

# SouthEastern North Dakota Community Action Agency

Homeless Prevention Phoneline: (701)566-0772 Fax: (701)298-3115

[sendcaa.self.sufficiency@gmail.com](mailto:sendcaa.self.sufficiency@gmail.com)

## **Community Homeless Assistance Application**

*Community Homeless Assistance is designed to assist families, singles and youth who are experiencing homeless. Please complete this application for consideration for homeless assistance. This application is intended for one-time assistance to access housing. Please complete a VI SPDAT to be entered onto the homeless programs prioritization list if one-time assistance will not be sufficient to meet your needs.*

*By completing this application, you have applied for assistance from  
**SENDCAA, Presentation Partners in Housing, and the Salvation Army.***

Head of Household Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(List additional adult members below or on back of application.)

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Number of people in Household (including household head): \_\_\_\_\_

**CONTACT INFO:** *Where can we contact you to make follow-up referrals or obtain additional eligibility information?*

Address: \_\_\_\_\_  
Street City State Zip

Phone #: ( ) - May we leave a message at this number? ☐ Yes ☐ No

Email: \_\_\_\_\_

<u>Other Household Contacts</u>	<u>Name</u>	<u>Contact Number</u>
Case Manager		
Other Case Manager		
Landlord		
Housing Agency		
Other _____		

\*\*\*Please inform front desk staff if you are in need of a Release of Information to fill out for any of the above contacts.

Have you completed a VI-SPDAT? Yes No		Where did you do the assessment?
Are you currently working with a case manager? Yes No		Name of Case Manager:
To be completed by VI-SPDAT assessor OR case manager:		
Date	VI SPDAT Score:	
If the applicant scored higher than the mainstream resources category, how will the applicant maintain housing with only one-time assistance?		

Eligibility Determination Questions					
What is your current living situation?	<div> <div>Shelter</div> <div>Place not meant for habitation</div> <div>Transitional Housing</div> </div>				
Is anyone in the family a Veteran?	Yes		No		
Have you signed a lease? If so, how much is your rent?					
How many bedrooms are in the apartment?	Studio	1 bdrm	2 bdrm	3 bdrm	More than 3 bdrms
Are you approved for any housing assistance?	<div> <div>Yes, from: _____</div> <div>No</div> </div>				

Do you have any sources of income in your household? *If so please list income sources and total amount:*

Yes	No	Circle Source/Type							Amount (Monthly)
		Employment	Unemployment	Child Support	SSI/SSDI	TANF	Retirement	Other	
		Employment	Unemployment	Child Support	SSI/SSDI	TANF	Retirement	Other	
		Employment	Unemployment	Child Support	SSI/SSDI	TANF	Retirement	Other	
		Employment	Unemployment	Child Support	SSI/SSDI	TANF	Retirement	Other	
Total Monthly Income:									

Please explain your need for homeless assistance:

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If assistance is provided to you, what is your PLAN to sustain your household after the assistance is over?  
(Please list your immediate goals.)

*\*Please note: Due to funding limitations, we are only able to assist about 1 in every 5 (20%) of the people who apply for help. We strongly encourage you to seek additional resources while you wait to hear back on our decision. You may be required to exhaust other available resources prior to being approved for Community Homeless assistance.*

I have completed this application to the best of my abilities. I have read and understand that funding is limited and that not all applications will be assisted. Please sign below. A letter will be mailed to your household explaining approval or denial of assistance.

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

## Client Notice and Consent for Release of Information (ROI)

*Coordinated Assessment Referral & Evaluation System of North Dakota & West Central Minnesota*



I, \_\_\_\_\_ (insert client's printed name), understand that the Coordinated Assessment Referral Evaluation System (CARES) is a partnership of agencies sharing information to provide a more coordinated homeless response system. I authorize the information collected about my household to be included in the HMIS database, waitlist, and shared with CARES partners in order to provide me with the best services possible. The information will also be used by CARES and Continuum of Care administrators for system evaluation, which will help improve services to me and others in the CARES region.

By checking the "yes" below, I agree that information collected in the CARES assessments and in the HMIS and CARES waitlist (Homelink) can be shared with CARES Partners as described below. The agencies that participate in the HMIS and CARES may change from time to time. A copy of the current list of agencies is available upon request. This ROI expires one year after signature.

☐ Yes ☐ No\* Date: \_\_\_\_\_ Signature: \_\_\_\_\_

*\*If checked "No" your data will be entered into HMIS and waitlist as anonymous.*

This form authorizes the following identifying information to be routinely shared using HMIS and CARES waitlist (Homelink) to better help my household. Agencies not directly providing you services, making referrals on your behalf, or screening your household for program eligibility, are NOT authorized to access your data.

### DESCRIPTION OF INFORMATION THAT IS SHARED

This Client Release form authorizes the following identifying information to be routinely shared using the Homeless Management Information System (HMIS) and CARES waitlist (Homelink) to better help me and/or my family:

- Family/Household Information (Names, Date of Birth, Race, Sex)
- Income and Benefits Information
- Education and Employment History
- Housing History and Barriers
- Homeless Status and History
- Veteran and Discharge Status
- Program and Service Involvement and Contacts
- General Health Information, including physical health & behavioral health (not including case records)

### PURPOSE OF SHARING

Information from the CARES screening and assessments will be shared for the purpose of:

- Assessing my household's program eligibility
- Prioritizing my household's need for services
- Linking my household to the most appropriate services
- Evaluating CARES program and system performance
- Evaluating the homeless response system for gaps, needs, and duplication

### LIST OF CARES PARTNER AGENCIES

- |   |   |
|---|---|
| • Churches United for the Homeless              | • Mahubue-Otwa Community Action         |
| • Clay County Housing & Redevelopment Authority | • New Life Center                       |
| • Dorothy Day House of Hospitality, Inc.        | • Presentation Partners in Housing      |
| • Family Health Care/Homeless Health Services   | • Salvation Army, Fargo                 |
| • Fargo Housing & Redevelopment Authority       | • South East ND Community Action Agency |
| • Fraser, Ltd.                                  | • Summit Guidance                       |
| • Gladys Ray Shelter & Veterans Drop-in Center  | • West Central MN Communities Action    |
| • Lakeland Mental Health Center                 | • Youthworks                            |
| • Lakes & Prairies Community Action Partnership | • YWCA of Cass Clay                     |
| • Lakes Crisis                                  | • White Earth Homeless Programs         |

Put a line through and initial any agency in the above list with whom you do not wish to share information. If crossing off agency at a later time, please indicate date.