

SouthEastern North Dakota Community Action Agency

Prescreen Form

Head of Household Name: _____	Date of Birth _____
(List additional members below or on back page)	
Name: _____	Date of Birth _____
Name: _____	Date of Birth _____

CONTACT INFORMATION:	
Address: _____	Apt. #: _____
City: _____	State: _____ Zip: _____
Phone #: (____) _____ - _____	May we leave a message at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email: _____	

Reason for Application:

<input type="checkbox"/> Eviction Court Date Scheduled	<input type="checkbox"/> Unsafe living situation
<input type="checkbox"/> Late rent (undocumented)	<input type="checkbox"/> Utility Disconnect
<input type="checkbox"/> Received 3 day Notice to evict	<input type="checkbox"/> Other _____

Amount Owed: \$ _____

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 Circle Type: Permanent Temporary Day Labor	
		Unemployment	
		Child Support	
		SSI/SSDI	
		Retirement	
		Veterans Benefits	
		Other:	
Total Monthly Income:			

Eligibility Determination Questions		
Is anyone in the family a Veteran?	Yes	No
Service Dates in Active Duty:	From: _____	To: _____
Military Discharge Status:	_____	

Do you have a DD-214 or other verification of service and discharge?	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	
Which of the following public assistance resources do you receive and/or applied for?	SNAP	LIHEAP
	MEDICAID	TANF
Have you been approved for LIHEAP energy assistance?	Yes, from: _____ No	
What is your heat source?	Electric	Fossil Fuel Natural Gas Propane

<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.

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

Resource	Approval Amount & Date	Reason for Denial

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 \$_____

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. You will be contacted regarding your application. Please sign below.

Signature: _____ Date: _____



Release of Information

Southeastern North Dakota Community Action Agency
3233 S. University Dr.
Fargo, ND 58104

Legal Last Name:	Legal First Name:	MI	Date of Birth
Other names used by applicant:			

By signing this form, I authorize the following record holder(s) to disclose the following specific confidential information about me:

Initial	Agency Name	Mutual Exchange Y or N	Initial	Agency Name	Mutual Exchange Y or N
_____	County Social Services _____	Y N	_____	Landlord _____	Y N
_____	Food Pantry _____	Y N	_____	Presentation Partners in Housing	
_____	Salvation Army	Y N	_____	Utility Company _____	Y N
_____	Employer _____	Y N	_____	St. Vincent DePaul Society	Y N
_____	Job Service	Y N	_____	Other _____	Y N

The following information is requested: name, sex, marital status, sex/age of family members, race/ethnicity, veteran status, income verification, current housing status, services currently received, and unmet needs.

The information I have requested will be used for: (be specific)

_____	Coordination of Services	Y N	_____	Legal Proceedings	Y N
_____	Obtaining Collateral Information	Y N	_____	Referral	Y N
_____		Y N	_____	Other _____	Y N

This Release of Information Consent Form will be in effect until _____ (not more than one year from today's date) or until termination of services.

Client Consent:

This authorization is voluntary and remains in effect until the above date or event, unless specifically revoked by written notice to the agency or person. Any information disclosed prior to written revocation of this authorization shall not be a breach of confidentiality. A photocopy of this authorization is as effective as the original. Unless otherwise agreed in writing, information may be disclosed under this authorization in any form or medium including, but not limited to oral, written, or electronic transmission.

You give permission to discuss my request for assistance with the selected agencies above. It is further agreed upon that information during the application process is shared with SENDCAA employees for determining if you are eligible for services. You release SENDCAA and any of its employees from any claims arising from this authorization and disclosure. .

SENDCAA employees are considered mandated reporters. SENDCAA follows the North Dakota Century Code Statute 50-25.1-03 on Child Abuse and Neglect and the North Dakota Century Code Statute 50-25.2-03 on Vulnerable Adult Protection.

Applicant Printed Name		Applicant Signature		Date
Authorized Representative Printed Name	Authorized Representative Signature	Relationship to Applicant	Date	
Agency Staff Printed Name	Agency Staff Signature	Position:	Date	