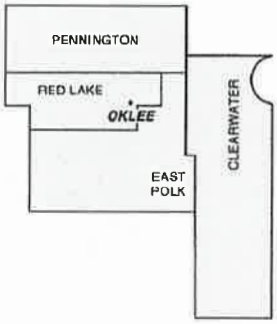

Inter-County Community Council

Community Action Programs For

Clearwater, East Polk, Pennington and Red Lake Counties

P.O. Box 189, Oklee, Minnesota 56742-0189
Dial 218-796-5144
FAX 218-796-5175

Housing Applicant:

Enclosed you will find the application for assistance with your housing needs.

Please have each adult **(18 and older)** sign the following pages **9, 11, 13, 14, 15, 16, 17, 18, 19 & 20.**

- The following information needs to be sent with your application:
  - Three months of income verification or
  - Other documentation of Income which includes SSI, SSD, MFIP or GA
  - HUD Voucher if you have one.
  - A copy of your eviction notice/or a written statement from the person you are staying with explaining why you must leave your current location.
  - Or homeless documentation.
  - A disconnect notice.

Incomplete applications will not be processed. If you have any questions on the application, or you need assistance filling it out, please don't hesitate to call our office.

Thank you,

Family Services Department

Inter-County Community Council (Oklee) 218.796.5144

Inter-County Community Council (TRF) 218.683.8076

Inter-County Community Council (Oklee Toll Free) 1.888-778.4008 Ext. 6

Inter-County Community Council Emergency Assistance Application

Contact Information:

Name:_____

Address:_____

City:_____State:___Zip:_____

County:_____

Home Phone:_____

Cell Phone:_____

E-Mail:_____

Contact In Case We Cannot Reach You:

Name:_____

Address:_____

City:_____State:___Zip:_____

Home Phone:_____

Cell Phone:_____

E-Mail:_____

Relationship to You:_____

Please check the box that describes your housing situation:

Own Home: ☐ **Rent Home:** ☐ **Doubled up** ☐ **Homeless** ☐

****Describe what your need is:**_____

****How much is needed:$**_____

Section 1: Demographics and Household Set-up

	First Name	Middle Name	Last Name	Suffix	Valid Driver's License ?	Highest Level of Education Completed	City/State of Birth
1							
2							
3							
4							
5							
6							

	Relationship to you: (daughter, husband, Significant other etc.)	Social Security Number (SSN)	Date of Birth	Gender	Race	Ethnicity: Hispanic (Y/N)	Veteran Status (Y/N) (18+only)
1	Self (your information)						
2							
3							
4							
5							
6							

If Native American, of which tribe are you an enrolled member?

☐Lower Sioux Indian Community in State of MN
☐Mdewakanton Sioux Indians
☐MN Chippewa –Bois Forte
☐MN Chippewa—Fond du Lac
☐MN Chippewa – Grand Portage
☐MN Chippewa – Leech Lake
☐MN Chippewa – Mille Lacs Band
☐MN Chippewa – White Earth
☐Prairie Island Indian Community in State of MN
☐Red Lake Band of Chippewa Indians
☐Shakopee Mdewakanton Sioux Community of
☐Upper Sioux Community
☐Other
☐Not enrolled member of any tribe
☐Client doesn't know
☐Client Refused

2. Household Type:

☐ Couple with no children
☐ Two parent family
☐ Female single parent
☐ Male single parent
☐ Foster parent(s)
☐ Non-custodial caregiver(s)
☐ Grandparent(s) and child
☐ Single Person

Extent of homelessness

☐ Not currently homeless
☐ First time homeless AND less than one year without home
☐ Multiple times homeless, but not meeting long-term homeless definition
☐ Long term: homeless at least 1 year OR at least 4 times in the past 3 years

3. Do you have a disability of long duration? *(18+ only)*

- *Documentation is **not** required to answer "Yes." You can answer "Yes" even if you have never been officially diagnosed with a disability.*
- *Alcohol/drug abuse **is** considered a disability of long duration.*

Adult Household Member Name	Disability of Long Duration?
1.	☐Yes ☐No ☐ Don't Know
2.	☐Yes ☐No ☐ Don't Know
3.	☐Yes ☐No ☐ Don't Know

What is your disability?

☐Mental Health Problem
☐Physical Disability
☐Developmental Disability
☐Chronic Health Condition
☐Alcohol Abuse
☐ Drug Abuse
☐ Both Alcohol and Drug Abuse
☐ HIV/AIDS

4. Leave any of these? (0-3 months ago)

Did you leave any of the places listed below in the last 3 months?

- ☐ Yes (If yes, *select the answers below*)
- ☐ No (if no, *skip to question 5*)

  - ☐ Adoptive Home (from foster care system)
  - ☐ Foster Home
  - ☐ Juvenile Detention Center
  - ☐ County Jail or Workhouse
  - ☐ State or Federal Prison
  - ☐ Mental Health Treatment Facility or Hospital
  - ☐ Drug or Alcohol Treatment Facility
  - ☐ Combined MI/CD Treatment Facility
  - ☐ Group Home
  - ☐ Half-way House
  - ☐ Residence for People with Physical Disabilities
  - ☐ Don't know

5. Leave any of these? (over 3 months ago, up to 6 months ago)

Did you leave any of these places over 3 months ago, up to 6 months ago?

- ☐ Yes (If yes, *select most recent place left, below)*
- ☐ No (If no, *skip to question 6*)

  - ☐ *Adoptive Home (from foster care system)*
  - ☐ *Foster Home*
  - ☐ Juvenile Detention Center
  - ☐ County Jail or Workhouse
  - ☐ State or Federal Prison
  - ☐ Mental Health Treatment Facility or Hospital
  - ☐ Drug or Alcohol Treatment Facility
  - ☐ Combined MI/CD Treatment Facility
  - ☐ Group Home
  - ☐ Half-way House
  - ☐ Residence for People with Physical Disabilities
  - ☐ Don't know

6a. Residence Prior to Project Entry?

- ☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher
- ☐ Transitional housing for homeless persons (including homeless youth)
- ☐ Permanent housing for formerly homeless persons (such as: a CoC project; HUD legacy programs; or HOPWA PH)
- ☐ Psychiatric hospital or other psychiatric facility
- ☐ Substance abuse treatment facility or detox center
- ☐ Hospital or other residential non-psychiatric medical facility
- ☐ Jail, prison or juvenile detention facility
- ☐ Staying or living in a family member's room, apartment or house
- ☐ Staying or living in a friend's room, apartment or house
- ☐ Hotel or motel paid for without emergency shelter voucher
- ☐ Foster care home or foster care group home
- ☐ Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- ☐ Safe Haven
- ☐ Rental, with VASH subsidy
- ☐ Rental, with GPD TIP subsidy
- ☐ Rental, with other ongoing housing subsidy
- ☐ Rental, no ongoing housing subsidy
- ☐ Owned, with ongoing housing subsidy
- ☐ Owned, no ongoing housing subsidy
- ☐ Long-term care facility or nursing home
- ☐ Residential project or halfway house with no homeless criteria
- ☐ Other (specify):

  _____

- ☐ Don't know

6b. Length of stay in previous place

- ☐ One day or less
- ☐ Two days to one week
- ☐ More than one week, but less than one month
- ☐ One to three months
- ☐ More than three months, but less than one year
- ☐ One year or longer
- ☐ Don't Know
- ☐ Refused
- ☐ Data not collected

Time on street, in emergency shelter, or in safe haven (7a-7d)

7a. Entering from the streets, shelter, or safe haven?

- ☐ Yes
- ☐ No
- ☐ Don't Know
- ☐ Refused
- ☐ Data not collected

7b. If Yes for 7a, Approximate Date Started

____ / ____ /____

7c. Regardless of where you stayed last night – Number of times you have been on the streets, in shelter, or safe haven in the past three years, including today

- ☐ Never in the last 3 years
- ☐ One time
- ☐ Two times
- ☐ Three times
- ☐ Four or more times
- ☐ Don't Know
- ☐ Refused
- ☐ Data not collected

7d. Total number of months homeless on the street, in shelter, or safe haven in the past three years

- ☐ One Month (this time is the first month)
- ☐ 2 months
- ☐ 3 months
- ☐ 4 months
- ☐ 5 months
- ☐ 6 months
- ☐ 7 months
- ☐ 8 months
- ☐ 9 months
- ☐ 10 months
- ☐ 11 months
- ☐ 12 months
- ☐ More than 12 months
- ☐ Don't Know
- ☐ Refused

8a. How long since you had permanent place to live (permanent address)? *Place last lived 90 or more days; not shelter or time-limited housing*

- ☐ 0 (Prevention/Current Residence)
- ☐ Less than 1 month
- ☐ 1 – 3 months
- ☐ 3 – 6 months
- ☐ 6 – 12 months
- ☐ 1 – 2 years
- ☐ 3 – 5 years
- ☐ 6 – 8 years
- ☐ 9 years or more

8b. Location of last permanent address

State:_____

County (MN only):_____

City (MN only): _____

2. **Housing Status** *(before program entry)*

- ☐ Category 1 – Homeless
- ☐ Category 2 – At imminent risk of losing housing
- ☐ Category 3 – Homeless only under other federal statutes
- ☐ Category 4 – Fleeing domestic violence
- ☐ At-risk of homelessness
- ☐ Stably housed

Please answer the following questions if you served in the Military. *(Otherwise, please skip to page 5).*

4a. Did you serve in the United States Armed Forces? *(Which includes the Army, Navy, Air Force, Marine Corps, and Coast Guard)? (18+ only) (Same as question on profile page)*	☐*Yes* ☐*No*
4b. Did you serve on Active Duty, or in the National Guard or Reserves? *(18+ only)*	☐ Yes, Active Duty (regardless of Guard and Reserve answers) ☐ Yes, National Guard ☐ Yes, Reserves ☐ Both Guard and Reserves
If yes to questions 4a or 4b, answer questions 4c-4h. If no, skip to question 5.	
4c. If Guard or Reserve: Were you ever called to Active Duty as a member of the National Guard or as a Reservist?	☐*Yes* ☐*No*
4d. Did you enter Active Duty before 9/7/1980?	☐*Yes* ☐*No*
4e. For approximately how many months did you serve?	_____ (# of months) *Approximate answers OK*
4f. What kind of discharge did you have?	☐ Honorable or under honorable conditions ☐ Other than honorable, but not dishonorable ☐ Dishonorable
4g. Are you receiving VA disability pay?	☐*Yes* ☐*No*
4h. Have you been referred to the Homeless Veteran Registry?	☐*Yes* ☐*No*

5. Are you or have you ever been in foster care? *(Clients 24 and under)* ☐ ***Yes*** ☐ ***No***

Youth Household Member Name	**Has been in foster care?**
1.	☐Yes ☐No
2.	☐Yes ☐No
3.	☐Yes ☐No
4.	☐Yes ☐No

6. Domestic violence victim/survivor? (ever) *(All Adults and Heads of Household)* ☐ Yes ☐ No	**6b. If yes for Domestic violence victim/survivor, when experience occurred?**						**6c. If yes for domestic violence victim/survivor, currently fleeing?**			
If yes for domestic violence, list name	Within the past 3 months	3-6 months ago	6-12 months ago	More than 1 year ago	Don't Know		Yes	No	Don't Know	
1.	☐	☐	☐	☐	☐		☐	☐	☐	
2.	☐	☐	☐	☐	☐		☐	☐	☐	
3.	☐	☐	☐	☐	☐		☐	☐	☐	

7. Health Insurance *(All Adults and Heads of Household) please answer if all members of the household are covered by health insurance, then mark which types of insurance you and your family have.*

Covered by health insurance?	**Medicaid (MA)**	**Medicare**	**State Children's Health Ins.**	**VA Medical Services**	**Employer-Provided Health Ins.**	**Health Ins. through COBRA**	**State Health Ins. for Adults**	**Private Pay Health Ins.**
☐Yes ☐No	☐	☐	☐	☐	☐	☐	☐	☐

8. Monthly Income: *(All Adults and Heads of Household)*

Data Collection Instructions: *List household members by name below. Then, select income source by number on the list below and enter the number in the "source" column.*

Household Member Name	Income from any source	Start Date	Source 1 (enter # from List Below)	Monthly Amount	Source 2 (enter # from List Below)	Start Date	Monthly Amount	Total Monthly Income from ALL Sources
1.	☐Yes ☐No			$			$	$
2.	☐Yes ☐No			$			$	$
3.	☐Yes ☐No			$			$	$

Income Sources (enter number in "source" column above)

1. Earned Income
2. Unemployment insurance
3. SSI
4. SSDI
5. VA Service Connected Disability Compensation
6. Private disability insurance
7. Worker's compensation
8. TANF (MFIP)
9. General Assistance
10. Retirement income from Social Security
11. VA Non-Service Connected Disability Pension
12. Pension or retirement income from a former job
13. Child support
14. Alimony or other spousal support
15. Contributions from other people
16. Interest, dividends, or annuities
17. MSA/Minnesota Supplemental Aid
18. Student grants/scholarship
19. Tribal Funds
20. Other (specify)

---

1. **Employer Information:**

Employer Name:_____

Address:_____

Phone:_____

Supervisor Name:_____

Start Date:_____

Wage per hour or salary:_____

Date of Last Paycheck:_____

9. Non-Cash Benefits *(All Adults and Heads of Household)*

Data Collection Instructions: *Record non-cash benefits for each adult and head of household. Non-cash benefits generally apply to all members of the household who benefit, even indirectly.*					
Adult Household Member Name	**Non-cash benefit from any source**	**Source 1 (enter # from List Below)**	**Start Date**	**Monthly Amount**	**Start Date**
1.	☐Yes ☐No ☐ Don't Know				
2.	☐Yes ☐No ☐ Don't Know				
3.	☐Yes ☐No ☐ Don't Know				

Non-cash Source Options:

2. Supplemental Nutrition Assistance Program (Food Stamps)
3. Special supplemental nutrition program (WIC)
4. TANF Child Care Services
5. TANF transportation services
6. Other TANF-Funded Services
7. Section 8, Public Housing or other ongoing rental assistance
8. Temporary rental assistance
9. Other Source (specify)

Please answer the following questions to the best of your ability:

Do you need assistance in applying for health care? Yes_____No_____

Do you consider yourself to be in good health? Yes____ No____ Your partner? Yes____ No_____

Is any member of the household pregnant? Yes_____ No_____ Due Date:_____

Do you need assistance in applying for SNAP benefits?

Are you aware of the Earned Income Tax Credit? If not, would you like more information?

If you received a tax refund, how much did you receive?

What was it used for?

What is your mode of transportation? (walk, bus, car pool, personal vehicle, etc.)

What type of vehicle? Year:_____Make:_____Model:_____

Do you feel that your transportation is adequate to meet your daily needs?

Who can you turn to in a crisis? (Please list name and phone number)

How do you think your credit is?

Would you like help with budgeting, debt reduction or financial planning?

Are you registered to vote? Yes____ No____ If not, would you like help getting registered to vote? Yes_____ No____

Do you have a criminal record that would affect your ability to obtain housing? Yes_____ No_____

Felony _____ Gross Misdemeanor _____ Misdemeanor _____

If you checked any of the above, please explain the charges.

Are you eligible for child support? Yes_____ No_____

Are you receiving child support payments? Yes_____ No_____ If yes, how much a month?_____

Do the child support payments come regularly or are they unpredictable?

Is your child care adequate to meet your needs? Yes_____ No_____

Do you receive any child assistance from the county? Yes_____ No_____

Landlord information:

Name	
Phone Number	
Email	

****Agreement and Signature---All adults 18 and over must sign.**

By submitting this application, I affirm that the facts set forth in it are true and complete.

X Signature:_____

X Signature:_____

Date:_____

CLIENT MONTHLY BUDGET					
Monthly Housing Expenses					
			AMOUNT		
Rent-Mortgage			$ -		
Lot Rent/2nd Mortgage			$ -		
Homeowners/Renters Ins.			$		
			$		
Other Monthly Expenses			$ -		
Heat			$		
Electric			$		
Water			$		
Telephone			$		
Pager/Cell Phone			$		
Cable or Satellite			$		
Internet			$		
Food			$		
Food Support rec'd			$		
Other (personal hygiene,cleaning,diapers)			$		
DayCare Expenses			$		
Entertainment			$		
Auto/Travel Expenses			$		
Payment			$		
Insurance			$		
Gas or bus expense			$		
Loans			$		
Loans			$		
Credit Cards			$		
Credit Cards			$		
Medical/Dental Expenses/RX/co-pay			$		
Health Insurance			$		
Legal Fines			$		
Child Support/Alimony			$		
Cigarettes/tobacco			$		
Savings, 401K, etc.			$		
School Supplies			$		
School Lunches			$		
Clothing			$		
Dry Cleaning/Laundry			$		
Work Related Food/Expense			$		
Hair Cuts			$		
Pet Foods/Vet Care			$		
Gifts/Presents/Holiday			$		
			TOTAL INCOME	$ -	
TOTAL EXPENSES		(add up your expenses)		$ -	
			BALANCE	$	

INTER-COUNTY COMMUNITY COUNCIL

Your Privacy Rights

Data Practices Information

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. The information below tells why and when we will ask for and give information about you.

1. **What kind of information do we collect?** (Information is divided into four categories)
   - Public Information: information about you that is available to anyone.
   - Private Data: information about you that can be shared only if you give us your permission or if a law allows or requires us to share the information.
   - Confidential information: information about you that can not be shared about you.
   - Summary information: information about you that does NOT identify you personally, which may be shared with others, generally for reporting purposes.

2. **Why are we asking for it?**
   - To help us decide whether you are eligible for the program and what other services you may need.
   - To tell you from other persons by the same or similar name.
   - To help you get social or financial services from other agencies or companies.
   - To make reports, do research, audits, and evaluate our programs.
   - To collect money from the government for help that we give you.

3. **How we plan to use it:**
   - We may use it to prepare required reports, conduct audits, review eligibility and to find out how the program is helping you.

4. **Who may we share the information about you with?**
   - With staff, allowed by law, who need it to do their jobs in the Minnesota Department of Children, Families and Learning, Department of Human Services, Office of Economic Opportunity, Minnesota Housing, the United States Departments of Health and Services, Labor, Housing and Urban Development and Agriculture. We may also share it with community based agencies, local and state human service agencies, educational programs, landlords, vendors, and other agencies which help you.

5. **If you do not provide this information:**
   - You are not required by law to provide this information. If you choose not to provide this information, we may not know whether you are eligible for the program and may not be able to help you. Providing false information can lead to removal from the program.

6. **Social Security Number:**
   - You do not have to provide a Social Security Number to be eligible for our programs. Federal Privacy Act and Freedom of Information Act dictate the use of the Social Security Number. We may use it for computer matches, program reviews and improvements, and audits.

7. **You have the right to copies of information we have 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 give other people permission to see and have copies of private data about you.
   - If you do not understand the information, you may ask to have it explained to you.

Agreement and Signature---All adults 18 and over must sign.
By submitting this application, I affirm that the facts set forth in it are true and complete.

X Signature:_____ **Date:**_____

X Signature:_____ **Date:**_____

Minnesota's HMIS Data Privacy Notice

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, including street outreach, shelters, and housing programs.

Why do we collect this information?

- 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.
- Other agencies like this agency that provide services and have received permission from you to see your information. The agencies that participate in Minnesota's HMIS may change from time to time. A copy of the current list of participating agencies is available upon request.
- Auditors or funders who have legal rights to review the work of this agency, such as the U.S. Department of Housing and Urban Development and other state or local government entities.
- Organizations that run, administer, and work on the system, such as the Institute for Community Alliances or Local System Administrators. When these organizations work on the system, they may see information about you.
- People using HMIS information to do research and write reports, including, but not limited to, the Minnesota Department of Human Services (DHS). Your personally identifiable 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 as required by law.
- Others as required by law, including officials with a valid subpoena, warrant, or court order.

We will not release your information for any other use unless you permit us in writing.

How is your privacy protected?

- All users of data must sign an agreement to protect your privacy and comply with state and federal laws and policies before seeing any information.
- The computer program used for this purpose has industry standard security protocols and is updated regularly to meet these security requirements.

What are 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. However, federal and state regulations may require limited data collection for funding purposes.
- You have the right to request a copy of the Minnesota's HMIS information about you.
- 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.

Minnesota's HMIS Release of Information

For: _____ _____
Print First, Middle, and Last Name (Complete one form for each adult) Date of Birth

Your personal information will be collected in Minnesota's HMIS and, with your consent, shared with other service providers/homeless agencies. If you do not give permission for this agency to share your information, no other agency in the network will have access to it.

Why share your information?

- Sharing reduces the amount of time you have to spend answering basic questions about your situation.
- Sharing allows agencies to focus on meeting your unique needs more quickly.
- Sharing makes it easier for multiple agencies to coordinate housing and services for you and your family.

What information might be shared?

- Family/Household information
- Name, birthdate, Social Security Number
- Gender, race, ethnicity
- Reasons for seeking services
- Living situation and housing history
- Services you receive
- If you are homeless or not
- Your income and income sources
- Public benefits you receive
- History of domestic violence
- Educational background
- Employment information
- Military history
- Health information, including physical health, HIV, behavioral health

Please check (✓) a box:

☐ **SHARE**: I consent to have the information collected about me shared through Minnesota's HMIS with other partner agencies in order to improve services to me and the services offered to others.

☐ **DO NOT SHARE**: I do **not** want **any** of the information about me in Minnesota's HMIS shared with any other service providers/homeless agencies. I understand that not sharing my information may affect the ability to quickly and appropriately identify services for me.

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

- We will **not** deny you help if you do not want us to share your personal information. At the same time, sharing data does not guarantee that you will receive assistance.
- If you permit us to share your information, this consent is valid until canceled by you.
- If you permit us to share your information, you may change your mind and cancel this consent at any time. If you cancel this consent, your information will no longer be shared from that date forward.

_____ _____ _____ _____
SIGNATURE OF CLIENT OR GUARDIAN **DATE** **Signature of agency witness** **Date**

☐ **Please treat information about my children age 17 or younger the same as mine.**

☐ **Verbal Consent obtained by phone (Agency Staff Signature):** _____ **Date:** _____

INTER-COUNTY COMMUNITY COUNCIL

Family Services Department

Release of Information

We are asking you to agree to the release of information that you have given us and/or to obtain information from the agencies or persons listed on this form. This information will allow us to serve you better and will also help us to determine whether this program has been successful. This information will be used in order to assist you with housing, transportation and other basic needs to help move you toward self reliance.

I understand that the information to be exchanged will be treated as private data as governed by the Minnesota Government Data Practices Act. No release of information will be made without further consent.

I understand that I do not have to consent to release any information that tells people that my child(ren) or I are disabled. I understand that if I am asking for help because of a disability, this agency may need information about the disability to help me.

I understand that I am not required to agree to release this information. However, it may not be possible for the agencies helping me to provide or obtain assistance for me. I also understand that I will not be denied assistance for refusing to agree to release the information requested.

I authorize Inter-County Community Council to release and/or obtain the following information

- ☐ My name, address and phone number
- ☐ Housing Information _____
- ☐ Employment Information _____
- ☐ Financial Information _____

I authorize Inter-County Community Council to request, receive, release and exchange information with the following departments within their agency:

- ☐ Energy Assistance _____
- ☐ Head Start _____
- ☐ Weatherization _____
- ☐ Employment & Training _____

I understand that this consent to release this information will expire in one year after I have signed it. I also understand that I can withdraw my consent at any time; however, this will not affect information released before I withdrew my consent. If I want to withdraw my consent to release this information, I must write to Inter-County Community Council, P.O. Box 189, Oklee MN 56742

I understand that:

- This information cannot be released without my consent.
- I have the right to look at all written information the agency released and have copies of it.

If I have questions about anything on this form, I understand that I should talk to:
The Family Services Department before I sign this.

_____ _____

Signature of participant Date

_____

Printed name of participant

_____ _____

Name of person signing for participant Reason participant is unable to sign

_____ _____

Signature of person who explained this form and your rights Date

INTER-COUNTY COMMUNITY COUNCIL

Family Services Department

Release of Information

We are asking you to agree to the release of information that you have given us and/or to obtain information from the agencies or persons listed on this form. This information will allow us to serve you better and will also help us to determine whether this program has been successful. This information will be used in order to assist you with housing, transportation and other basic needs to help move you toward self reliance.

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I understand that I do not have to consent to release any information that tells people that my child(ren) or I are disabled. I understand that if I am asking for help because of a disability, this agency may need information about the disability to help me.

I understand that I am not required to agree to release this information. However, it may not be possible for the agencies helping me to provide or obtain assistance for me. I also understand that I will not be denied assistance for refusing to agree to release the information requested.

I authorize Inter-County Community Council to request, receive, release and exchange information with the following agency:

☐ **Tri Valley Opportunity Council**_____

I understand that this consent to release this information will expire in one year after I have signed it. I also understand that I can withdraw my consent at any time; however, this will not affect information released before I withdrew my consent. If I want to withdraw my consent to release this information, I must write to Inter-County Community Council, P.O. Box 189, Oklee MN 56742

I understand that:

- This information cannot be released without my consent.
- I have the right to look at all written information the agency released and have copies of it.

If I have questions about anything on this form, I understand that I should talk to:
The Family Services Department before I sign this.

_____ _____

Signature of participant Date

_____

Printed name of participant

_____ _____

Name of person signing for participant Reason participant is unable to sign

_____ _____

Signature of person who explained this form and your rights Date

INTER-COUNTY COMMUNITY COUNCIL

Family Services Department

Release of Information

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☐ **Landlord**_____

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☐ **MN HUD**_____

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☐ **County Social Services**_____

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Name of person signing for participant Reason participant is unable to sign

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☐ **Options**_____

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I authorize Inter-County Community Council to request, receive, release and exchange information with the following agency:

☐ **Other**_____

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Signature of participant Date

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Printed name of participant

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Name of person signing for participant Reason participant is unable to sign

_____ _____

Signature of person who explained this form and your rights Date

You have the right to file a complaint if you feel that you have been treated unfairly.
If you feel that you have been treated differently because of your color, race, national origin, religion, sex, age, marital status, political beliefs, or physical, mental or emotional disability, you may write down your complaint or tell it to the Executive Director of Inter-County Community Council.

Catherine Johnson, Executive Director
Inter-County Community Council
P.O. Box 189
Oklee, MN 56742
218-796-5144 or toll-free: 1-888-778-4008

We will try and settle your complaint within 30 days.

Your rights to get help:
You have the right:

- To apply again if you get turned down
- To apply for more help if you need it
- To know what the guidelines are and how we decide what help you will get to know if you qualified for services and the amount of financial assistance you'll receive
- After you give us all the information requested, to know how much help you will get in a reasonable time.
- To know why we have not acted on your application in a reasonable time, at your request
- To appeal for 30 days after you know the results of your application if:
  - You get turned down
  - You think we used the wrong facts to decide how much assistance you receive
  - You do not get the help you were promised

You have these responsibilities:
You must tell us if you:

- Received help from Inter-County Community Council already this year.
- Move to a new address; please tell us within 30 days

You have the responsibility to:

- Seek out other sources of financial assistance (family, friends, other organizations, etc.)

Why do we need the information we ask you?

- To know you from other individuals
- To see if you may qualify for assistance
- To meet federal or state reporting rules

How long do we keep this information?
We keep this information on file for three years

Can you see your file?
You may review all of the things in your file at ICCC in Oklee where your file is kept, at your written request.

What if you think the facts in your file are wrong?
If you feel that information is wrong in your file, please talk to someone from the Family Service Department.

What happens if you give false information?
If you give false information on any of these forms and know it is false, it may affect your chances of receiving assistance. The only way this agency can get some information from other organizations is with your signed consent.

Social Security Number:
You do not have to provide a Social Security Number to be eligible for our program. Federal Privacy Act and Freedom of Information Act dictates the use of your Social Security Number. We many use it for computer matches, program reviews and improvements, and audits.

Family Service Department
Inter-County Community Council reserves the right to determine whether or not to assist each household.