Community Action
Partnership of Hennepin County

7101 Northland Circle N, Suite 123
Brooklyn Park, MN 55428
cahennepin.org | 952-933-9639

Employment Readiness Program Information

Thank you for contacting Community Action Partnership of Hennepin County (CAP-HC) about the **Employment Readiness Program**. This packet includes information about program eligibility, required application materials, and instructions for submitting your application materials.

Please review the information in this packet carefully to ensure that you are eligible for the program and your application materials are submitted correctly.

PROGRAM ELIGIBILITY

To be eligible for the program, applicants must:

1. Live in Hennepin County.
2. Have household income that is at or below the Federal Income Guidelines in the table below.

INCOME ELIGIBILITY REQUIREMENTS

Household Size	Maximum Monthly Gross Household Income*	Maximum Annual Gross Household Income*
1	$2,608.33	$31,300
2	$3,525.00	$42,300
3	$4,441.67	$53,300
4	$5,358.33	$64,300
5	$6,275.00	$75,300
6	$7,191.67	$86,300
7	$8,108.33	$97,300
8	$9,025.00	$108,300
9	$9,941.67	$119,300
10	$10,858.33	$130,300

**Gross income—total earnings before taxes and other deductions*

REQUIRED APPLICATION MATERIALS

To Apply for the Employment Readiness Program:

1. Complete the forms in this application.
2. Provide proof of the last 30 days of income for all adults in the household.
    - This includes all sources of income, such as wages, public benefits, social security, child support, etc.
    - If you have not received any income for the last 30 days, complete the Verification of Zero Income form (page 6 of this application).
3. Provide proof of the household size. Examples include a lease listing all household members, a current tax return, or a benefits statement
4. Provide proof of the Hennepin County address. Examples include a utility bill, benefits statement, or current tax return.

HOW TO SUBMIT YOUR APPLICATION MATERIALS

Please note:

1. Your application is not complete until we receive all required application forms and documentation as specified in the "Required Application Materials" section of this packet. **If your application is submitted without all required materials, it will not be processed.**
2. Allow up to 30 days to process your application. If approved, please allow an additional 30 days for your assistance check to be processed.
3. Submitting an application does not guarantee approval.

You may submit your application forms and documentation as specified above in one of the following ways:

- **Email** your materials to: employmentreadiness@caphennepin.org
- **Mail** your materials to: CAP-HC Employment Readiness
  7101 Northland Circle N, Suite 123
  Brooklyn Park, MN 55428
- **In person:** Drop off your materials at one of CAP-HC's offices during office hours. Locations and Hours can be found at: caphennepin.org/locations.

We will review your application materials and follow up with you for next steps.

Still have questions? Email us at employmentreadiness@caphennepin.org.

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INTAKE FORM

You can use this Intake Form to apply for Water Assistance, Rental Assistance, Vehicle Repair, MNsure Application Assistance, and the Employment Readiness Program. This form *cannot be used* to apply for the Energy Assistance or Energy-Related Repair Programs. To apply for those programs, visit caphennepin.org/eap.

COMPLETING THIS INTAKE FORM

We need information about you, anyone living in your home, and your household income to determine if you are eligible for services. Our funders require the rest of the information. **Additional program-specific forms and/or required documentation will be outlined in each program's application instructions.**

HOW DID YOU HEAR ABOUT CAP-HC?

❑ CAP-HC Staff
❑ CAP-HC Website
❑ Friend or Relative
❑ Other: _____
Please state how you heard about us.
❑ Internet Search
❑ Mailer, Flyer, or Brochure
❑ Mortgage Lender
❑ Newspaper or Magazine Ad
❑ Partner Organization
❑ Outreach Event: _____
Event Name or Date

YOUR INFORMATION

1. First Name: _____ Last Name: _____
Street Address: _____ Apartment/Unit #: _____
City: _____ State: MN ZIP Code: _____ County: Hennepin
Email: _____ Phone Number: _____

2. How would you like us to contact you about your application? *(please select all that apply)*
❑ Email to email address above
❑ Text message to phone number above
❑ Phone call to phone number above
❑ Mailing to street address above

3. Your Work Status *(please select all that apply)*:
❑ Employed Full-Time (at least 30 hours)
❑ Employed Part-Time (less than 30 hours)
❑ Self-Employed (such as Lyft or Door Dash)
❑ Migrant Seasonal Farm Worker
❑ Retired
❑ Unemployed (short-term, 6 months or less)
❑ Unemployed (long-term, more than 6 months)
❑ Unemployed (not seeking employment)

4. Your Marital Status: ◯ Single ◯ Married ◯ Domestic Partner ◯ Divorced ◯ Widowed

5. Are you a CAP-HC employee? ◯ Yes ◯ No

6. Are you a CAP-HC board member? ◯ Yes ◯ No

7. Were you born outside the United States? ◯ Yes ◯ No

8. What is your primary or preferred language? _____

9. Do you want an interpreter? ◯ Yes ◯ No

ADDITIONAL INFORMATION

1. Are you enrolled in the Transit Assistance Program or other transit discount program? ◯ Yes ◯ No

2. Do you need to update your voter registration information? ◯ Yes ◯ No

3. Do you need information about how to apply for child support services in Minnesota? ◯ Yes ◯ No

HOUSEHOLD INFORMATION

1. How many people are in your household? _____

2. Household Status:
- ❑ Single Person
- ❑ Two Adults, No Children
- ❑ Single Parent
- ❑ Two Parents
- ❑ Multigenerational (3 or more generations)
- ❑ Other: _____
  Please describe.

3. Housing Status:
- ❑ Own
- ❑ Rent
- ❑ Other Permanent Housing
- ❑ Homeless
- ❑ Other: _____
  Please describe.

4. Complete the information below for each person in your household.

For Race, Gender, Education Level, and Health Insurance Status, use these codes:

- **Race**
  I = American Indian/Alaskan Native, A = Asian, B = Black or African American,
  P = Native Hawaiian or Pacific Islander, W = White, MR = Multiracial, O = Other, NR = Choose not to respond
- **Gender**
  M = Male, F = Female, T = Transgender, N = Non-Conforming, NR = Choose not to respond
- **Education Level**
  8 = 0-8th Grade, NG = 9-12 Non-Graduate, G = High School Graduate, GED = GED,
  12 = 12th Grade and some post-secondary school, CG = 2- or 4-year College Degree,
  GD = Graduate Degree of other post-secondary school, NR = Choose not to respond
- **Health Insurance**
  N = None, DP = Direct-Purchase, M = Military, MCARE = Medicare, MCAID = Medicaid, SC = State Children,
  SA = State Adult, E = Employer Based, U = Insured but unsure which type, NR = Choose not to respond

Household Member's Name	Relationship to Applicant	Date of Birth MM/DD/YYYY	Veteran Yes or No	Active Military Yes or No	Disability Yes or No	Hispanic /Latine Yes or No	Use Codes Above: Race	Gender	Education Level	Health Insurance
Applicant's Name	Self									

HOUSEHOLD NON-CASH BENEFITS

Check any benefit that you or your household currently receives. *(please select all that apply)*:

- ❑ Nutrition Assistance (SNAP)
- ❑ WIC
- ❑ Earned Income Tax Credit (EITC)
- ❑ Energy Assistance Program (EAP)
- ❑ Housing Choice Voucher
- ❑ HUD-VASH
- ❑ Permanent Supportive Housing
- ❑ Public Housing
- ❑ Affordable Care Act Subsidy
- ❑ Childcare Voucher
- ❑ Head Start

HOUSEHOLD INCOME

❑ **My household has a financial hardship and has received no income** for the last full calendar month before signing this application. *If checked, skip to the "Verification of Zero Income" section on page 6.*

For the last full calendar month before signing this application, **list the amount of each type of income you and all members of your household received**. Write the household member's name at the top of each column. Use gross income (the amount earned before taxes and deductions).

Source of Income	Applicant's Income	_____'s Income	_____'s Income	_____'s Income
Employment (Adults Only)	$	$	$	$
Self-Employment (Adults Only) *Month and year self-employment started:*	$_____ MM/YYYY	$_____ MM/YYYY	$_____ MM/YYYY	$_____ MM/YYYY
TANF/MFIP/GA	$	$	$	$
Child Support/Alimony	$	$	$	$
Social Security Income (SSI)	$	$	$	$
Social Security Disability Income (SSDI)	$	$	$	$
Social Security Retirement	$	$	$	$
VA Disability Compensation/Pension	$	$	$	$
Retirement/Pension	$	$	$	$
Unemployment Insurance	$	$	$	$
Worker's Compensation	$	$	$	$
Private Disability Insurance	$	$	$	$
Other Income *Please describe:*	$_____ _____	$_____ _____	$_____ _____	$_____ _____

VERIFICATION OF ZERO INCOME

Complete this form if your household has not received any income for the last full calendar month before signing this application. If your household *did* receive income in the last full calendar month before signing this application, make sure you filled out the "Household Income" section on page 5 and skip to the "Authorized Representative" section below.

1. Complete the information about your household expenses below.

Bill/Expense	Monthly Amount	Bill/Expense	Monthly Amount
Rent/Mortgage:	$	Car Payment/Insurance:	$
Food:	$	Gas:	$
Heat:	$	Cable/Internet:	$
Electric:	$	Personal Items:	$
Phone/Cell:	$	Other Expenses:	$

2. Please tell us how you have paid your household expenses during the last full calendar month before signing this application.

3. During the last full calendar month before signing this application, did any adults (ages 18 or older) living in your home have these sources of income?: *(Please select all that apply.)*

❑ Full-Time Job ❑ Part-Time Job ❑ Self-Employment ❑ Workers Compensation
❑ Unemployment ❑ Social Security ❑ Annuity Payment(s) ❑ Pension
❑ Tribal Payment(s) ❑ Rental Income ❑ Public Benefits ❑ Working for Cash
❑ Emergency Assistance ❑ Child Support ❑ Savings

4. List the name and last date of employment for all adults (ages 18 or older) living in your home who are unemployed.

Name: _____ Last Date of Employment: _____
Name: _____ Last Date of Employment: _____
Name: _____ Last Date of Employment: _____

AUTHORIZED REPRESENTATIVE *(Optional)*

You may give an authorized representative permission to act on your behalf. Your representative must be an individual person (not a group or organization). Your representative cannot sign your application unless you provide documentation of their legal authorization to do so with your application (e.g. Power of Attorney, Guardian, or Conservator).

First Name: _____ Last Name: _____ Phone Number: _____

SIGNATURE

❑ The information I have provided is true and correct. I understand that:

- I must provide documentation to verify my residency, the size of my household, and household income.
- My application will be delayed and may be denied if I do not send all required documentation.
- Completion of this form does not guarantee that I will receive services from CAP-HC.

❑ I am providing my signature electronically by typing my first and last name below.

_____ _____

Applicant Signature Date

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TENNESSEN WARNING

Your Privacy Rights

Minnesota law requires that you are informed of your rights regarding the Private Information we collect from you. Personal information is Private Information under Minnesota law. Private Information can only be shared if you give us your permission or if the law requires it.

Why do we ask for this information?

We ask you for the information so we can:

- Determine whether you are eligible for services at Community Action Partnership of Hennepin County;
- Assist you in getting medical, mental health, financial, or social services from other organizations;
- Create reports, do research, audits, and evaluate our programs; and
- Uniquely identify you and other people who have the same or similar name.

Do you have to answer the questions we ask?

The law does not require you to give us your Private Information. However, without required information, we may not be able to provide you service.

Who can we share the information with?

These are examples of entities we may share your Private Information with. It does not mean that we *will* share your information. Please note this is not a complete list.

- City of Plymouth
- Hennepin County Human Services and Public Health Department
- MN Department of Human Services
- MN Housing Finance Agency
- Neighbor Works
- US Department of Housing & Urban Development (HUD)
- US Department of Health & Human Services
- West Central Minnesota Community Action
- Other public or private agencies
- Banks, credit bureaus, creditors, or other financial institutions
- Landlords, rental property managers, or shelters
- Social service, mental health, or medical providers
- Agencies under contract with CAP-HC to provide service
- Anyone required by law

Can I review the Private Information you have about me?

You may ask if we have Private Information about you. If we have your Private Information, you can ask for copies. You can give other people approval to have copies of your Private Information. If you have questions about the information, you can ask us to explain it to you. If you think the information is incorrect you can contact us.

How do I exercise my rights or ask questions?

To exercise your rights or ask questions about the information on this notice, you can speak to the program staff assisting you, call 952-933-9639 to leave a message requesting to speak with the program director, or reach us by mail at:
7101 Northland Circle N, Suite 123
Brooklyn Park, MN 55428.

❑ I understand my rights and have been given a copy of this form.
❑ I am providing my signature electronically by typing my first and last name below.

Applicant Signature _____ Date _____

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UNDERSTANDING HOW TO FILE A COMPLAINT

At Community Action Partnership of Hennepin County (CAP-HC), we are committed to providing high-quality service throughout your experience with us. We also want to ensure you understand how to file a complaint if you have a concern about your experience.

If you are dissatisfied with your experience or disagree with a decision about your eligibility for a program:

1. **Speak with the program staff** to explain your concern and discuss whether they can help resolve the issue.
2. **If program staff are unable to resolve the issue,** call 952-933-9639 to leave a message requesting to speak with the program director.
3. The **program director will work with you** and program staff to try to resolve your concern.

Please note: CAP-HC cannot make exceptions to, or allow exemptions from, program income and eligibility requirements as these are determined by third parties.

❑ I understand how to file a complaint if I have an unsatisfactory experience with CAP-HC.

❑ I am providing my signature electronically by typing my first and last name below.

_____ _____

Applicant Signature Date