue East - Mora, MN 55051
Office and TDD: 320/679-1800 - FAX: 320/679-4139
Special accommodations for people with disabilities upon request

*Serving the counties of Aitkin, Carlton, Chisago, Isanti, Kanabec, Mille Lacs, Pine
An Equal Opportunity Employer/Contractor*

June, 2010

BUDGETING/FINANCIAL TIPS

- Write down expected income and expenses for each month.
- Put money towards savings every month, no matter how small the amount is.
- Limit the use of buying on credit.
- Pay off debt as soon as possible to avoid interest expenses.
- Take advantage of any public benefits you may be eligible for.
- Avoid payday loans. The interest rates are insanely high!
- Plan your grocery shopping to avoid impulse buying.
- Take advantage of your local library for books, movies, and free internet access.
- See your local financial literacy coach! Give Lakes and Pines' Financial Literacy Coach, a call at 320-679-1800 or 800-832-6082. The Financial Literacy Coach can assist you with budgeting and learning more about how to control your finances.

If you are having financial difficulties due to large amounts of debt, contact Lutheran Social Services at: 888-577-2227.

Lutheran Social Services may be able to assist you with a debt management plan to get your debt under control.

Additional Financial Resources:

Accountability Minnesota – Tax Preparation

www.accountabilitymn.org

AnnualCreditReport.com – See your credit report for free once a year

www.annualcreditreport.com

Bridge to Benefits – Assists with determining programs you may qualify

www.bridgetobenefits.org

LSS Financial Counseling Service – Financial counseling

www.cccs.org

Minnesota Community Action Partnership – Assists families in need

www.minncap.org

Legal Aid Offices – Search for free legal help

www.lawhelpmn.org

360 Degrees of Financial Literacy – Focuses on teaching financial education

www.360financialliteracy.org

www.aicpa.org

For Office Use only: New App _____ Update _____ Program _____ (Prevention/Homeless) Household No. _____

Lakes & Pines' Community Services Department Emergency Housing Assistance Intake Form
(Please complete all sections with your household information)

| | | | | | |
|-------------------------------------------------------------------------------|--|--------------------|-------------|-------------------------------------|-----|
| Date: | | Date App Received: | | Date Housed: | |
| Last Name: | | | First Name: | | MI: |
| Address: | | | | County: | |
| City, State, Zip: | | | | Township: | |
| Home Phone: () | | Cell Phone: () | | Emergency Phone: () | |
| Type of Dwelling: House Mobile Home Townhouse Apartment Duplex | | | | Circle One: Own Rent Other | |
| Email Address: | | | | Homeless In Shelter | |

List All Sources of Household Income for Persons over 18

| Type of Income | Income (Indicate Amount and if (W)eekly, (B)i-weekly or (M)onthly) | Whose Income? (Initials) | Type of Income | Income (Indicate Amount and if (W)eekly, (B)i-weekly or (M)onthly) | Whose Income? (Initials) |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------|----------------------------|-----------------------------------------------------------------------|-----------------------------|
| Salary/Wages (for all 18 & over) | \$ | | Unemployment | \$ | |
| Alimony/Child Support | \$ | | Workers Comp | \$ | |
| Social Security (Retirement) | \$ | | Disability (Private or VA) | \$ | |
| SSDI | \$ | | Retirement/Pension | \$ | |
| SSI | \$ | | General Assistance | \$ | |
| MSA | \$ | | Other Income | \$ | |
| MFIP/DWP | \$ | | No Income | \$ | |
| GROSS ANNUAL HOUSEHOLD INCOME (will be calculated by Advocate) | | | | \$ | |

| Non-Cash Benefits (check all household receives) | Household Information |
|--------------------------------------------------|-------------------------------------------|
| Food Assistance | WIC |
| Medical Assistance | Child Care Assistance |
| Medicare | VA Medical Services |
| Minnesota Care | Other (list) |
| Section 8 or other subsidized housing | |
| | Migrant Worker (Yes or No) |
| | Number of Persons in your household |
| | Number of Employed Persons in your HH |
| | Interested in Head Start (Yes or No) |
| | Anyone in household a veteran (Yes or No) |

Family Type (Check One)

| | |
|--------------------------|---------------------------------|
| Female Single Parent | Male Single Parent |
| Two Parent Family | One Person Household |
| Couple with No Children | Foster Parent |
| Non-Custodial Caregivers | Grandparents with Grandchildren |
| Other | |

| | | | |
|---------------------------------|--|-------------------|--|
| Client Signature: | | Client Signature: | |
| Date: | | Date: | |
| Lakes and Pines Representative: | | Date: | |

Lakes & Pines' Community Services Department Emergency Housing Assistance Intake Form (Page 2)

HOUSEHOLD MEMBER INFORMATION (Refer to Codes at Bottom of Page to complete.)

| Last Name | First Name (Legal Name, no nick names) | Middle Initial | Social Security Number | Date of Birth (mm/dd/yy) | Relationship to Head of Household | Race Code | Gender Code | Disability Code | Education Code | Convictions F or M | Hispanic Yes / No | Medical Coverage | Veteran Yes/No | Registered Voter Yes / No |
|-----------|----------------------------------------------|-------------------|---------------------------|-----------------------------|-----------------------------------------|--------------|----------------|--------------------|-------------------|-----------------------|----------------------|---------------------|-------------------|---------------------------------|
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |

Continue on additional sheets if more than 6 in household.

| Relationship to Head of Household | Race Codes | Gender Code | Disability (Diagnosed) Code: Documentation may be required | Education Codes | |
|-----------------------------------|------------------------------------------|-----------------|---------------------------------------------------------------|---------------------------------|--------------------|
| 1 = Self | 1 = Black/African American | 1 = Male | 1 = Alcohol Abuse | 0 = No schooling completed | |
| 2 = Wife | 2 = White | 2 = Female | 2 = Drug Abuse | 1 = Pre-School | |
| 3 = Husband | 3 = Asian | 3 = Transgender | 3 = Mental Illness | 2 = 1st or 2nd Grade | |
| 4 = Significant Other | 4 = Asian & White | U = Unknown | 4 = Dual Diagnosis | 3 = 3rd or 4th Grade | |
| 5 = Daughter | 5 = Native American, Alaskan & White | | 5 = Developmental Disability | 4 = 5th or 6th Grade | |
| 6 = Son | 6 = Native Alaskan | | 6 = Physical/Mobility Limits | 5 = 7th or 8th Grade | |
| 7 = Step-Daughter | 7 = Native American | | 7 = Physical/Medical | 6 = 9th Grade | |
| 8 = Step-Son | 8 = Native American, Alaskan & Black | | 8 = HIV/AIDS | 7 = 10th Grade | |
| 9 = Mother | 9 = Native Hawaiian | | 9 = Vision Impaired | 8 = 11th Grade | |
| 10 = Father | 10 = Pacific Islander | | 10 = Hearing Impaired | 9 = 12th Grade, no diploma | |
| 11 = Grandmother | 11 = African American/Black & White | | 11 = Other | 10 = High School Diploma | |
| 12 = Grandfather | 12 = Other Multi-Racial | | | 11 = GED | |
| 13 = Granddaughter | 13 = Other | | | 12 = Some Post-Secondary School | |
| 14 = Grandson | Office Use Only: | | | 13 = Vo-Tech Certificate | |
| 15 = Other Relative | Lakes & Pines Representative: | | Date: | 14 = 2 or 4 Year degree | |
| 16 = Other Non-Relative | HH Member | Program | Date | Status | \$ Amount |
| 17 = Unknown | | | | | |
| | | | | | Convictions |
| | | | | | F = Felony |
| | | | | | M = Misdemeanor |

YOUR PRIVACY RIGHTS: THE TENNESSEN WARNING

This sheet tells you about your rights under the Minnesota Government Data Practices Act. This act protects your privacy but also lets us give information about you to others if a law requires it and we tell you before we do it. This sheet tells why and when we will ask for and give information about you.

Why do we ask for this information:

We may ask you for information so we can:

- Tell you from other persons who have the same name or a similar name
- Decide if you are eligible to receive services from Lakes and Pines
- Assist you in getting medical, mental health, financial or social services from outside agencies
- Make reports, do research, audits and evaluate our programs
- Advocate for additional services as determined by your needs

Do you have to answer the questions we ask:

Generally the law does not say you have to give us information; however, without some of the information requested, we may not be able to find the appropriate help for you. Giving us incorrect information or not providing complete information may delay or eliminate some services you would be eligible for.

With whom may we share the information we are requesting?

The following are examples of agencies or organizations we may need to share information with on your behalf and are not intended to provide a complete list. This does not mean we always share information about you with these people or agencies.

- Social Services
- Mental health centers
- Veterans Services Organizations
- Child support workers
- Medical facilities
- MN Department of Economic Security
- MN Homeless Management Information System
- MN Department of Human Services
- MN Office of Economic Opportunity
- Housing and Urban Development
- Community food shelves
- Higher education facilities
- Court officials
- Anyone else to whom the law says we must provide information

You have the right to copies of information about you:

You may ask if we have any information about you. If we have information about you, you may ask for copies. You may have to pay for these copies. You may give other people written permission to see and have copies of private data about you. If you have any questions about the information, you may ask to have it explained to you.

How do you appeal if you think information is not accurate or complete?

Your objection must be in writing and must be sent to the Executive Director of Lakes and Pines CAC, Inc. at:

Robert Benes, Executive Director
Lakes and Pines CAC, Inc.
1700 Maple Avenue E
Mora, MN 55051

You may send your own explanation of the facts you disagree with. Your explanation will be attached any time that information is shared with another agency. For more information on how to do this, ask a staff member.

If you have any questions about the information on this form, ask a staff person.

I have read the above information and understand my rights.

Signed: _____

Date: _____

Signed: _____

Date: _____

Lakes & Pines' Community Services Department
Authorization to Release Information



Printed Name of Applicant

Date of Birth

Printed Name of Co-Applicant

Date of Birth

(we) authorize the following entities to release and exchange information about me (us) and other household members for the purposes of verification and determining eligibility for program services (please check below).

Releases are valid for one (1) year from the date you sign.

- [] Other Lakes and Pines' departments
- [] _____ County Family/Human Services
- [] _____ County HRA (Section 8) office
- [] Financial Institutions
- [] Veterans Services Organization: Name: _____ Phone: _____
- [] Mortgage Company Name: _____ Phone: _____
- [] Credit Reporting Agencies
- [] Lutheran Social Services Financial/Budget Counseling
- [] Parole/Probation Officer Name: _____ Phone: _____
- [] Employer: Name: _____ Phone: _____
- [] MN Work Force Center and/or Employment Agencies
- [] Landlord Name: _____ Phone: _____
- [] Motel _____ Phone: _____
- [] Attorneys Name: _____ Phone: _____
- [] Other: _____

Applicant Signature

Date

Co-Applicant Signature

Date

Lakes & Pines CAC, Inc.
1700 Maple Ave East, Mora, MN 55051-1227
Office & TDD • 320-679-1800 • 800-832-6082 • FAX 320-679-4139
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An Equal Opportunity Employer/Contractor

Lakes & Pines' Community Services Department Emergency Housing Assistance Application

| | |
|-----------------|--------------------|
| Applicant Name: | Co-Applicant Name: |
|-----------------|--------------------|

Monthly Budget Summary

Complete the budget for the household you will be occupying. Not every line may apply to your household.

| Monthly Income | |
|--------------------|-----------|
| Wages (take home) | \$ |
| Unemployment | \$ |
| MFIP | \$ |
| Child Support | \$ |
| General Assistance | \$ |
| SSI | \$ |
| SSDI | \$ |
| Tribal per capita | \$ |
| Food Support (EBT) | \$ |
| Other: | \$ |
| TOTAL | \$ |

| Monthly Expense Summary | |
|----------------------------------------|-----------|
| (Fill in totals from Monthly Expenses) | |
| Housing | \$ |
| Personal Expenses | \$ |
| Loans/Credit | \$ |
| Vehicle/Transportation | \$ |
| | |
| | |
| | |
| | |
| | |
| | |
| TOTAL | \$ |

Monthly Expenses

| Housing Expenses | |
|-----------------------------|-----------|
| Rent/House Payment | \$ |
| Heat | \$ |
| Electricity | \$ |
| Telephone/Cell Phone | \$ |
| Water | \$ |
| Trash | \$ |
| Cable/Internet | \$ |
| Repairs/Maintenance | \$ |
| Homeowners/Rental Insurance | \$ |
| Property Taxes | \$ |
| Sub-Total | \$ |

| Personal Expenses | |
|---------------------------------|-----------|
| Food for Household | \$ |
| Eating Out | \$ |
| Household Supplies | \$ |
| Clothing Purchases/Hair Cuts | \$ |
| Education-Personal | \$ |
| Education-Children's Activities | \$ |
| Newspapers/Magazines | \$ |
| Medical/Dental/Prescriptions | \$ |
| Laundry | \$ |
| Gifts/Contributions/Dues | \$ |
| Tobacco | \$ |
| Pet Food/Care/Vet | \$ |
| Child Support | \$ |
| Sub-Total | \$ |

| Loans/Credit | |
|------------------|-----------|
| School | \$ |
| Personal | \$ |
| Credit Cards | \$ |
| Other | \$ |
| Other | \$ |
| Other | \$ |
| Sub-Total | \$ |

| Vehicle/Transportation | |
|------------------------|-----------|
| Car Payment | \$ |
| Gas | \$ |
| Maintenance/Repairs | \$ |
| Licensing/Insurance | \$ |
| Sub-Total | \$ |

Lakes & Pines' Community Services Department Emergency Housing Assistance Application
PERMANENT HOUSING PLAN AND GOALS

Lakes & Pines emergency housing funds are limited and can only be used for housing emergencies to prevent homelessness or reduce a household's length of homelessness. To help assist you better, please answer the following:

1. Explain in detail what caused your current housing emergency. If you used money normally spent for housing costs to pay other unexpected bills **you will need to provide proof of these paid bills along with your application.**

2. Please list any issues that might keep you from being approved for a rental unit: criminal history, past unpaid rent, credit problems, etc.?

3. How much can you afford for monthly housing costs. These include rent or mortgage, utilities (heat, electric, sewer/water, garbage, possibly insurance and taxes). Typically, housing costs should be 30% to 50% of monthly take home income. _____

4. What steps have you taken to solve your housing emergency? Who, besides Lakes & Pines have you asked for help?

5. We will help you to set goals to prevent future housing emergencies. What do you think needs to be worked on? (Examples: budgeting, completing education, finding a second job, obtaining a drivers' license, owning your own home.)

- a. _____
- b. _____
- c. _____

6. If Lakes and Pines can assist financially, it may be a limited amount. How much can you put towards solving your emergency? _____

When will these dollars be available? _____

Applicant Signature Date _____

Co-Applicant Signature Date _____

Minnesota's HMIS: Data Privacy Notice & Consent Form

What is Minnesota's HMIS?

HMIS stands for Homeless Management Information System. It is a computer system used by this agency and other agencies that provide services.

Why is information collected in Minnesota's HMIS?

- To keep track of how many and the types of people we serve - both as an agency and as a network of service providers.
- To help us understand the types of services people need and plan for services to meet these needs.

Who can see information entered into Minnesota's HMIS?

- People who work in this agency who need to see your information to help provide services to you or your family, or for billing or funding purposes.
- Auditors or others who have legal rights to review the work of this agency, including the US Department of Housing and Urban Development.
- Some employees of Wilder Research (in St. Paul). Wilder maintains Minnesota's HMIS and may see your information as a part of managing the system.
- People using HMIS data to do research. This includes employees of Wilder Research and others who sign agreements with Wilder or this agency. **Your name, social security number, or other information that would identify you will never appear on research reports.**
- If you or members of your family are in need of protective services because of abuse, neglect, or domestic violence, this agency may be required to file a report with a governmental agency. We are required by law to report suspected physical or sexual abuse of children and vulnerable adults.
- Others, as the law requires. That would include officials with a subpoena, warrant, or court order.
- Your information also may be released if needed to protect the health or safety of others or yourself.

We need your written permission to release your data for other uses.

Know Your Rights:

- Tell the intake worker if you do not want your name, social security number, or exact date of birth entered in HMIS. This agency will **not** refuse to help you because you tell us you do not want information that identifies you entered into HMIS. By signing this you are giving us your permission to enter your personal information into Minnesota's HMIS.
- You have the right to a copy of the information about you that is kept in Minnesota's HMIS for as long as it is kept there (except for information that may be kept from you in certain legal proceedings).
- You have the right to correct mistakes if HMIS information is wrong or incomplete.
- You have the right to complain if you believe that this agency or Minnesota's HMIS violated your privacy rights. You can ask a staff person for a complaint and appeals form or write to Minnesota Coalition for the Homeless, HMIS Grievance, 122 West Franklin Avenue, Suite 306, Minneapolis, MN 55404.

Consent:

PRINTED Name (first, middle, last) of Adult 1

Birth Date

PRINTED Name of Adult 2

Birth Date

Signature of Client or Guardian Adult 1

Date

Signature of Adult 2

Date