



# Inter-County Community Council

Community Action Programs For  
Clearwater, East Polk Pennington and Red Lake Counties

PO Box 189, Oklee, MN 56742

Phone: 218-796-5144

Fax: 833-792-1046

Email: [fs@intercountycc.org](mailto:fs@intercountycc.org)

Applicant:

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

Please have each adult (18 and older) sign the application. Once an application is received you will be contacted by a case manager for more information.

- ❖ 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	Suff ix	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?**

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

**2. Household Type:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Couple with no children | <input type="checkbox"/> Male single parent         | <input type="checkbox"/> Grandparent(s) and child |
| <input type="checkbox"/> Two parent family       | <input type="checkbox"/> Foster parent(s)           | <input type="checkbox"/> Single Person            |
| <input type="checkbox"/> Female single parent    | <input type="checkbox"/> Non-custodial caregiver(s) |   |

**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.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know

**What is your disability?**

- |   |  |
|---|--|
| <input type="checkbox"/> Mental Health Problem    | <input type="checkbox"/> Alcohol Abuse               |
| <input type="checkbox"/> Physical Disability      | <input type="checkbox"/> Drug Abuse                  |
| <input type="checkbox"/> Developmental Disability | <input type="checkbox"/> Both Alcohol and Drug Abuse |
| <input type="checkbox"/> Chronic Health Condition | <input type="checkbox"/> 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 6).**

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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Domestic violence victim/survivor? (ever) (All Adults and Heads of Household) <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes for domestic violence, list name	6b. If yes for Domestic violence victim/survivor, when experience occurred?					6c. If yes for domestic violence victim/survivor, currently fleeing?		
	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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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.	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$			\$	\$
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$			\$	\$
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$			\$	\$

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

- |  |   |   |
|--|---|---|
| <ul style="list-style-type: none"> <li>1. Earned Income</li> <li>2. Unemployment insurance</li> <li>3. SSI</li> <li>4. SSDI</li> <li>5. VA Service Connected Disability Compensation</li> <li>6. Private disability insurance</li> <li>7. Worker's compensation</li> </ul> | <ul style="list-style-type: none"> <li>8. TANF (MFIP)</li> <li>9. General Assistance</li> <li>10. Retirement income from Social Security</li> <li>11. VA Non-Service Connected Disability Pension</li> <li>12. Pension or retirement income from a former job</li> <li>13. Child support</li> <li>14. Alimony or other spousal support</li> </ul> | <ul style="list-style-type: none"> <li>15. Contributions from other people</li> <li>16. Interest, dividends, or annuities</li> <li>17. MSA/Minnesota Supplemental Aid</li> <li>18. Student grants/scholarship</li> <li>19. Tribal Funds</li> <li>20. Other (specify)</li> </ul> |
|--|---|---|

**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)**

<b>Data Collection Instructions:</b> 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.					
<b>Adult Household Member Name</b>	<b>Non-cash benefit from any source</b>	<b>Source 1 (enter # from List Below)</b>	<b>Start Date</b>	<b>Monthly Amount</b>	<b>Start Date</b>
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know				
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know				
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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:**

<b>Name</b>	
<b>Phone Number</b>	
<b>Email</b>	

**\*\*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: \_\_\_\_\_



# 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: \_\_\_\_\_

**Inter-County Community Council. P.O. Box 189. Oklee MN 56742. Phone: 218-796-5144.**  
***If you do not understand this information, call 1-888-778-4008 ext 6 and ask to have it explained to you.***

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.*