



## SENDCAA's Financial Assistance Programs

### What you need to apply for assistance?

Please fill out the following application as completely as possible\*. In addition the following information is needed to process your application, depending on the type of assistance you are applying for:

**If you are applying for Energy Share, please also include:**

- SFN 62-Emergency Assistance Application, which is attached to the Energy Share Application
- Your LIHEAP approval letter (if you haven't applied for LIHEAP, please visit your county social service office to apply)
- Proof of all income (30 days of paystubs, child support, unemployment, TANF, SNAP (Food Stamp) Benefits, etc.)
- Photo ID
- Copy of your Disconnect notice from your electric company

**If you are applying for Rental Assistance, please also include:**

- Proof of all income (30 days of paystubs, child support, unemployment, TANF, SNAP (Food Stamp) Benefits, etc.)
- Photo ID
- A copy of your lease
- Current Eviction Notice
- **Approval of Rental Assistance is contingent on available funding**

\*Please note that the more information that is provided with your application will assist in the processing time of your application.

Once we receive your application, we will contact you via phone or email

Please contact us with any questions at the toll free number below

Sincerely,

SENDCAA Self-Sufficiency Staff

3233 South University Drive, Fargo, ND 58104-6221  
Phone (701) 232-2542 Toll Free (800) 726-7960 Fax (701) 298-3115  
Website [www.sendcaa.org](http://www.sendcaa.org) Email [agency@sendcaa.org](mailto:agency@sendcaa.org)





**EMERGENCY ASSISTANCE APPLICATION**  
NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES  
LIHEAP  
SFN 62 (10-2006)

☐ Energy Share  
☐ LIHEAP Emergency Assistance

Name		Social Security Number		County
Address	City	State	Zip Code	Telephone Number
Ages of All Household Members-List Applicant's Age First				
Emergency assistance is needed with what fuel? <input type="checkbox"/> Electricity <input type="checkbox"/> Propane <input type="checkbox"/> Natural Gas <input type="checkbox"/> Coal <input type="checkbox"/> Fuel Oil		Emergency assistance is needed other than fuel? <input type="checkbox"/> Minor Home Repair <input type="checkbox"/> Consumer Goods <input type="checkbox"/> Minor Furnace Repair <input type="checkbox"/> Non-Heat Electric Referral <input type="checkbox"/> Furnace Replacement <input type="checkbox"/> Self Reliance Referral		
Name of Company That Fuel is Purchased From	Name on Account		Account Number	
Dollar Amount of Emergency Assistance You Are Applying For		Dollar Amount You Paid on Energy Bills in the Last 6 Months		
List the reasons you are applying for Emergency Assistance (illness, car accident, loss of job, etc.)				
Did you discuss making regular monthly or weekly payments with your energy supplier/vendor? <input type="checkbox"/> Yes-What arrangements did you make? <input type="checkbox"/> No-Why Not?				
Have you tried to get a bank loan, family loan, or help from other agencies to pay on your bill? <input type="checkbox"/> Yes-Assistance From? <input type="checkbox"/> No-Why Not?				
Do you have a plan on how to avoid needing emergency assistance in the future? Explain. <input type="checkbox"/> Yes <input type="checkbox"/> No				

List the net income of each household member for application month		
Name of Person #1	Income This Month	Source
Name of Person #2	Income This Month	Source
Name of Person #3	Income This Month	Source
Name of Person #4	Income This Month	Source
Total Net Income for Household		

List Assets of Each Household Member
Amount For All Household Members in Checking
Amount For All Household Members in Savings
Amount For All Household Members in Other Accounts

## Amount Spent This Month For:

Food - Total Cost	Less Food Stamps	Your Cost
Rent-Amount You Pay	Own Home-Mortgage	Tax Property (per month)
Homeowner's Insurance	Water	Electricity
Heat	Telephone (Land or Cell)	Other Utilities
Prescriptions Paid or Anticipated	Medical Bills	Medical Insurance Premium

## Transportation Costs:

Gas or Other Transportation Costs	Vehicle Insurance (1 month)	Vehicle Payment (One Month)
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## Employment Costs:

Day Care	Tools for Employment	Clothes for Employment
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## Personal Care Costs

## Other Mandatory Expenses (Explain)

Total Income

Total Expenses

Balance

I certify that the information I have given is correct and complete to the best of my knowledge. I understand that benefits received based on false information must be repaid and could result in a fine, imprisonment, or both. I give my permission to LIHEAP and Energy Share to verify and share information affecting my eligibility and benefits and to my energy supplier to provide information regarding my account and energy consumption.

Signature

Date

## AGENCY USE ONLY

Local Action: ☐ Denied ☐ Approved or ☐ Approved and Request State Approval

CSSB (LIHEAP Representative)

Date

## Emergency Assistance Payments

Date of Payment	Reason Code	Heat Type	Usage	Invoice/Account No.	Amount Requested	Amount Paid
<b>Total Paid</b>						

Does this bring applicant current?

☐ Yes ☐ No

Referred for Self Reliance?

☐ Yes ☐ No

Referred for Energy Share?

☐ Yes ☐ No

Has Plan of Action (SFN 11) been completed?

☐ Yes ☐ No - Why Not?

List Other Agencies Referred To

Comments/Restrictions

# Household Demographic Form

<b>Date</b>		<b>First Name</b>		<b>M.I.</b>		<b>Last Name</b>	
<b>Birthdate</b> ____/____/____		<b>Age</b>		<b>Social Security Number</b> ____-____-____		<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
<b>Are you disabled?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>U.S Military</b> <input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> None Military		<b>What is your Ethnicity?</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		<b>How many in the Household?</b>	
<b>What is your primary race?</b> <input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American <input type="checkbox"/> Native Hawaiian / Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____ <input type="checkbox"/> Multi-race (two or more of the above) <input type="checkbox"/> Unknown		<b>What is your highest level of education?</b> <input type="checkbox"/> 0-8 <sup>th</sup> <input type="checkbox"/> 9 <sup>th</sup> -12 <sup>th</sup> non-grad <input type="checkbox"/> HS grad/GED <input type="checkbox"/> 12 grade + some Post-Secondary <input type="checkbox"/> 2 or 4 years College Graduate <input type="checkbox"/> Graduate of other Post-Secondary		<b>What is your medical coverage?</b> <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Children's Health Insurance Program (CHIP) North Dakota Healthy Steps) <input type="checkbox"/> Military Health Care (Dept. of Defense, VA) <input type="checkbox"/> Direct Purchase (Health Exchange or ACA) <input type="checkbox"/> Employment Based (Insurance through employer) <input type="checkbox"/> None <input type="checkbox"/> Other			
<b>What is your family type?</b> <input type="checkbox"/> Single Person <input type="checkbox"/> Single Parent Female <input type="checkbox"/> Single Parent Male <input type="checkbox"/> Two Adults. No Children <input type="checkbox"/> Two Parent Household <input type="checkbox"/> Non-related Adults with Children <input type="checkbox"/> Multigenerational Household <input type="checkbox"/> Other: _____		<b>What is your current housing situation?</b> <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other Permanent housing <input type="checkbox"/> Homeless <input type="checkbox"/> Other <input type="checkbox"/> Unknown		<b>Work Status?</b> <input type="checkbox"/> Employed Full Time <input type="checkbox"/> Employed Part Time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Unemployed(Short Term, 6 months or less) <input type="checkbox"/> Unemployed(Long Term, more than 6 months) <input type="checkbox"/> Unemployed (Not in Labor Force) <input type="checkbox"/> Retired			
<b>Mailing Address</b>			<b>City</b>		<b>State</b> ND		<b>Zip Code</b>
<b>Primary Phone Number:</b>			<b>Secondary Phone Number:</b>		<b>Email Address:</b>		
<b>What income do you received?</b>	<b>How much?</b>	<b>How often?</b>	<b>What Benefits do you receive?</b>		<b>How much?</b>	<b>How often?</b>	
<input type="checkbox"/> Employment	\$		<input type="checkbox"/> SNAP		\$		
<input type="checkbox"/> Social Security	\$		<input type="checkbox"/> WIC		\$		
<input type="checkbox"/> SSI	\$		<input type="checkbox"/> LIHEAP		\$		
<input type="checkbox"/> SSDI	\$		<input type="checkbox"/> Housing Choice Voucher (Section 8)		\$		
<input type="checkbox"/> VA Service-Connected	\$		<input type="checkbox"/> Public Housing		\$		
<input type="checkbox"/> VA Non-Service Connected	\$		<input type="checkbox"/> Permanent Supportive Housing		\$		
<input type="checkbox"/> Child Support	\$		<input type="checkbox"/> HUD-VASH		\$		
<input type="checkbox"/> Alimony / Spousal Support	\$		<input type="checkbox"/> Childcare Voucher		\$		
<input type="checkbox"/> TANF	\$		<input type="checkbox"/> Affordable Care Act Subsidy		\$		
<input type="checkbox"/> Worker's Compensation	\$		<input type="checkbox"/> Other: _____		\$		
<input type="checkbox"/> Unemployment	\$		<input type="checkbox"/> Unknown				
<input type="checkbox"/> Other: _____	\$		<input type="checkbox"/> I have no income at this time (initial here): _____				

You certify that the information you have disclosed is correct and complete to the best of your knowledge. You understand that failure to provide the needed documentation or knowingly providing false information will result in denial of assistance and your case will be closed due to fraud. All information provided will be kept in the strictest of confidence. You agree to sign this form at your own will. Your file may be monitored by state agencies for funding and quality review purposes

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Additional Household Members

<b>First Name</b>		<b>MI</b>	<b>Last Name</b>		<b>Relationship to Head of Household</b>
<b>Birthdate</b> ____/____/____		<b>Age</b>		<b>Social Security Number</b> ____-____-____	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
<b>Are you disabled?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>U.S Military</b> <input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> None Military		<b>What is your Ethnicity?</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
<b>What is your primary race?</b> <input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American <input type="checkbox"/> Native Hawaiian / Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Multi-race (two or more of the above) <input type="checkbox"/> Unknown			<b>What is your highest level of education?</b> <input type="checkbox"/> 0-8 <sup>th</sup> <input type="checkbox"/> 9 <sup>th</sup> -12 <sup>th</sup> non-grad <input type="checkbox"/> HS grad/GED <input type="checkbox"/> 12 grade + some Post-Secondary <input type="checkbox"/> 2 or 4 years College Graduate <input type="checkbox"/> Graduate of other Post-Secondary		<b>What is your medical coverage?</b> <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> Military Health Care <input type="checkbox"/> Direct Purchase <input type="checkbox"/> Employment Based <input type="checkbox"/> Other
<b>What income do you received?</b>	<b>How much?</b>	<b>How often?</b>	<b>What income do you received?</b>	<b>How much?</b>	<b>How often?</b>
<input type="checkbox"/> Employment	\$	\$	<input type="checkbox"/> Alimony / Spousal Support	\$	\$
<input type="checkbox"/> Social Security	\$	\$	<input type="checkbox"/> TANF	\$	\$
<input type="checkbox"/> SSI	\$	\$	<input type="checkbox"/> Private Disability Insurance	\$	\$
<input type="checkbox"/> SSDI	\$	\$	<input type="checkbox"/> Pension / Retirement	\$	\$
<input type="checkbox"/> VA Service-Connected	\$	\$	<input type="checkbox"/> Worker's Compensation	\$	\$
<input type="checkbox"/> VA Non-Service Connected	\$	\$	<input type="checkbox"/> Unemployment	\$	\$
<input type="checkbox"/> Child Support	\$	\$	<input type="checkbox"/> Other: _____	\$	\$

## Additional Household Members

<b>First Name</b>		<b>MI</b>	<b>Last Name</b>		<b>Relationship to Head of Household</b>
<b>Birthdate</b> ____/____/____		<b>Age</b>		<b>Social Security Number</b> ____-____-____	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
<b>Are you disabled?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>U.S Military</b> <input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> None Military		<b>What is your Ethnicity?</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
<b>What is your primary race?</b> <input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American <input type="checkbox"/> Native Hawaiian / Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Multi-race (two or more of the above) <input type="checkbox"/> Unknown			<b>What is your highest level of education?</b> <input type="checkbox"/> 0-8 <sup>th</sup> <input type="checkbox"/> 9 <sup>th</sup> -12 <sup>th</sup> non-grad <input type="checkbox"/> HS grad/GED <input type="checkbox"/> 12 grade + some Post-Secondary <input type="checkbox"/> 2 or 4 years College Graduate <input type="checkbox"/> Graduate of other Post-Secondary		<b>What is your medical coverage?</b> <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> Military Health Care <input type="checkbox"/> Direct Purchase <input type="checkbox"/> Employment Based <input type="checkbox"/> Other
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<input type="checkbox"/> Employment	\$	\$	<input type="checkbox"/> Alimony / Spousal Support	\$	\$
<input type="checkbox"/> Social Security	\$	\$	<input type="checkbox"/> TANF	\$	\$
<input type="checkbox"/> SSI	\$	\$	<input type="checkbox"/> Private Disability Insurance	\$	\$
<input type="checkbox"/> SSDI	\$	\$	<input type="checkbox"/> Pension / Retirement	\$	\$
<input type="checkbox"/> VA Service-Connected	\$	\$	<input type="checkbox"/> Worker's Compensation	\$	\$
<input type="checkbox"/> VA Non-Service Connected	\$	\$	<input type="checkbox"/> Unemployment	\$	\$
<input type="checkbox"/> Child Support	\$	\$	<input type="checkbox"/> Other: _____	\$	\$

## Additional Household Members

<b>First Name</b>		<b>MI</b>	<b>Last Name</b>		<b>Relationship to Head of Household</b>
<b>Birthdate</b> ____/____/____		<b>Age</b>	<b>Social Security Number</b> ____-____-____		<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
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<b>What income do you received?</b>	<b>How much?</b>	<b>How often?</b>	<b>What income do you received?</b>	<b>How much?</b>	<b>How often?</b>
<input type="checkbox"/> Employment	\$	\$	<input type="checkbox"/> Alimony / Spousal Support	\$	\$
<input type="checkbox"/> Social Security	\$	\$	<input type="checkbox"/> TANF	\$	\$
<input type="checkbox"/> SSI	\$	\$	<input type="checkbox"/> Private Disability Insurance	\$	\$
<input type="checkbox"/> SSDI	\$	\$	<input type="checkbox"/> Pension / Retirement	\$	\$
<input type="checkbox"/> VA Service-Connected	\$	\$	<input type="checkbox"/> Worker's Compensation	\$	\$
<input type="checkbox"/> VA Non-Service Connected	\$	\$	<input type="checkbox"/> Unemployment	\$	\$
<input type="checkbox"/> Child Support	\$	\$	<input type="checkbox"/> Other: _____	\$	\$

## Additional Household Members

<b>First Name</b>		<b>MI</b>	<b>Last Name</b>		<b>Relationship to Head of Household</b>
<b>Birthdate</b> ____/____/____		<b>Age</b>	<b>Social Security Number</b> ____-____-____		<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
<b>Are you disabled?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>U.S Military</b> <input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> None Military		<b>What is your Ethnicity?</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
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<b>What income do you received?</b>	<b>How much?</b>	<b>How often?</b>	<b>What income do you received?</b>	<b>How much?</b>	<b>How often?</b>
<input type="checkbox"/> Employment	\$	\$	<input type="checkbox"/> Alimony / Spousal Support	\$	\$
<input type="checkbox"/> Social Security	\$	\$	<input type="checkbox"/> TANF	\$	\$
<input type="checkbox"/> SSI	\$	\$	<input type="checkbox"/> Private Disability Insurance	\$	\$
<input type="checkbox"/> SSDI	\$	\$	<input type="checkbox"/> Pension / Retirement	\$	\$
<input type="checkbox"/> VA Service-Connected	\$	\$	<input type="checkbox"/> Worker's Compensation	\$	\$
<input type="checkbox"/> VA Non-Service Connected	\$	\$	<input type="checkbox"/> Unemployment	\$	\$
<input type="checkbox"/> Child Support	\$	\$	<input type="checkbox"/> Other: _____	\$	\$

## Self-Sufficiency Program Eligibility Questions

<b>Do you receive Rental Assistance?</b>	Yes: How much? \$ _____	No
<b>Does your family receive Food Stamps?</b>	Yes: How much? \$ _____	No
<b>Does your family receive Fuel Assistance?</b>	Yes: What is your heat source? <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Other	No
<b>Do you have an Eviction notice?</b>	Yes: How much owed? \$ _____	No
<b>Do you have a Utility Shut Off notice?</b>	Yes: How much owed? \$ _____	No
<b>Rent/Mortgage Amount: \$ _____</b>	<b>Number of Bedrooms: _____</b>	N/A

**Please check the ONE that best describes your current living situation:**

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Emergency shelter     | <input type="checkbox"/> Hotel                | <input type="checkbox"/> Apartment you rent    | <input type="checkbox"/> Place not meant to be lived in |
| <input type="checkbox"/> With friends / family | <input type="checkbox"/> Home you own         | <input type="checkbox"/> County jail or prison | <input type="checkbox"/> Treatment Center               |
| <input type="checkbox"/> Transitional housing  | <input type="checkbox"/> Psychiatric hospital | <input type="checkbox"/> Other: _____          |   |

**How long have you been in the above living situation?** \_\_\_\_\_

**If less than 90 days, what is the zip code of the last place that you did stay more than 90 days?** \_\_\_\_\_

**What is your history of homelessness?**

- |  |   |
|--|---|
| <input type="checkbox"/> Not homeless            | <input type="checkbox"/> First time homeless AND less than one year without a home                                |
| <input type="checkbox"/> Multiple times homeless | <input type="checkbox"/> Long-term homeless: homeless for at least 1 year OR 4 times homeless in the past 3 years |

**What type(s) of assistance are you looking for?**

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Rent Assistance       | <input type="checkbox"/> Deposit Assistance | <input type="checkbox"/> Utility Assistance        | <input type="checkbox"/> Education / Job Training |
| <input type="checkbox"/> Mortgage assistance   | <input type="checkbox"/> Apartment Search   | <input type="checkbox"/> Finance / Budget / Credit | <input type="checkbox"/> Transportation           |
| <input type="checkbox"/> Child care assistance | <input type="checkbox"/> Other: _____       |  |   |

**Please explain your need for emergency assistance in detail:**



# Client Action Plan

Some ideas for goals you can work on include:

- oGet stable housing                      oWork on education                      oPay off loans / credit debt
- oGet a job / 2<sup>nd</sup> job                      oStart a savings account                      oFind reliable childcare                      oStart an emergency fund
- oIncrease credit score                      oGet healthcare / insurance                      oBuy a car

Goal #1	Who Is Responsible	Follow Up Date	Follow Up Notes
Step #1:			
Step #2:			
Step #3:			
Goal #2	Who Is Responsible	Follow Up Date	Follow Up Notes
Step #1:			
Step #2:			
Step #3:			
Goal #3	Who Is Responsible	Follow Up Date	Follow Up Notes
Step #1:			
Step #2:			
Step #3:			
Applicant Printed Name		Applicant Signature	
Agency Staff Printed Name		Agency Staff Signature	Position:
			Date

## Monthly Household Budget

Expenses				Income (use <u>NET</u> income)		
Expense Item		Monthly Amount	Past Due Amount	Income Source(s) <u>all</u> household members	Monthly Amount	
30% Shelter	Rent / Mortgage	\$	\$	Employment (applicant)	\$	
	Heating (fuel oil, gas)	\$	\$	Employment (co-applicant)	\$	
	Electricity	\$	\$	Self-Employment (applicant)	\$	
	Water, Sewer, Garbage	\$	\$	Self-Employment (co-applicant)	\$	
	Internet / Cable	\$	\$	Veteran's Benefits (applicant)	\$	
15% Food	Groceries – food ONLY	\$	\$	Veteran's Benefits (co-applicant)	\$	
	Lunches – school / work	\$	\$	Unemployment (applicant)	\$	
	Meals outside the home	\$	\$	Unemployment (co-applicant)	\$	
	Child care	\$	\$	Worker's Compensation (applicant)	\$	
	Child support	\$	\$	Worker's Compensation (co-applicant)	\$	
	Legal expenses (attorney, fines)	\$	\$	Short / Long-term Disability (applicant)	\$	
5% Clothing	Clothing – normal needs	\$	\$	Short / Long-term Disability (co-applicant)	\$	
	Uniforms – school or work	\$	\$	Child Support (applicant)	\$	
	Laundromat, dry cleaning, repair	\$	\$	Child Support (co-applicant)	\$	
5% Household	Household items & repairs	\$	\$	Alimony (applicant)	\$	
	Cell Phone / Telephone (land line)	\$	\$	Alimony (co-applicant)	\$	
	Cleaning supplies	\$	\$	SSDI / SSI / Social Security (applicant)	\$	
20% Transportation	Car payment	\$	\$	SSDI / SSI / Social Security (co-applicant)	\$	
	Car insurance	\$	\$	TANF (applicant or co-applicant)	\$	
	Car gas / maintenance / repairs	\$	\$	Food Stamps (applicant or co-applicant)	\$	
	Bus / cab fare	\$	\$	WIC Applicant? Y or N Co-applicant? Y or N	\$	
5% Health	Health insurance	\$	\$	Fuel Assistance Y or N oil gas propane electric	\$	
	Dental insurance	\$	\$	Retirement / Pension (applicant)	\$	
	Health / Dental / Rx co-pays	\$	\$	Retirement / Pension (co-applicant)	\$	
5% Insurance	Renter's / Homeowner's insurance	\$	\$	Child Care Assistance (applicant)	\$	
	Life insurance	\$	\$	Child Care Assistance (co-applicant)	\$	
	Retirement fund	\$	\$	Other: _____	\$	
5% Personal	Personal toiletries (hair/nail care, etc.)	\$	\$	Other: _____	\$	
	Recreation & Entertainment	\$	\$	<b>Income TOTAL</b>		
	School supplies	\$	\$	<b>Loans / Credit Payments</b>		
	Pet supplies	\$	\$	<b>Bank / Company Name</b>	<b>Payment</b>	<b>Balance</b>
5% Miscellaneous	Subscriptions (newspaper / magazines)	\$	\$		\$	\$
	Tobacco / alcohol	\$	\$		\$	\$
	Babysitter	\$	\$		\$	\$
	Gifts (holiday, birthday, etc.)	\$	\$		\$	\$
	Emergency Fund	\$	\$		\$	\$
	Savings	\$	\$		\$	\$
	Other: _____	\$	\$		\$	\$
	Other: _____	\$	\$		\$	\$
<b>Expenses TOTAL</b>		\$	\$	<b>Loan / Credit Payment TOTAL</b>		\$ _____ \$

**Monthly Income:** \$ \_\_\_\_\_  
**Monthly Expenses:** - \$ \_\_\_\_\_  
**TOTAL** \$ \_\_\_\_\_

**Total Past Due / Owed:** \$ \_\_\_\_\_  
**Savings Goal:** \$ \_\_\_\_\_



# 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	



## HUD Disclosure Statement / Conflict of Interest

The following Disclosure Statement / Conflict of Interest is for the purpose of providing information to program participants/clients accessing services from Southeastern North Dakota Community Action Agency (SENDCAA).

Our agency provides the following HUD one-on-one housing counseling services: homeless assistance; rental topics; non-delinquency post-purchase. Our agency also provides Tenant Education group education workshops.

Our agency has financial or exclusive relationships, or both, with specific industry partners, including North Dakota Housing Finance Agency and Housing and Urban Development (HUD). There is no obligation to receive, purchase, or use any product or service offered by this agency or any services of its industry partners or other party in exchange for your receiving HUD housing counseling services. As a condition of our services, and in alignment with meeting our counseling goals, and in compliance with HUD's Housing Counseling Program requirements, we may provide information on alternative services, programs, and products available to you, if applicable and known by our staff.

This is to give you notice that SENDCAA serves all counties within Region V (Cass, Ransom, Richland, Sargent, Steele, and Traill counties) and has a relationship with Region V Community Development Corporation (RVCDC). RVCDC also serves Grand Forks County with a single project in Northwood. RVCDC has a principal purpose of planning, developing, owning, and managing affordable housing projects in Southeastern ND. SENDCAA's Executive Director and a few of SENDCAA's Board of Directors are voting members of RVCDC. RVCDC has ownership of projects in Milnor (multifamily), Lisbon (multifamily), Hankinson (multifamily), Hatton (multifamily), Gwinner (2 elderly, 1 multifamily), Fairmount (multifamily), Casselton (multifamily), West Fargo (elderly), Fargo (special needs), and Northwood (multifamily). SENDCAA staff maintains the physical properties and maintains files for Section 42, HOME, Rural Development, HUD compliance. Compliance consists of annual review of tenant income, leases, and conducting Housing Quality Inspections on each of the rental properties.

To obtain housing counseling services from SENDCAA's Housing Counseling Program, you are not required to rent housing whereby RVCDC has a vested interest. In addition, you are not required to participate in any programs or services provided by SENDCAA in order to obtain or access housing counseling services. This includes but is not limited to the following programs and services: Food Pantry, Commodity Food Programs, Weatherization and Energy Conservation Program, Shelter Plus Care Program, Tri-State Help Program, HOME Rehabilitation Programs, Individual Development Accounts, Head Start, etc.

SENDCAA certifies that it shall abide by the conflict of interest provisions in 24 CFR 85.36 and OMB Circular A-110 for the procurement of property and services. If a person is an employee, agent, consultant, officer, elected official, or appointed official of a participating jurisdiction, state recipient or sub-recipient of Housing and Urban Development funds, and has related responsibilities or access to inside information, that person may not: obtain a financial benefit or interest from any activity for themselves or those with whom they have a family or business tie during their tenure or for one year thereafter.

I / we have read this Disclosure Statement / Conflict of Interest form and understand the information as provided by Southeastern North Dakota Community Action Agency (SENDCAA).

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Case Manager Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Self-Sufficiency Case Management Program Client Rights and Responsibilities

Participant Name (on behalf of household) \_\_\_\_\_,

As a participant in the Self-Sufficiency Case Management Program, I understand the purpose of Self-Sufficiency Case Management, and funding through Emergency Solutions Grant (ESG), North Dakota Homeless Grant (NDHG), HUD, Ryan White, and HOME programs is to provide short or medium-term assistance and services for households who have barriers to housing but are likely to sustain housing after the subsidy ends.

You have the right to:

1. Be treated in all services with: Confidentiality; Honesty; Respect; Courtesy; and Professionalism.
2. Timely completion of promised action.
3. Referrals to needed resources.
4. Have access to your file information.
5. Be in charge of your goals, plans of action, and duration of services.
6. Have your religious faith, philosophy of life, and cultural heritage respected.
7. Use your case manager as a resource whenever you are having trouble with your apartment, landlord, or other tenants.

As a participant, you agree to the following:

- \_\_\_\_\_ I agree to commit time and energy to participate in the program.
- \_\_\_\_\_ I agree to provide honest and accurate information to your case manager whether verbally or in writing for the purposes of the program
- \_\_\_\_\_ I agree to respond to any phone calls or emails from your case manager within 24 hours of delivery of call or email, and to call within 6 hours of scheduled appointment if you are unable to attend the appointment.
- \_\_\_\_\_ I agree to allow your case manager to visit your apartment for safety inspection(s).
- \_\_\_\_\_ I agree to respect the privacy rights of other persons served by SENDCAAA.
- \_\_\_\_\_ I agree to be an active participant in the development of my service plan.
- \_\_\_\_\_ I agree to work collaboratively with my caseworker, other service provider staff, and landlord (if applicable) to maintain my housing.
- \_\_\_\_\_ I agree to meet with my caseworker a minimum of once per month while active in the program.
- \_\_\_\_\_ I understand that SENDCAA will close my case file after 30 days of no contact from the participant, and that my application for services is only valid for 30 days.
- \_\_\_\_\_ I understand I am not obligated to utilize any of the services offered to me and may be referred to other services offered by the agency or to an outside agency to assist with concerns that may have been identified.

\_\_\_\_\_ I understand that SENDCAA is required to make statistical, financial, and case information available to government agencies that provide the funding for services to ensure that it is appropriate and costs are reasonable.

\_\_\_\_\_ I understand that my case manager will report to proper authorities all cases where there is reasonable cause to believe that a minor is being neglected or abused, or where there is cause to believe that a client might harm him/herself or others.

I agree with the terms and requirements to receive Self-Sufficiency case management services and assistance. I also understand that providing false information may result in disqualification and termination from the program. The participant can appeal the termination. This does not mean the participant will be ineligible to receive other SENDCAA services.

_____	_____
Participant Signature	Date

_____	_____
Staff Signature	Date

**Participant Grievance Policy and Appeals Process**

Participants who have complaints and concerns about the Self-Sufficiency program or about program staff may file a grievance. Clients may file an appeal for any decision made by the Self-Sufficiency Program regarding their involvement. Participants who have disagreements or complaints about the program management may file a complaint with the SENDCAA Executive Director.

By signing below, you acknowledge receipt of SENDCAA's Self-Sufficiency grievance policy.

_____	_____
Participant Signature	Date

_____	_____
Staff Signature	Date

Staff Notes (continued):