

Dear client,

general@tricap.org

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

Thank you for your interest in the DRIVE Program. Enclosed are the application materials for
the program. You must return the following information:
Completed Application Form
Completed Intake Form
Program Referral Form
Copies of:
Income Verification from Last 30 Days
Valid Driver's License
Once your application is reviewed, you will be notified if you are approved to move forward with the DRIVE program.
Sincerely,
DRIVE Program
320.251.1612

TRI-CAP DRIVE PROGRAM PURCHASE APPLICATION FORM

Date:	County of R	esidence:		
Client's Name:				
Household Members:				
Phone:				
Mailing Address:				
Email Address:				
Have you purchased a vehicle	from Tri-CAP in th	ne last 12 months?		
Required Attachments				
30 days of income documer	ntation \square			
Copy of valid Driver's Licens				
• I may	have to prove my		state law for knowingl	y making false or
• I unde	rstand that filling	out this application does not gua e a vehicle from Tri-CAP.	rantee that I will be g	iven the
Client Signature		 Date		
		For Office Use Only		
Income Information: 30 days income: \$		Annual Income: \$		
200% Guidelines for HH size:	\$	Certified Income Eligible	YES / NO	
☐ All other documentation r	eceived			
☐ Application approved	Date:			
☐ Application denied	Reason:			
☐ Denial letter sent	Date:			
Staff Signature		 		



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 star
☐ 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
☐ Credit Reports – Budgeting assistance
☐Financial Education
Are you needing assistance with something not listed above? If so, please explain below and Tri-CAP may be able to assist:

320-251-1612 Toll Free 888-765-5597 Fax 320-255-9518

DATE: _____



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Intake Form

Office use only CAP 60 Number: _____

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 Identitiy M/F/O	Ed Level *	Disabled Y/N	Race *	Ethnicity Hispanic Y/N	Health Ins. Type	Military Status *	Work Status *	Dis- connected Youth Y / N
	SELF											
	ı		*Key			l	l	I	l	l l		
Education: A – 0-8 th grade B – 9-12 th /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:	Add	ress		Cit	У				State		7	Zip
Email: Phone: Alternative Phone:												
☐ Check to receive communication via email ☐ Check to receive communication via text message												
Housing: ☐ Rent ☐ Own ☐ Homeless ☐ Temporary Quarters ☐ Other: ☐ Other Permanent Housing Family Type: ☐ Single Parent Female ☐ Single Parent Male ☐ 2 Parent ☐ Multi Gen. ☐ Single Person ☐ 2 Adults No Children ☐ Non-Related Adults w/Children ☐ Other:												
Are you registered to vote at your current address?												

	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 househo	old members. Types of income	e include:	**Key					
•	Wages	• SS, SSI, SSDI-Social Security	• GA -0	General Assistance	•	VA-Veterans Benefits	•	MFIP	
•	Ret-Retirement Income	Pen-Pension/Annuity	• CS -C	hild Support	•	AL -Alimony or Spousal Support	•	UC -Unemployment Compensation	
•	RSDI -Retirement, Survivors, Disability Insurance	DIS-Long/Short Disability	• MSA	-MN Supplement Aid	•	DWP -Diversionary Work Payments	•	WC-Workers Compensation	
•	Rent-Rental Income	DFD-Contract for Deed Interest	• INT-l Inter	nterest/Dividend est	•	Tribal -Tribal Bonus, Judgements or Per Capita Payments	•	Other; please specify	
		Non-cash Benefits: Ple	ase circle i	your household rec	eive	any of the following:			
	SNAP	WIC	Affordabl	e Care Act Subsidy		Childcare Voucher	Housing (Section	Choice Voucher 8)	
	HUD-VASH	Fnergy 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 Tennessen 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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Appeal Process

YOU HAVE THE RIGHT TO APPEAL a decision about your status with any of Tri-CAP's programs.

If you do not agree with a decision that has been made about your eligibility or involvement in any Tri-CAP programs or if you feel you have been mistreated, you may do the following:

- 1. If you received a specific appeal procedure from the funding source applied for, that must be followed first. You can call (320) 251-1612 or (888)765-5597 for assistance in contacting them.
- Write and send a statement of why you are not satisfied and include your name and address to the Program Director of the program service you are requesting to:

Tri-CAP 1210 23rd Avenue South PO Box 683 Waite Park, MN 56387

- 3. The Program Director will respond to you in writing within 10 days.
- 4. If you are still not satisfied with the response, within 10 days of the last response, you can write to the Executive Director at the same address listed in step 2. The Executive Director will respond in writing within 10 days.

If you feel you have been treated differently because of your color, race, national origin, religion, sexual orientation, age, marital status, parental status, political beliefs, or physical, mental or emotional disability, (ADA) contact the following:

Minnesota Department of Human Rights Freeman Building 625 Robert Street North St. Paul, MN 55155 (651)296-5663 www.human rights.state.mn.us





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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

www.tricap.org