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

Tri-CAP INC.
TRI-COUNTY ACTION PROGRAM
Helping People. Changing Lives.

Transportation Department
1200 23rd Ave S
PO Box 683
Waite Park, MN 56387-0683
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Fax 320.529.4841
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Dear client,

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
general@tricap.org

TRI-CAP DRIVE PROGRAM PURCHASE APPLICATION FORM

Date:_____ County of Residence: _____

Client's Name: _____

Household Members: _____

Phone:_____

Mailing Address:_____

Email Address:_____

Have you purchased a vehicle from Tri-CAP in the last 12 months?	☐ Yes	☐ No
Do you currently have a vehicle in the household?	☐ Yes	☐ No
Do you have the ability to pay the full balance if approved?	☐ Yes	☐ No
Do you agree not to resell the vehicle for a period of 1 year?	☐ Yes	☐ No

What will you be using the vehicle for?

_____

_____

_____

Required Attachments

30 days of income documentation ☐

Copy of valid Driver's License ☐

Consent and Signature:

My signature below affirms that the data in this application is correct. I know:

- I may have to prove my statements.
- I may be held civilly or criminally liable under federal or state law for knowingly making false or fraudulent statements.
- I understand that filling out this application does not guarantee that I will be given the opportunity to purchase a vehicle from Tri-CAP.

_____ _____

Client Signature Date

_____ _____

Staff Signature Date

2025 Federal Poverty Guidelines

	200% FPG - 2025
1	$31,300
2	$42,300
3	$53,300
4	$64,300
5	$75,300
6	$86,300
7	$97,300
8	$108,300

Each additional $11,000

For Office Use Only

Income Information: 30 days income: $		Annual Income: $	
200% Guidelines for HH size:	$	Certified Income Eligible	YES / NO
☐ All other documentation received			
☐ Application approved	Date:		
☐ Application denied	Reason:		
☐ Denial letter sent	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
- ☐ 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:

_____

_____

_____

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Intake Form

DATE: _____

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											

***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:**

☐ **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:**

Primary Language:

Are you registered to vote at your current address? ☐ Yes ☐ No ☐ 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**-Diversionary 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 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.

2. 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

<u>Your Rights</u>

- 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