

MNsure Application Assistance Program Information

Thank you for contacting Community Action Partnership of Hennepin County (CAP-HC) about the **MNsure Application Assistance Program**. This packet includes information about program eligibility, required application materials, and instructions for submitting your application materials. It also specifies documentation that will be needed at your MNsure Application Assistance appointment.

Please review the information in this packet carefully to ensure that you are eligible for the program, your application materials are submitted correctly, and you are aware of all documentation that will be needed at your appointment.

PROGRAM ELIGIBILITY

To be eligible for the program, applicants must:

1. Live in Hennepin County.
2. Be uninsured or underinsured.

REQUIRED APPLICATION MATERIALS

To apply for the MNsure Application Assistance Program, complete the forms in this application.

HOW TO SUBMIT YOUR APPLICATION MATERIALS

Please Note:

- 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.**
- Allow up to 30 days to process your application. If approved, please allow an additional 30 days for your assistance check to be processed.
- Submitting an application does not guarantee approval.

You may submit your Intake Form in one of the following ways:

- **Email** your materials to: CAPHCMNsure@caphennepin.org
- **Mail** your materials to: CAP-HC MNsure Application Assistance
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. and additional documentation at one of CAP-HC's offices (Brooklyn Park, Bloomington, Minneapolis). Addresses and hours can be found at caphennepin.org/locations.

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

PREPARING FOR YOUR MNSURE APPLICATION ASSISTANCE APPOINTMENT

After submitting your application materials, if you are eligible:

1. A CAP-HC staff member will contact you to make an appointment.
2. Bring the following documentation to your appointment:
 - Social Security Number for each person applying
 - Date of birth for everyone in the household
 - Driver’s license, Tribal ID, and/or other ID
 - Most recent year’s tax forms (Form 1040 EZ or first page of Form 1040)
 - Two of your most recent pay stubs
 - Documents for other sources of income
 - Information about any employer-provided health insurance available to each person applying (you may need to request this from your employer)
 - **For U.S. non-citizens:** a green card or other immigration documents
 - **If you have an existing MNsure account:** bring your username and password

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



INTAKE FORM

You can use this Intake Form to apply for 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?

<input type="checkbox"/> CAP-HC Staff	<input type="checkbox"/> Internet Search	<input type="checkbox"/> Newspaper or Magazine Ad
<input type="checkbox"/> CAP-HC Website	<input type="checkbox"/> Mailer, Flyer, or Brochure	<input type="checkbox"/> Partner Organization
<input type="checkbox"/> Friend or Relative	<input type="checkbox"/> Mortgage Lender	<input type="checkbox"/> Outreach Event: _____ Event Name or Date
<input type="checkbox"/> Other: _____ Please tell us how you heard about us.		

YOUR INFORMATION

- | | | | |
|----|-----------------------|------------------|-------------------------|
| 1. | First Name: _____ | | Last Name: _____ |
| | Street Address: _____ | | Apartment/Unit #: _____ |
| | City: _____ | State: MN | ZIP Code: _____ |
| | Email: _____ | County: Hennepin | Phone Number: _____ |
2. How would you like us to contact you about your application?

<input type="checkbox"/> Email to email address above	<input type="checkbox"/> Phone call to phone number above
<input type="checkbox"/> Text message to phone number above	<input type="checkbox"/> Mailing to street address above
3. Your Work Status *(please select all that apply)*:

<input type="checkbox"/> Employed Full-Time (at least 30 hours)	<input type="checkbox"/> Retired
<input type="checkbox"/> Employed Part-Time (less than 30 hours)	<input type="checkbox"/> Unemployed (short-term, 6 months or less)
<input type="checkbox"/> Self-Employed (such as Lyft or Door Dash)	<input type="checkbox"/> Unemployed (long-term, more than 6 months)
<input type="checkbox"/> Migrant Seasonal Farm Worker	<input type="checkbox"/> 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	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	M/D/YYYY									
		M/D/YYYY									
		M/D/YYYY									
		M/D/YYYY									
		M/D/YYYY									
		M/D/YYYY									
		M/D/YYYY									
		M/D/YYYY									
		M/D/YYYY									
		M/D/YYYY									

HOUSEHOLD NON-CASH BENEFITS

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Nutrition Assistance (SNAP) | <input type="checkbox"/> Housing Choice Voucher | <input type="checkbox"/> Affordable Care Act Subsidy |
| <input type="checkbox"/> WIC | <input type="checkbox"/> HUD-VASH | <input type="checkbox"/> Childcare Voucher |
| <input type="checkbox"/> Earned Income Tax Credit (EITC) | <input type="checkbox"/> Permanent Supportive Housing | <input type="checkbox"/> Head Start |
| <input type="checkbox"/> Energy Assistance Program (EAP) | <input type="checkbox"/> Public Housing | |

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 the next page.

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) <i>Month and year self-employment started:</i>	\$ _____ M/YYYY	\$ _____ M/YYYY	\$ _____ M/YYYY	\$ _____ M/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 <i>Please describe:</i>	\$ _____ _____	\$ _____ _____	\$ _____ _____	\$ _____ _____

SIGNATURE (Required)

If you would like to give an authorized representative permission to act on your behalf, complete the "Authorized Representative" section on the next page.

- 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

VERIFICATION OF ZERO INCOME

Required if your household has not received any income for the last full calendar month before signing this application. Please complete the information 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.)*

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Full-Time Job | <input type="checkbox"/> Part-Time Job | <input type="checkbox"/> Self-Employment | <input type="checkbox"/> Workers Compensation |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Social Security | <input type="checkbox"/> Annuity Payment(s) | <input type="checkbox"/> Pension |
| <input type="checkbox"/> Tribal Payment(s) | <input type="checkbox"/> Rental Income | <input type="checkbox"/> Public Benefits | <input type="checkbox"/> Working for Cash |
| <input type="checkbox"/> Emergency Assistance | <input type="checkbox"/> Child Support | <input type="checkbox"/> 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: <u> M/D/YYYY </u>
Name: _____	Last Date of Employment: <u> M/D/YYYY </u>
Name: _____	Last Date of Employment: <u> M/D/YYYY </u>

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 (Required)

If you would like to give an authorized representative permission to act on your behalf, complete the "Authorized Representative" section above.

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

_____	<u> M/D/YYYY </u>
Applicant Signature	Date

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

M/D/YYYY

Date



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

M/D/YYYY

Date

