

## Basic Information for all WCMCA Emergency Housing applicants

(rent, mortgage, deposit, utility assistance)

1. This is **one-time assistance in twelve months** unless you qualify for case management. For example, if you get help in January of 2011, you are not eligible to apply again until January of 2012. Questions about case management should be directed to Robbie or Jill at (218) 685-4486 or 1-800-492-4805.
2. Everyone needs to **apply for Emergency Assistance with their county's social service agency** prior to applying for WCMCA FHPAP funds. If you receive Emergency Assistance you cannot use WCMCA FHPAP funds the same month. If you are denied EA, **you must get a letter of denial** from your county social service agency before we can process your application.
3. **If you have received help from this program in the past**, you will be required to attend 12 hours of financial literacy class to be eligible to receive assistance again. There are no exceptions under this program. Class information is posted in our office, and we attempt to notify participants by phone as well.
4. **A budget counseling appointment must be completed** in order to receive funds. **Your credit report may be run** on your behalf and discussed with you as part of this budgeting counseling.
5. Complete and return you application as quickly as possible. Applications will be process in the order they are received. **Incomplete applications will not be considered.** We have a limited amount of funding each month and when the funding is gone, applications will be placed on a waiting list, and you will be notified by mail when your application is voided.

***Please contact Jill to set up an appointment  
at (218) 685-4486 or 1-800-492-4805***

In order for your application to be complete, copies of the following documents must accompany these forms:

*(Exceptions may be approved by your case manager)*

- Picture ID and Social Security card for all adults
- Emergency Assistance denial letter from county
- Proof of all income (employment, SSI, MFIP, etc.)
- Information documenting verifiable emergency (notice of eviction, foreclosure, disconnect, etc.)
- Copy of lease
- Information documenting ability to pay next month's expenses

**EMERGENCY HOUSING APPLICATION  
WEST CENTRAL MINNESOTA COMMUNITIES ACTION, INC.**

Last Name \_\_\_\_\_ Date \_\_\_\_\_

First Name, M.I. \_\_\_\_\_  Own Home  Rent  Homeless  Other

Primary Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_ Primary Language: \_\_\_\_\_

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Street Address \_\_\_\_\_ City/State/Zip Code + Four \_\_\_\_\_ County \_\_\_\_\_

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Mailing Address (if different from street address) \_\_\_\_\_ City/State/Zip Code + Four \_\_\_\_\_ County \_\_\_\_\_

*How did you hear about this program:* \_\_\_\_\_

**SOURCES OF INCOME AND OTHER ASSISTANCE (Check all those that apply)**

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Salary or Wages<br>\$ _____       | <input type="checkbox"/> General Assistance<br>\$ _____ | <input type="checkbox"/> Retirement/Pension<br>\$ _____ | <input type="checkbox"/> Food Stamps<br>\$ _____                |
| <input type="checkbox"/> Alimony/Child Support<br>\$ _____ | <input type="checkbox"/> Unemployment Comp.<br>\$ _____ | <input type="checkbox"/> MSA<br>\$ _____                | <input type="checkbox"/> Housing/Rent Assistance<br>type: _____ |
| <input type="checkbox"/> Social Security<br>\$ _____       | <input type="checkbox"/> MFIP<br>\$ _____               | <input type="checkbox"/> Interest/Other<br>\$ _____     | <input type="checkbox"/> Medical Aid<br>type: _____             |
| <input type="checkbox"/> Self-Employment<br>\$ _____       | <input type="checkbox"/> SSI<br>\$ _____                | <input type="checkbox"/> No Income                      | <input type="checkbox"/> Veterans' Benefits<br>\$ _____         |

Number of Persons in Household \_\_\_ Number Currently Employed \_\_\_ /  Home Bound /  Migrant /  Seasonal

Single Parent/F  Single Parent/M  Adults w/Children  Single  Adults w/no Children  Other

**Building Type:**  Apartment  Duplex  House  Mobile Home  Town Home  Other \_\_\_\_\_  
(other family information on next page)

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Currently homeless  In threat of homelessness  Other emergency/essential service

Reason/s:  Domestic situation  On the Street  Living with Friends/Family  Disconnected utilities  
 Eviction  back rent/mortgage/utilities  Other: \_\_\_\_\_

Have you been without a permanent residence  for over 1 year  4 or more times in the last 3 years

Explanation of situation/emergency: \_\_\_\_\_

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Amount of assistance necessary: \$ \_\_\_\_\_

Send payment to: \_\_\_\_\_

Contact person: \_\_\_\_\_

\_\_\_\_\_

Contact phone: \_\_\_\_\_

\_\_\_\_\_

Family information:

Household Members	Date of Birth MM/DD /YY	Race	Sex M/F/T	Disability Y/N & Type	Years of School Completed	Medical Coverage Y/N	Veteran Y/N	Valid Driver's License Y/N	Have a Working Vehicle Y/N	Registered voter	HMIS #
1. <b>Head of Household</b> (Name at top of Form above)  SSN:											
2. Name  SSN:											
3. Name  SSN:											
4. Name  SSN:											
5. Name  SSN:											
6. Name  SSN:											
7. Name  SSN:											
8. Name  SSN:											
9. Name  SSN:											
10. Name  SSN:											

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

## 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 West Central MN Communities Action
- 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.

- Social services
- Mental health centers
- Child support workers
- Medical facilities
- Minnesota Department of Economic Security
- Minnesota Housing
- Minnesota Department of Human Services
- Minnesota Office of Economic Opportunity
- Housing and Urban Development
- Community Food Shelves
- Higher education facilities
- Court Officials
- Anyone else the law says we must provide information to

### 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 permission in writing 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 West Central MN Communities Action at:

Stephen Nagle, Executive Director  
West Central MN Communities Action, Inc.  
411 Industrial Park Boulevard  
Elbow Lake, MN 56531

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.

### If you have any questions about the information on this form, ask a staff person.

I understand my rights and have been given a copy for my records,

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

## West Central MN Communities Action, Inc. Discrimination Policy

West Central MN Communities Action, Inc. will not discriminate. Our services will not discriminate against persons based on:

- Race
- Color
- Creed
- Religion
- National origin
- Gender
- Marital status
- Status with regard to public assistance
- Disability
- Sexual orientation
- Age

If you need some type of assistance or accommodation in order to fully use our services, please tell any staff member. If you believe West Central MN Communities Action, Inc. has discriminated against you, or if you believe we have not accommodated your need, you may file a complaint with:

Missy Becker-Cook, Human Resource Director  
West Central MN Communities Action, Inc.  
411 Industrial Park Boulevard  
Elbow Lake, MN 56531  
1-218-685-4486 or 1-800-492-4805, Ext. 112

I have discussed West Central MN Communities Action, Inc.'s Discrimination Policy and have been given a copy of this policy for my records:

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

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### Minnesota Visions Notice & Consent

We collect personal information about the people we serve and store this information in the Minnesota Visions 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.

#### **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):

WCMCA  
Attn: Steve Nagle Executive Director  
411 Industrial Park Blvd  
Elbow Lake, MN 56531

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

\_\_\_\_\_  
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 WCMCA to enter my personal information into the Minnesota Visions computer system.

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

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

# Minnesota's HMIS: Data Privacy Notice & Consent Form

## What is Minnesota's HMIS?

HMIS stands for Homeless Management Information System. It is a computer system used by this agency and other agencies that provide services.

## Why is information collected in Minnesota's HMIS?

- To help us keep track of how many people we serve and the types of people we serve – both as an agency and as a network of service providers.
- To help us understand the types of services people need and plan for services to meet these needs.

## Who can see information entered into Minnesota's HMIS?

- People who work in this agency who need to see your information to help provide services to you or your family, or for billing or funding purposes.
- Auditors or others who have legal rights to review the work of this agency.
- Some employees of Wilder Research (in St. Paul). Wilder maintains Minnesota's HMIS and may see your information as a part of managing the system.
- People using HMIS data to do research. This includes employees of Wilder Research and other people who sign agreements with Wilder or this agency. Your name, social security number, or other information that would identify you will **never** appear on research reports.
- If you or members of your family are in need of protective services because of abuse, neglect, or domestic violence, this agency may be required to file a report with a governmental agency.
- Others, as the law requires. That would include officials with a subpoena, warrant, or court order.
- Your information also may be released if needed to protect the health or safety of others or yourself.

We need your written permission to release your data for other uses.

## Know Your Rights:

- **Tell the intake worker if you do not want your name, social security number, or exact date of birth entered in HMIS.** This agency will **not** refuse to help you because you tell us you do not want information that identifies you entered into HMIS.
- You have the right to a copy of the information about you that is kept in Minnesota's HMIS for as long as it is kept there (except for information that may be kept from you in certain legal proceedings).
- You have the right to correct mistakes if HMIS information is wrong or incomplete.
- You have the right to complain if you believe that this agency or Minnesota's HMIS violated your privacy rights. You can ask a staff person for a complaint and appeals form or write to Minnesota Coalition for the Homeless, HMIS Grievance, 122 West Franklin Avenue, Suite 306, Minneapolis, MN 55404.

## Signed consent

For:

\_\_\_\_\_   
 Print complete name (First, Middle, Last)

\_\_\_\_\_   
 Birth date

By signing this you are giving us your permission to enter your 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



# Household Budget Estimate

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Budget Summary

<b>Income</b>	Sub-totals	
Wages	Housing Expenses	
unemployment	Personal Expenses	
MFIP	Vehicle/Transportation	
Food St	Insurance	
SSI	Loans/Credit	
SSDI	Taxes	
<b>Total</b>	<b>Total Expenses/Month</b>	
	<b>Total Expenses/Year</b>	

### MONTHLY SUMMARY:

### YEARLY SUMMARY:

Housing Expenses	
Rent/House Payment	
Heat	
Electricity	
Telephone/Cell	
Water/Trash Pick-up	
Cable TV/Internet, etc.	
Repairs/Maintenance	
Other	
<b>Sub-total</b>	

Insurance	
Health/Medical: Medical Assistance	
Disability	
Dental	
Vehicle	
Household	
Life	
Other	
<b>Sub-total</b>	

Loans/Credit	
School	
Personal	
Credit Card	
Automobile	
First Premier	
Other	
Other	
Other	
<b>Sub-total</b>	

Personal Expenses	
Food at home and household	
Food away from home	
Household supplies	
Clothing-Purchase/Haircuts	
Education-Personal	
Education-Children	
Newspapers/Magazines	
Medicines, Doctor/Dentist, Etc	
Gifts/Contributions/Dues	
Other	
Cigarettes	
<b>Sub-total</b>	

Vehicle/Transportation	
Down/Extra payments	
Monthly Car payment	
Gas, Oil, Lube	
Tires, Battery, Filters	
Repairs	
Licensing	
<b>Sub-total</b>	

Taxes	
Federal/State Income (if self-employed)	
Property	
Other	
Child Support	
<b>Sub-total</b>	