



Corporate Offices/Programs

1210 23rd Ave S
PO Box 683
Waite Park, MN 56387-0683
V/TTD/TTY 320.251.1612
Fax 320.255.9518
Toll Free 888.765.5597



Transportation Department

1200 23rd Ave S
PO Box 683
Waite Park, MN 56387-0683
320.251.1612
Fax 320.529.4841
Toll Free 888.765.5597



Dear Client:

Thank you for your interest in the Vehicle Repair Program. Enclosed are the application materials for the program. You must return the following information:

- ___ Completed Application Form
- ___ Completed Intake Form - Please complete both sides
- ___ Completed Program Referral Form
- ___ Tri-CAP Release of Information Form – Please sign, date, and return.

Copies of:

- ___ Income Verification from Last 30 Days
- ___ Proof of Vehicle Ownership (Title)

Once your application is reviewed, you will be notified if you are approved or denied for assistance. Applications are processed on a first come, first serve basis until funds are depleted. If you have questions, please feel free to contact us at 320-251-1612.

Helping People. Changing Lives.
| www.tricap.org |

**Benton, Stearns,
or Sherburne
counties only**



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VEHICLE REPAIR PROGRAM APPLICATION

Application effective February 1, 2024

County: _____ Phone: _____ # in household: _____

Client Name: _____

Physical Address: _____

Mailing Address (If different from above): _____

Email (Most communication will be done by email): _____

How did you hear about this program? _____

This program is for minor repairs to make vehicle road worthy. This includes tires, brakes, battery, struts, rotors, etc. This program does not assist with body work.

Clients will be responsible for paying a minimum of 10% and Tri-CAP will limit their contributions to a maximum of \$1,000.00.

Step 1: Apply and include all documents requested.

Application Requirements (Please include copies with application):

- Application Form – Complete, sign, and date
- Tri-CAP Intake Form – Complete both sides, sign, and date
- Income documentation for **prior 30 days** (pay stubs, county printouts, Social Security award letters, etc.)
- Proof of ownership (Vehicle title or DMV tab renewal notice)

Step 2: If eligible, you will be contacted to obtain an estimate only from the list of Tri-CAP vendors. When estimate is received from you or the repair shop, it will be reviewed for roadworthy and safe repairs.

Step 3: Tri-CAP staff member will contact you within 3 business days after receipt of the estimate to discuss Tri-CAP and client portion of repairs. Tri-CAP staff will communicate all approved Tri-CAP costs to the repair shop prior to repairs being completed.

If my application is approved, I agree to pay any remaining balance to the repair shop.

My signature below affirms the following:

- The information in this application is correct and I could be held civilly or criminally liable for any fraudulent information.
- I understand that filling out this application does not guarantee that my household will receive vehicle repair assistance from Tri-CAP.

Client Signature

Date

Other Side- Office Use Only

VEHICLE REPAIR ASSISTANCE APPLICATION

For Office Use Only

Staff Name: _____

Date received: _____

Client Name: _____

Income Information:		
30 Days Income = \$	Annual Income = \$	
200% Guidelines for HH Size = \$	Certified Income Eligible	Yes / No
<input type="checkbox"/> All other documentation received		
<input type="checkbox"/> Application approved Date:		
<input type="checkbox"/> Application denied Reason:		
<input type="checkbox"/> Denial letter sent Date:		

Staff signature: _____

Income Guidelines

Family Size	Annual Income
1	\$30,120
2	\$40,880
3	\$51,640
4	\$62,400
5	\$73,160
6	\$83,920
7	\$94,680
8	\$105,440
Each additional	\$10,760

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Intake Form

Office use only CAP 60 Number: _____

DATE: _____

Please complete for all family members. *Use the Key below to complete the form.

First, Middle, and Last Name	Relation-ship	Birth Date	Social Security Number	Gender M / F	Ed Level *	Disabled Y / N	Race *	Ethnicity Hispanic Y / N	Health Ins. Type *	Military Status *	Work Status *	Dis-connected Youth Y / N *
	SELF											

***Key**

Education: A – 0-8th grade B – 9-12th/Non -Graduate C – High School Diploma D –GED E – 12 + Some College F – 2/4 year College Grad G – Graduate other Post –Secondary School

Race: A – Asian B – Black M – Bi-racial/Multi-racial N – Native Hawaiian/Pacific Islander US – American Indian/Alaskan Native W – White O - Other:

Health Insurance Type: MA – Medicaid MC – Medicare SA – State Adult SC – State Children EMP – Employment Based VA - Military DP – Direct Purchase N -None O – Other:

Military Status: A – Active V – Veteran N – No Affiliation

Work Status: FT –Full Time PT –Part Time MW -Migrant Worker Ret-Retired LT -Unemployed More than 6 months U – Not in labor force ST –Unemployed less than 6 months

Disconnected Youth: Not working, Not in School (for 14-24 age group)

County of Residence:	Address	City	State	Zip
Email:		Phone:	Alternative Phone:	
<input type="checkbox"/> Check to receive communication via email		<input type="checkbox"/> Check to receive communication via text message		
Housing: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Homeless <input type="checkbox"/> Temporary Quarters <input type="checkbox"/> Other: <input type="checkbox"/> Other Permanent Housing	Family Type: <input type="checkbox"/> Single Parent Female <input type="checkbox"/> Single Parent Male <input type="checkbox"/> 2 Parent <input type="checkbox"/> Multi Gen. <input type="checkbox"/> Single Person <input type="checkbox"/> 2 Adults No Children <input type="checkbox"/> Non-Related Adults w/Children <input type="checkbox"/> Other:			Primary Language:
Are you registered to vote at your current address? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know				

Please complete for all family members. ****Use the Key below to complete the form.**

Family Member Name	Income Type **	Monthly Income Amount

List all income for all household members. Types of income include:

****Key**

- **Wages**
- **Ret-Retirement Income**
- **RSDI-Retirement, Survivors, Disability Insurance**
- **Rent-Rental Income**
- **SS, SSI, SSDI-Social Security**
- **Pen-Pension/Annuity**
- **DIS-Long/Short Disability**
- **DFD-Contract for Deed Interest**
- **GA-General Assistance**
- **CS-Child Support**
- **MSA-MN Supplement Aid**
- **INT-Interest/Dividend Interest**
- **VA-Veterans Benefits**
- **AL-Alimony or Spousal Support**
- **DWP-Diversionsary Work Payments**
- **Tribal-Tribal Bonus, Judgements or Per Capita Payments**
- **MFIP**
- **UC-Unemployment Compensation**
- **WC-Workers Compensation**
- **Other; please specify**

Non-cash Benefits: Please circle if your household receives any of the following:

SNAP	WIC	Affordable Care Act Subsidy	Childcare Voucher	Housing Choice Voucher (Section 8)
HUD-VASH	Energy Assistance	Permanent Supportive Housing	Public Housing	

If you need assistance in completing this application to accommodate a disability, you may request an accommodation at any time by contacting Tri-CAP via telephone, fax or e-mail.

I have been informed of the Tri-CAP Appeal Process and my Data Privacy Rights through the Tri-CAP Tennessee Warning and have the right to request a copy of each.

In addition, I certify that the information provided on this application is true to the best of my knowledge.

Applicant Signature

Date



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PROGRAM REFERRAL FORM

Are you interested in learning more about other programs? If so please check off the programs you would like to learn more about:

NAME: _____

- Energy Assistance Program
- Supplemental Nutrition Assistance Program (SNAP) Application Assistance – formerly known as Food Stamps
- Financial Literacy Education Tools and Resources
- Landlord and Tenant Rights and Responsibilities
- Free Tax Preparation Services
- Pre-employment Education Program
- Vehicle Purchase Program
- Public Transportation
- Home Ownership Education

Are you needing assistance with something not listed above? If so, please explain below and Tri-CAP may be able to assist:

Tri-County Action Program
 1210 23rd Avenue South, PO Box 683 Waite Park,
 MN 56387

PERMISSION TO RELEASE OR OBTAIN INFORMATION

I HEREBY PERMIT Tri-County Action Program, Inc. to release or obtain information about:

Name: _____ Date of Birth: _____

From the Provider/Agency listed below:

PROVIDER		INFORMATION TO BE RELEASED/SHARED
Advanced Repair – St Cloud Al's Westside Service - St Cloud Auto Performance Center – St Cloud Auto Solution Sales & Services - St Cloud Centre Auto – Sauk Centre Eddie's Auto Repair – Clear Lake Gateway Tire & Auto - Waite Park Granite City Tire & Auto - Sartell and St Cloud Lennys Crossroads Auto - Waite Park	Midtown Sales & Service - Sauk Centre Quality Lube and Wash – Cold Spring R&L Repair – St Cloud Racin Repair – Elk River Signature Auto - Sauk Rapids Snappy Auto & Tire – St Cloud St Cloud NorthStar Tire & Auto – St Cloud St Cloud Transmission - St Cloud Tires Plus - St Cloud Trusted Auto Sales and Repair -St Cloud	Vehicle Repair Information

This permission to release/obtain information with the above provider/agency is requested for the following reason(s):

<input checked="" type="checkbox"/> Determination Eligibility for Service <input checked="" type="checkbox"/> Providing/Continuing Services <input checked="" type="checkbox"/> Monitoring Progress on Program Goals	<input checked="" type="checkbox"/> Providing of Case Management Services <input checked="" type="checkbox"/> Referral Information <input type="checkbox"/> Other (Specify) _____
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I understand that my records are protected under State/Federal law and cannot be shared without my written permission unless otherwise provided for in the regulations. I also understand that I may cancel this permission at any time and that in any event this permission expires in one year from the date signed or upon the following conditions:

I understand that information at Tri-County Action Program, Inc. is limited to those staff whose work assignments reasonably require access to my data within the purpose specified in the services provided. Any release of private information is not allowed except as authorized above. (MN Statutes 13.04.02)

Signature of Client

Date

Signature of Agency Witness

Date

The mission of Tri-CAP is to expand the opportunities for the economic and social Well- being of our residents and the development of our communities.
 Equal Opportunity Employer
 Reasonable Accommodations
 Available

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Data Privacy Notice & Consent

We collect personal information about the people we serve. This information is secured in our computer system and kept only as long as law requires.

Why?

- To determine your eligibility in our programs and suggest other programs for which you may be eligible.
- 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:

- Individuals engaged by this agency 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 Client Information Software Administrators
- 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
- Other agencies or entities as allowed by federal or state law

Your Rights

- You have the right to request a copy of this Data Privacy and Consent form
- You have the right to see and obtain copies of the data maintained on you. (Unless we cannot provide 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.

If you choose to use these rights, contact, (in writing): Tri-County Action Program, Inc. Attn: Executive Director, 1210 23rd Ave S PO Box 683, Waite Park, MN 56387

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BASIC CAR MAINTENANCE

Watch the short 9-minute video, Car Maintenance: 10 Things Every Car Owner Should Know at:

<https://www.youtube.com/watch?v=BjX79GsALd8>

- **READ YOUR OWNER'S MANUAL**

Who does that? Well, people who want to make their car last and avoid preventable repairs. Truth is that your owner's manual is chock-full of important maintenance information that will make you feel more confident as a hands-on car owner.

Your owner's manual contains essential information, such as how to best care for your specific vehicle, when to check or replace vehicle components, how often to service your vehicle, what grade of gasoline to use, and much more.

- **DO THESE 3 THINGS EVERY OTHER FILL-UP:**

1. Clean the windshield.

A dirty windshield can block your view and create a safety hazard on the road. Take 5 minutes to use the squeegee at the gas station to clear your windshield and stay safe.

Be sure to keep your headlights clean, too. If yours are cloudy, check out our guide on how to restore your headlights to like-new condition.

2. Check tire pressure and treads.

Improperly inflated tires increase your chances of having a blow-out and reduce fuel efficiency. Check your tire pressure regularly to catch any issues early. Since tires rarely wear the same on all sides, it's also important to look over the tires for any signs of damage or wear and have them rotated as recommended by your owner's manual.

3. Check fluid levels and top off as needed.

Fluids help keep your car properly lubricated and running as smoothly as possible. To keep your car in tip-top shape, check your oil, coolant, transmission fluid, brake fluid, power steering fluid, and washer fluids regularly.

- **CHECK YOUR BATTERY**

It's a good idea to check your battery annually, more often if you notice signs of weakness or if your battery is 3-5 years old. Signs of a weak battery include slow starts, dim headlights, or lack of power to the electronics, heavy corrosion on the terminals, and of course, a vehicle that won't start.

- **CHANGE YOUR OIL**

Oil is the lifeblood of your vehicle. Your car needs oil and proper oil pressure for lubrication and performance adjustments made while you're driving. In other words, it keeps things running smoothly.

By following your factory recommended maintenance intervals, you can extend the life of your vehicle and avoid paying hundreds or thousands in completely preventable engine damage.





The FDIC Money Smart financial education program can help people of all ages enhance their financial skills.

Visit the site at: <https://playmoneysmart.fdic.gov/resources>

- There is a suite of 14 exciting games for all ages to play and learn at the same time!!

Financial Literacy Education Tools and Resources – Designed for people who are interested in learning more about how to work with their finances, banks, and creditors. The goal is to help people increase their financial knowledge and gain control over their financial situations.

Categories:

- Your Income & Expenses
- Your Savings: What is saving? Where to build your savings, saving for unexpected expenses, saving for your goals, saving & public benefits
- Credit Reports & Scores: Getting and understanding your credit reports.
- Credit Reports-Repair & Building: Disputing errors on your credit reports, build, repair and maintain a productive credit history.
- Borrowing Basics: Ways to borrow money and what is costs, preparing to apply for a loan, borrowing when someone helps you manage your money.
- Managing Debt: What is debt? How debt works, reducing debt, nonpayment of debts in collection, dealing with student loan debt, managing medical debt, understanding high-cost debt
- Using Credit Cards: How credit cards work, managing your credit score
- Building your Financial Future: Assets & asset-building; How assets create a financial foundation; cars as assets; training & education as assets.
- Protecting Your Identity & Other Assets: Risks to your assets; Identity theft & fraud; Insurance & record keeping.
- Your Spending and Saving Plan. Use a monthly spending and saving plan to guide you how to use your money and how to prioritize which bills to pay first when money is short.