

Lakes & Pines' Community Services Department Emergency Housing Assistance Application

Last Name:	First Name:	MI:
Address:		County:
City, State, Zip:		Township:
Home Phone:	Cell Phone:	Em Phone:
Email Address:		

Household Members (write on a separate piece of paper any additional household members)

Name (first and last)	SS#	DOB	Relationship
			self

Type of Income (proofs will be collected prior to financial assistance)	Income (indicate Amount)	Frequency (W)eekly, (B)iweekly, (m)onthly)	Whose Income (initials)
Salary/Wages (for all 18 & over)	\$		
Alimony/Child Support	\$		
Social Security (Retirement)	\$		
SSDI	\$		
SSI	\$		
MSA/MFIP/DWP/GA	\$		
Unemployment/Workers Comp	\$		
Disability (Private or VA)	\$		
Retirement/Pension	\$		
Other Income	\$		
No Income	\$		

Is anyone in your household a Lakes & Pines employee or Board member? (Y/N)

ALL ADULTS IN THE HOUSEHOLD MUST SIGN THE APPLICATION (18 or older)

Client Signature:	Client Signature:
Date:	Date:
Client Signature:	Client Signature:
Date:	Date:

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 Employment & Economic Development
- MN Homeless Management Information System
- MN Department of Human Services
- MN Office of Economic Opportunity
- MN Housing Finance Agency
- Housing and Urban Development
- Community food shelves
- Higher education facilities
- Court officials
- Hearth Connection
- 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:

Denise Stewart, 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.

I have read the above information and understand my rights.

Signed: _____

Date: _____

Signed: _____

Date: _____

Signed: _____

Date: _____