



Thank you for your application for North Dakota Community Homeless Prevention and homeless mainstream resources.

Name: _____ Date: _____

The above-named person has completed an application for emergency assistance through SENDCAA, Presentation Partners in Housing, and Salvation Army.

Completion of this application does not guarantee assistance. Only 1 in 5 applications receive assistance.

Call or text (701) 566-0772 or email sendcaa.self.sufficiency@gmail.com with questions. This number is not answered immediately. Leave a message and you will be contacted in 2 business days.

DO NOT call SENDCAA to check on your application. You will be notified by mail if you have been approved or denied

DO NOT call SENDCAA for information about your appointment at other agencies. Contact the agency directly.

Applications are reviewed weekly

Applications that are not complete are immediately ineligible for assistance

Staff from one of three partner agencies will contact you within two weeks of your application to notify you if you were approved or denied for assistance.

See the back page for other resources.

Other ideas to avoid eviction

***Try a “payment plan” with your landlord. Get a written agreement of what you can pay each month or with each paycheck in addition to your monthly rent expenses.

***If you have a utility shut off, you must pay the past due portion, not the entire balance on the shut off notice. If your utility company is willing, get a written payment plan in place with the company.

***Try all other resources including religious organizations in your area. Most are restricted to one time per year assistance, but they can generally help in ways that community agencies can no longer assist.

***Call First Link (211) for additional resources not listed on this page.

*** SENDCAA offers one-on-one rental housing counseling, without financial assistance, to help households avoid eviction and develop skills to maintain housing. Call for more information.

***Landlord-Tenant Mediation is available for situations that might have a resolution. Contact SENDCAA or Lakes and Prairies Community Action for more information.

***Remember, in North Dakota you are not required to vacate a premise until a formal, court eviction has been filed. A “3-day notice” or “late rent” notice does not require a tenant to vacate. For questions or legal advice, contact your local Legal Services of ND at 1-800-634-5263.

St Vincent DePaul Society Holy Spirit conference: area north of 12 Ave N, from the Red River to I-29 in Fargo 701-232-5900 St. Anthony of Padua conference: area between Main Ave and 13 Ave S, from the Red River to I-29. 701-566-0638	St. Frances Thrift Store and Outreach 1425 1st Ave South 701-235-5944 Takes walk-ins Tu & Th 1-3pm Eviction required or must be homeless Arrears must be at least one month behind
Cass County Housing Authority 230 8th Ave. West, West Fargo 701-282-3443 Deposit Assistance of \$150-\$250 Must have 12-month lease	First Link – 211 - Ask for Communal Fund 701-235-7335 First time users call Mondays at 9am Second time users call Tuesdays at 9am

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	
		Are your utilities currently disconnected or scheduled for disconnection within 7 days?
		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.

I agree that information collected in the CARES assessments and in HMIS and CARES waitlist can be shared with CARES Partners as described below. The agencies that participate in 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.

Date: _____ Signature: _____

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 to better help me and/or my family:

- Family/Household information (Names, DOB, 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

North Dakota

- Abuse Adult Resources Center, Bismarck
- AID, Incorporated, Mandan
- Burleigh County Housing Authority, Bismarck
- CAP Region VII, Inc. Bismarck
- CAP of North Dakota (SSVF)
- Dakota Prairie CAA, Inc. Devils Lake
- Minot Area Men's Winter Refuge
- Prairie Harvest Mental Health, Grand Forks
- Prairie Heights, Devils Lake
- Red River Valley CA, Grand Forks
- Salvation Army
- St. Joseph Social Care Grand Forks
- Youthworks Bismarck
- YWCA Minot

Fargo

- Community Supervision Unit, Cass County Sheriff's Office
- Centre Inc.
- Family Health Care/Homeless Health Services
- Fargo Housing & Redevelopment Authority
- Fargo VA Health Care System
- Fraser, Ltd.
- Gladys Ray Shelter & Veterans Drop-in Center
- New Life Center
- Presentation Partners in Housing
- Salvation Army
- South East ND Community Action
- Youthworks
- YWCA of Cass Clay

Moorhead

- Churches United for the Homeless
- Clay County Housing & Redevelopment Authority
- Dorothy Day House of Hospitality, Inc.
- Lakeland Mental Health Center
- Lakes & Prairies Community Action Partnership
- Summit Guidance

Greater West Central

- Lakes Crisis
- Mahube-Otwa Community Action
- West Central MN Communities Action
- 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.

North Dakota's HMIS Release of Information

For: _____
Print First, Middle, and Last Name Date of Birth

If you permit it, this agency may share your HMIS information with the agencies listed below. Together, we may be able to serve you more quickly and efficiently.

What information is shared with other agencies?

- Your demographic information (age, gender, military status, housing status, income received, etc)
- The other agencies who have served you and/or your household members

Please check (✓) a box:

- ☐ **DO NOT SHARE:** I do **not** want **any** of the information about me in North Dakota's HMIS shared with any other service providers. (*Data security = Closed*)
- ☐ **SHARE:** This agency may share my basic information and the same information from any other members of my family who are being served with me at this time.
(*Data security = Closed with exceptions*)

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.
- If you permit us to share your data, this consent will expire in one year.
- If you permit us to share your data, you may change your mind and cancel this consent at any time.
- The people listed on North Dakota's HMIS Data Privacy Notice, and this agency's privacy notice, may see your information in HMIS. They may see it even if you tell us we cannot share.

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.**

North Dakota's HMIS data sharing providers

Aid, Inc (Mandan)	Prairie Harvest (Grand Forks)
Bismarck Community Action Program	Prairie Heights (Grand Forks)
Burleigh County Housing	Red River Valley Community Action Program
Centre, Inc (Fargo)	Ruth Meiers (Bismarck)
Dickinson Community Action Program	Salvation Army (Bismarck, Dickinson, Devils Lake, Fargo, Grand Forks)
DOCR (Bismarck)	South East ND Community Action Agency (Fargo)
Fargo Housing Authority	ShareHouse-Sister's Path (Fargo)
Fraser Ltd (Fargo)	St Joseph's Social Care (Grand Forks)
Gladys Ray Shelter (Fargo)	Turtle Mountain Housing Authority (Belcourt)
LSSND (Fargo)	Welcome House (Bismarck)
Minot Area Homeless Coalition	Williston Community Action Program
ND Association for the Disabled (Williston)	YWCA (Fargo, Minot)
New Life Center (Fargo)	
Northlands Rescue Mission (Grand Forks)	
Parshall Resource Center	

North Dakota's HMIS Data Privacy Notice & Consent

We collect personal information about the people we serve in a computer system called North Dakota's HMIS (Homeless Management Information System). Many social service agencies use this computer system.

Why?

- 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 North Dakota's HMIS?

- People who work for this agency will use it to help provide services to you or your family.
- Auditors or funders who have legal rights to review the work of this agency.
- The HMIS Database Administrator employed by the North Dakota Coalition for Homeless People. This person maintains North Dakota's HMIS. When this person works on the system, they may see information about you.
- People using HMIS information to write reports. Researchers must sign an agreement to protect your privacy before seeing HMIS information. Your private 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.
- Others when we are required by law, including officials with a valid subpoena, warrant, or court order.

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

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.
- You have the right to a copy of the North Dakota's HMIS information about you.
(Unless we cannot give it because of certain legal proceedings.)
- You have the right to correct mistakes in HMIS information about you.
- If you think this agency or North Dakota's HMIS violated your privacy rights, you have the right to complain or appeal. Ask a staff person for a complaint and appeal form. Or, write to North Dakota Coalition for Homeless People, HMIS Grievance, 4023 State St, Suite 40, Bismarck, ND 58503.

Signed Consent

Each adult and unaccompanied youth must sign for him or herself. A parent/guardian should sign for children under 18.

For:

Print First and Last Name – use back of page for children's names & birth dates

Date of birth

My signature shows that I permit you to enter my personal information into North Dakota'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