

# PLEASE READ



**In order to determine your eligibility for Tri-Cap's homeless prevention programs, you are required to provide the following information (incomplete applications cannot be processed):**

1. Must provide documentation from County Human Services of the outcome to assist with Emergency Assistance.
2. Must provide documentation that a household crisis exists: examples: loss of job through lay off, health problems, child's health, etc.
3. Must provide a signed and dated statement or eviction notice from your landlord stating the current amount of rent owed. (Tri-Cap is unable to pay late fees, application fees, filing fees or garage rent)
4. Must provide documentation of all household members income for the past 2 months (Checks stubs, Social Security, MFIP, DWP, food support, etc) Total household income must be greater than your rent and living expenses.
5. Must provide copy of previous two (2) months Bank Statements, if none provide receipts for expenses.
6. All adult household members are encouraged to sign the MN HMIS Data Privacy Notice & Consent

**Funds are on a first come first serve basis**

**Completing this application does not guarantee financial assistance**

*Please use the check-off box below to ensure that all documentation has been obtained*

*All pages of the application AND required documentation must be completed and returned prior to scheduling an appointment, if applicable. Appointments will be scheduled by phone or mail*

Application		Bank Statement/Expense Receipts	
County Documentation		Lease (can provide at appointment)	
Late/Eviction Notice			
Income – past 60 days			

**Mail to: P.O. Box 683, Waite Park, MN 56387 FAX: 320-255-9518**

07/01/10

**Date:** \_\_\_\_\_ **Tri-CAP Services Application** **Id#** \_\_\_\_\_

**Services Available: Housing ROFW RX FAIM Rent 101 DHP/WINGS**

**Head of Family (HOF)**

\_\_\_\_\_  
 SSN First Name Middle Name Last Name Date of Birth

\_\_\_\_\_  
 Current Street Address City, State, Zip Code County

\_\_\_\_\_  
 Phone Number Home Cell Message Work Alternate Phone Home Cell Message Work Email address

**Gender:** M / F **Disability:** Y / N Type: \_\_\_\_\_ **Diagnosis date:** \_\_\_\_\_

**Did you Serve 180 days in Military?** Y / N **Hispanic/Latino:** Y / N **1<sup>st</sup> Language:** \_\_\_\_\_

**See Key:** Marital Status: \_\_\_\_\_ Education: \_\_\_\_\_ Insurance: \_\_\_\_\_

**Residency Status:** \_\_\_\_\_ **Housing:** \_\_\_\_\_ **Amount per month:** \$ \_\_\_\_\_

**Family type:** \_\_\_\_\_

**Race**(circle all that apply) Asian Black/African American Native Hawaiian/Pacific Islander  
 US Indian/Alaskan Native White Other \_\_\_\_\_

**Valid drivers license:** Y / N **Reliable transportation:** Y / N **Registered Voter:** Y / N

**Household Income:** Are you a "displaced homemaker"? Y N If yes, number of years? \_\_\_\_\_

Family Member: _____	Family Member: _____	Family Member: _____
Income Source: _____	Income Source: _____	Income Source: _____
Income Amount: _____	Income Amount: _____	Income Amount: _____
Pay Interval: _____	Pay Interval: _____	Pay Interval: _____

<b>Key:</b>						
<b>Marital Status:</b>	<b>Education:</b>	<b>Insurance:</b>	<b>Housing:</b>	<b>Family Type:</b>	<b>Income Source:</b>	<b>Income Source:</b>
Single	No Schooling	Medicaid (MA)	Own	Single Person	SSI SSDI MSA	Disability Payment
Married	Grade level	Medicare	Rent	Single Parent/F	Social Security	Interest Income
Separated	HS Diploma	Private	Homeless	Single Parent/M	Pension	Workers Comp
Widowed	GED	Self Insured	Shelter	Two Parent	Self-employment	Rental Income
Divorced	Post Secondary	None	Other	Two Adults	TANF- MFIP GA	None
Living Together	4 years college	MN Care		Other	Veteran's Benefits	
Other	Grad school			Foster Parent(s)	Wages-employment	<b>Pay Interval:</b>
				Grandparent(s)	Unemployment	Weekly
				with child(ren)	Food Support	Every Other Week
				Non-custodial	Other	Twice a month
					Child Support	Monthly
						Yearly

**Displaced Homemaker ~**  
 Previous primary income was provided by significant other & now need to be financially independent.

**Residency Status:**  
 Citizen  
 Eligible Non-citizen

Please see reverse side



**Additional Family Members (see key on front for bolded headings)**

\_\_\_\_\_  
SSN                      First Name                      Middle Name                      Last Name                      Date of Birth

Gender: M / F    Relation to HOF \_\_\_\_\_    Disability: Y / N    Type: \_\_\_\_\_    Date: \_\_\_\_\_

Did you Serve 180 days in Military? Y / N    Hispanic/Latino: Y / N    Drivers license: Y / N    Reliable Trans: Y / N

**See Key:** Marital Status: \_\_\_\_\_    Education: \_\_\_\_\_    Insurance: \_\_\_\_\_

Residency Status: \_\_\_\_\_    Registered Voter: Y / N

Race(circle all that apply)    Asian                      Black/African American                      Native Hawaiian/Pacific Islander  
US Indian/Alaskan Native                      White                      Other \_\_\_\_\_

\_\_\_\_\_  
SSN                      First Name                      Middle Name                      Last Name                      Date of Birth

Gender: M / F    Relation to HOF \_\_\_\_\_    Disability: Y / N    Type: \_\_\_\_\_    Date: \_\_\_\_\_

Did you Serve 180 days in Military? Y / N    Hispanic/Latino: Y / N    Drivers license: Y / N    Reliable Trans: Y / N

**See Key:** Marital Status: \_\_\_\_\_    Education: \_\_\_\_\_    Insurance: \_\_\_\_\_

Residency Status: \_\_\_\_\_    Registered Voter: Y / N

Race(circle all that apply)    Asian                      Black/African American                      Native Hawaiian/Pacific Islander  
US Indian/Alaskan Native                      White                      Other \_\_\_\_\_

\_\_\_\_\_  
SSN                      First Name                      Middle Name                      Last Name                      Date of Birth

Gender: M / F    Relation to HOF \_\_\_\_\_    Disability: Y / N    Type: \_\_\_\_\_    Date: \_\_\_\_\_

Did you Serve 180 days in Military? Y / N    Hispanic/Latino: Y / N    Drivers license: Y / N    Reliable Trans: Y / N

**See Key:** Marital Status: \_\_\_\_\_    Education: \_\_\_\_\_    Insurance: \_\_\_\_\_

Residency Status: \_\_\_\_\_    Registered Voter: Y / N

Race(circle all that apply)    Asian                      Black/African American                      Native Hawaiian/Pacific Islander  
US Indian/Alaskan Native                      White                      Other \_\_\_\_\_

**If there are additional family members or income sources, please attach information on a blank sheet.**

\_\_\_\_\_  
**Head of Family Signature**

\_\_\_\_\_  
**Date**

**HOUSING APPLICATION FOR TRI-CAP**  
(Please Print)

Date \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

**Housing situation:** \_\_\_ Being evicted? \_\_\_ Foreclosure?  
\_\_\_ Homeless? - if so, where are you staying \_\_\_\_\_

**Current address:** \_\_\_\_\_ **How long?** \_\_\_\_\_

**What are you needing help with?** \_\_\_ past due rent \_\_\_ first month's rent \_\_\_ damage deposit

**Monthly rent or mortgage:** \_\_\_\_\_

**Explain the circumstances which lead to your current housing problem:**

\_\_\_\_\_

**Where else have you applied for help?**

\_\_\_\_\_

**Extent of Homelessness** - Being homeless includes being at a temporary shelter, treatment facility, transitional housing, doubling up, or staying with friends:

\_\_\_ Not Currently Homeless \_\_\_ 1<sup>st</sup> time homeless and less than 1 year  
\_\_\_ multiple times homeless \_\_\_ long term homeless (at least 1 year OR at least 4 times in the past 3 years)

<b>Leave any of these in the last 90 days?</b> (Note the most recent)	
<input type="checkbox"/> No	<input type="checkbox"/> County Jail or Workhouse
<input type="checkbox"/> Foster Home (youth only)	<input type="checkbox"/> Half-way House (placement for corrections clients after jail or prison OR for clients after chemical dependency treatment.)
<input type="checkbox"/> Adoptive home (from foster care system)	<input type="checkbox"/> Drug or Alcohol Treatment Facility (inpatient treatment, detox)
<input type="checkbox"/> Orphanage	<input type="checkbox"/> Mental Health Treatment Facility or Hospital (regional treatment centers (state hospitals), Intensive Residential Treatment Services (IRTS), Crisis Residences, and psychiatric inpatient units at local hospitals.)
<input type="checkbox"/> Juvenile Detention Center	<input type="checkbox"/> Residence for People with Physical Disabilities (nursing homes, long-term care facilities, rehab hospitals.)
<input type="checkbox"/> State or Federal Prison	<input type="checkbox"/> Group Home (small facility for people with disabilities (cognitive or physical), may also be used for corrections clients. Includes Adult foster care. Placement done through social services or corrections departments)

**Living situation last night:**

\_\_\_ rental housing \_\_\_ own home \_\_\_ emer. shelter \_\_\_ transitional housing \_\_\_ hotel/motel \_\_\_ hospital  
\_\_\_ with friends \_\_\_ with family \_\_\_ Perm. Housing for homeless \_\_\_ psychiatric hosp/facility  
\_\_\_ jail/prison/juvenile facility \_\_\_ foster care/group home \_\_\_ place not meant for human habitation  
\_\_\_ other - Please list: \_\_\_\_\_

**Length of stay:**

\_\_\_ 1 week or less \_\_\_ less than 1 mo \_\_\_ 1 - 3 months \_\_\_ less than 1 yr \_\_\_ more than 1 year

**Last permanent housing: place lived 90 days or more where you paid rent or mortgage:**

Current residence?  Yes  No **If no, list address of your last permanent address:**

\_\_\_\_\_ County: \_\_\_\_\_

When did you leave that residence? \_\_\_\_\_

**Are you currently employed?** Yes  No  Place of Employment: \_\_\_\_\_

Start Date: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Do you receive any public assistance (ie. Food support, case management services, etc)?  Yes  No

If yes, please list: \_\_\_\_\_

**Instructions:** Tell us how much you paid in the past 30 days for the following. Be complete and accurate.

\$	Rent/Mortgage	\$	Car Payment
\$	Utilities	\$	Car Insurance
\$	Water/Garbage	\$	Car Repairs
\$	Telephone	\$	Gasoline
\$	Food (do not count food stamps)	\$	Other:
\$	Clothes	\$	Other:
\$	Health Ins. / Other Medical	\$	Other:
\$	Prescriptions / Co-Pays	\$	Other:
\$	Child Care	\$	Other:

**ASSETS** – please record the following:

Savings Account Total	\$
Retirement Account Total	\$
Children's Bank Acct Total	\$
Cash in Bank Total	\$

**Warning:** Your eligibility is partly determined by the information you provide on this form. You may be asked to show proof of expenses.

**THIS FORM IS REQUIRED TO BE COMPLETE PRIOR TO MEETING WITH THE HOUSING COUNSELOR OR YOUR APPLICATION MAY BE DENIED.**

Head of Household Signature	Date
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# HOUSING PLAN AND GOALS

## What caused your current housing crisis and what needs to be worked on to prevent future housing crises?

Check, circle and answer all that apply

1. **What keeps you from moving into permanent housing or remaining in permanent housing?**
  - a. Past rental, credit or criminal history
  - b. Housing isn't affordable
  - c. Conflict with people you're living with
  - d. Lack steady, reliable income
  - e. Other – explain \_\_\_\_\_
  
2. **Do any of these issues keep you from getting or keeping housing?**
  - a. Drug or alcohol use by you or someone in the household
  - b. Mental health issues for you or someone in the household
  - c. Domestic violence
  - d. Overspending on unnecessary things
  - e. Too many bills, not enough income
  - f. Can't find affordable housing on current household income
  
3. **How does your ability to earn income affect your housing?**
  - a. Lack steady, full time employment
  - b. Less than high school or GED education keeps you from getting a better paying job
  - c. Limited use of the English language
  - d. Lack of reliable transportation to get you to work
  - e. Lack of reliable or affordable childcare
  - f. Disabled or unable to work
  
4. **Look at questions 1-3. What needs to be worked on first to fix your current housing crisis? What can you do to fix it?**
  
  
  
  
  
  
  
  
  
  
5. **If you are homeless or about to lose your housing, where do you want to live? How much can you afford for housing costs? Have you found a place yet?**
  
  
  
  
  
  
  
  
  
  
6. **If you have housing and need help with past due payments in order to remain there, how will you pay for your housing costs next month? How about the month after that?**

**7. Look at questions 1-3. Choose three things to work on to prevent future housing crisis. Set some short term and long term goals. There are no right or wrong answers. Choose some goals and write down the steps you need to take to achieve your goals.**

Goal 1. \_\_\_\_\_

Steps to achieve: \_\_\_\_\_

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Goal 2. \_\_\_\_\_

Steps to achieve: \_\_\_\_\_

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Goal 3. \_\_\_\_\_

Steps to achieve: \_\_\_\_\_

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**8. Anything else that you feel you would like help with?** \_\_\_\_\_

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# Tri-County Action Program, Inc Data Privacy Notice & Consent

We collect personal information about the people we serve. This information is stored in our computer system.

## Why?

- To determine your eligibility in our programs and suggest other programs you may be eligible for.
- So we can report the number of individuals our Agency has served and continue to receive funding for those services.
- So we can determine the services needed by individuals in our communities.

## Who can see information that is in Tri-County Action Program, Inc possession?

Certain information you provide about you and your household is considered private data as defined by the Minnesota Government Data Practices Act. We will use your private data only when it is required for administration and management of the programs that you seek. The persons or agencies with whom this information may be shared include:

- People who work for this agency will use it to help provide services to you and/or your household.
- Auditors or funders who have legal rights to review the work of this agency.
- Our State Wide System Administrator who assists us with our computer support.
- Other Community Action Agencies who provide the same or similar programs.
- The law says we have to report physical or sexual abuse of children and vulnerable adults. If we think there is abuse or neglect in your household, we will report it to Child or Adult Protection.
- Law enforcement personnel in the case of suspected fraud, or if presented with a valid subpoena, warrant, or court order.
- Those persons who you authorize to see it.

## Your Rights

- You have the right to see and obtain copies of the data maintained on you. (Unless we cannot give it because of certain legal proceedings.)
- You have the right to be told the contents and meaning of the data.
- You have the right to challenge the accuracy and completeness of the data.

To exercise these rights, contact, (in writing): Tri-County Action Program, Inc. Attn: Executive Director, P.O. Box 683; Waite Park, MN 56387

## Signed Consent

For: \_\_\_\_\_  
Print First and Last

\_\_\_\_\_  
Date of birth

My signature shows that I understand the language in this document above, that I agree with these terms, and that I permit you to enter my personal information into Tri-County Action Program, Inc's computer system.

\_\_\_\_\_  
SIGNATURE OF CLIENT OR GUARDIAN

\_\_\_\_\_  
DATE

# Tri-County Action Program, Inc Release of Information

**For:** \_\_\_\_\_  
Print First, Middle, and Last Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

**Please check (✓) a box:**

**SHARE:** Tri-County Action Program, Inc may share my name, date of birth, race, ethnicity, Social Security Number, information regarding the services you received, your income and income sources, housing status and history, educational background, employment status, military status and any other information that may be needed to secure funding and provide services to me. Tri-County Action Program, Inc may also share the same or similar information about members of my household including minor child/children of whom I am ward or custodian who are also receiving or for whom I have applied for services this time.

**DO NOT SHARE:** I do **not** want **any** of the information about me in Tri-County Action Program, Inc software shared with any of the agencies/individuals listed below:

**Please list any agencies/individuals who you do not want information shared with.**

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**When you sign this form, it shows that you understand the following:**

- If the funding source allows, we will **not** deny you help if you do not want us to share your personal information.
- If you initially permit us to share your data and you change your mind, you may cancel this consent in writing, dated and delivered to Tri-County Action Program, Inc. The cancellation will stop any future sharing of your data.
- Your “share” or “do not share” choice might not control the final decision of who we **must** share information with. Due to laws and regulations otherwise applicable to Tri-County Action Program, Inc authorized persons may be allowed to view your information (see attached Data Privacy Notice and Consent form).

\_\_\_\_\_  
**SIGNATURE OF CLIENT**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**Signature of agency witness**

\_\_\_\_\_  
**Date**

# Minnesota's HMIS Data Privacy Notice & Consent

We collect personal information about the people we serve in a computer system called Minnesota's HMIS (Homeless Management Information System). Many social service agencies use this computer system.

## Why?

- To help keep this program and others like it going. We are required to use HMIS.
- So we know how many people we serve and the types of people we serve at our agency and in the state.
- So we all understand what people need and can plan services to meet these needs.

## Who can see information that is in Minnesota's HMIS?

- People who work for this agency will use it to help provide services to you or your family.
  - Auditors or funders who have legal rights to review the work of this agency.
  - Some people who work for Wilder Research (in St. Paul). Wilder runs Minnesota's HMIS. When Wilder works on the system, they may see information about you.
  - People using HMIS information to write reports. Researchers must sign an agreement to protect your privacy before seeing HMIS information. Your private information will **never** appear in research reports.
  - The law says we have to report physical or sexual abuse of children and vulnerable adults. If we think there is abuse or neglect in your household, we will report it to Child or Adult Protection.
  - We may release your information to protect the health or safety of you or others.
  - Others when we are required by law, including officials with a valid subpoena, warrant, or court order.
- We will not release your data for any other use unless you permit us, in writing.

## Your Rights

- **If you do not want your name, social security number, or date of birth entered in HMIS, tell the intake worker.** This agency will **not** refuse to help you for denying this.
- You have the right to a copy of the Minnesota's HMIS information about you. (Unless we cannot give it because of certain legal proceedings.)
- You have the right to correct mistakes in HMIS information about you.
- If you think this agency or Minnesota's HMIS violated your privacy rights, you have the right to complain or appeal. Ask a staff person for a complaint and appeal form. Or, write to Minnesota Coalition for the Homeless, HMIS Grievance, Suite 306, 122 West Franklin Avenue, Minneapolis, MN 55404.

## Signed Consent

Each adult and unaccompanied youth must sign for him or herself. A parent/guardian should sign for children under 18.

**For:** \_\_\_\_\_  
Print First and Last Name – use back of page for children's names & birth dates

\_\_\_\_\_  
Date of birth

My signature shows that I permit you to enter my personal information into Minnesota's HMIS.  
(You do not have to sign this form to receive services from this agency.)

\_\_\_\_\_  
**SIGNATURE OF CLIENT OR GUARDIAN      DATE**

\_\_\_\_\_  
**Signature of witness      Date**

\_\_\_\_\_  
**SIGNATURE OF CLIENT OR GUARDIAN      DATE**

\_\_\_\_\_  
**Signature of witness      Date**