

SouthEastern North Dakota Community Action Agency

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

sendcaa.self.sufficiency@gmail.com

Community Homeless Prevention Assistance Application

*Community Homeless Prevention assistance is designed to assist families, singles and youth who are at imminent risk of becoming homeless. The recipients of Homeless Prevention funding assistance must be low-income North Dakotans experiencing a housing crisis who are able to maintain housing after short-term assistance and services. 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 members below or on back page)

Name: _____ Date of Birth _____

Name: _____ Date of Birth _____

Name: _____ Date of Birth _____

Name: _____ Date of Birth _____

CONTACT 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.

Reason for Application:

<input type="checkbox"/> Court Eviction	<input type="checkbox"/> Staying at motel, no longer can afford
<input type="checkbox"/> Family/Friend asked you to leave	<input type="checkbox"/> Living in place no longer meant for habitation
<input type="checkbox"/> Family/Friend evicted you in writing	<input type="checkbox"/> Unsafe living situation
<input type="checkbox"/> Late rent (undocumented)	<input type="checkbox"/> Utility Disconnect
<input type="checkbox"/> Notice to evict	<input type="checkbox"/> Other _____

Amount Owed: \$ _____

Eligibility Determination Questions	
Is anyone in the family a Veteran?	Yes No
How much is your rent per month?	
How many bedrooms are in the apartment?	Studio 1 bdrm 2 bdrm 3 bdrm More than 3 bdrms
Do you receive any housing assistance?	Yes, from: _____ No
Have you been approved for LIHEAP energy assistance?	Yes, from: _____ No
What is your heat source?	Electric Fossil Fuel Natural Gas Propane

What other resources have you attempted to resolve this emergency? Resources include family, agency, church, etc.

Resource	Approval Amount & Date	Reason for Denial

****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. SENDCAA has a partnership agreement with other agency partners in the Fargo-Moorhead Community to work together to assist people in crisis. If SENDCAA is unable to assist, your information may be passed on to Salvation Army or Presentation Partners In Housing to meet your needs.***

Please explain your situation and why you are seeking assistance.

How do you plan to cover your rent and utility expenses monthly after getting caught up?

Monthly utility expenses \$_____

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

Yes	No	Source	Amount (Monthly)
		Employment	
		Unemployment	
		Child Support	
		SSI/SSDI	
		TANF/MFIP	
		General Assistance	
		Retirement	
		Veterans Benefits	
		Tribal Funds	
		Other:	
Total Monthly Income:			

Do you or anyone in your household have any of the following barriers that could make it difficult to seek or maintain housing? *(please check all that apply to your household)*

Yes	No	
		Is your safety currently at risk?
		Have you stayed in a shelter, place not meant for habitation, or transitional housing in the past 12 months?
		Are any adults or Head of Households under 25 in your household?
		Is anyone over the age of 60 years?
		Do you currently have a court date for an eviction?
		Does your family need 4 or more bedrooms?

Yes	No	
		Have you moved 2 or more times in the last school year?
		Have you ever been in a shelter, place not meant for habitation, or transitional housing before? If yes, how many times? _____
		Have you experienced homelessness 2 or more times in the last 5 years?
		Do you have any previous evictions on your record? If yes, how many? _____
		Do you have any outstanding bills owed to previous rental properties or utility companies?
		Have you ever been turned down for housing due to criminal history?
		Do you currently have a housing voucher or subsidy to help you pay rent each month? If yes, with what agency? _____
		Is anyone in the household currently pregnant?
		As a child, did you or any other adult in your household experience 2 or more of the following factors: <ul style="list-style-type: none"> • Homelessness • Foster Care • Physically, sexually, and/or emotionally abused • Moved four or more times • Family received public assistance

Yes	No	
		Does anyone in your household have poor or no rental history?
		Does anyone in your household have poor or no credit?
		Does anyone in your household have a disability (physical disability, mental health, drug or alcohol)?

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. I understand that I may be contacted by another local agency to offer assistance if assistance is available to resolve this emergency. You will be contacted by one of the three partner agencies with approval or denial information within 5 business days. Please sign below.

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.