



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](mailto: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.

<p><b>St Vincent DePaul Society</b> 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</p>	<p><b>St. Frances Thrift Store and Outreach</b> 1425 1st Ave South 701-235-5944 Takes walk-ins Tu &amp; Th 1-3pm Eviction required or must be homeless Arrears must be at least one month behind</p>
<p><b>Cass County Housing Authority</b> 230 8th Ave. West, West Fargo 701-282-3443 Deposit Assistance of \$150-\$250 Must have 12-month lease</p>	<p><b>First Link – 211 - Ask for Communal Fund</b> 701-235-7335 First time users call Mondays at 9am Second time users call Tuesdays at 9am</p>

# 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 SENDCAA 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>Shelter</div> <div>Place not meant for habitation</div> <div>Transitional Housing</div>		
Is anyone in the family a Veteran?	Yes		No
Do you have an apartment lined up?	Yes		No
Have you signed a lease? If so, how much is your rent?			
How many bedrooms are in the apartment?	<div>Studio</div> <div>1 bdrm</div> <div>2 bdrm</div> <div>3 bdrm</div> <div>More than 3 bdrms</div>		
Are you approved for any housing assistance?	Yes, from: _____		No

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)
		<div>Employment</div> <div>Unemployment</div> <div>Child Support</div> <div>SSI/SSDI</div> <div>TANF</div> <div>Retirement</div> <div>Other</div>	
		<div>Employment</div> <div>Unemployment</div> <div>Child Support</div> <div>SSI/SSDI</div> <div>TANF</div> <div>Retirement</div> <div>Other</div>	
		<div>Employment</div> <div>Unemployment</div> <div>Child Support</div> <div>SSI/SSDI</div> <div>TANF</div> <div>Retirement</div> <div>Other</div>	
		<div>Employment</div> <div>Unemployment</div> <div>Child Support</div> <div>SSI/SSDI</div> <div>TANF</div> <div>Retirement</div> <div>Other</div>	
Total Monthly Income:			

Please explain your need for homeless assistance:

---



---



---



---

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: \_\_\_\_\_

## 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

# 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.**