



**INTAKE FORM**

<b>WHAT SERVICES ARE YOU INTERESTED IN APPLYING FOR?</b>			
<input type="checkbox"/> Financial Education Workshop	<input type="checkbox"/> Renter Counseling & Education	<input type="checkbox"/> Food (SNAP) Application Support	<input type="checkbox"/> Water Bill Assistance
<input type="checkbox"/> Homebuyer Counseling & Education	<input type="checkbox"/> Vehicle Repair Assistance	<input type="checkbox"/> MN Sure Application Support	<input type="checkbox"/> Energy Assistance Program (EAP) * Separate Application Required
<b>HOW DID YOU HEAR ABOUT US?</b>			
<input type="checkbox"/> Friend or Relative	<input type="checkbox"/> CAP-HC Website	<input type="checkbox"/> Partner Agency	
<input type="checkbox"/> Mailer, Flyer or Brochure	<input type="checkbox"/> CAP-HC Staff	<input type="checkbox"/> Mortgage Lender	
<input type="checkbox"/> Newspaper Ad	<input type="checkbox"/> Internet	<input type="checkbox"/> Other: _____	
<b>COMPLETING THIS APPLCIATION</b>			
We need information about you and anyone living in your home. Providing the size of your household and income helps us determine if you are eligible for services. Our funders require the rest of the information. Please note some services require us to collect additional information and documentation.			
<b>YOUR INFORMATION</b>			
First Name:		Last Name:	
Address:			
City:	State: MN	Zip Code:	County: Hennepin
Phone Number:		Email:	
Do you live in a rural area? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Were you born outside of the U.S? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What is your Primary or Preferred Language:			Do you want an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No
Work Status:		<input type="checkbox"/> Unemployed (Short-term, 6 months or less)	
<input type="checkbox"/> Employed Full-Time (at least 30 hours)		<input type="checkbox"/> Unemployed (Long-term, more than 6 months)	
<input type="checkbox"/> Employed Part-Time (less than 30 hours)		<input type="checkbox"/> Unemployed (Not seeking employment)	
<input type="checkbox"/> Migrant Seasonal Farm Worker			
<input type="checkbox"/> Retired			
Marital Status:		<input type="checkbox"/> Divorced	
<input type="checkbox"/> Single		<input type="checkbox"/> Widowed	
<input type="checkbox"/> Married			
<input type="checkbox"/> Domestic Partner			

**HOUSEHOLD INFORMATION**

How many people are in your household?

Household Status:

- Single Person
- Two Adults-No Children
- Single Parent
- Two Parent
- Multigenerational (3 or more generations)
- Other \_\_\_\_\_

Housing Status:

- Own
- Rent
- Other Permanent Housing
- Homeless
- Other \_\_\_\_\_

Race: I =American Indian/Alaskan Native, A =Asian, B =Black or African American, P =Native Hawaiian or other Pacific Islander, W =White, IW =American Indian & White, IB =American Indian & Black , AW =Asian & White, BW =Black/African American & White, MR =Multi-Race, O =Other, NR =Choose not to respond

Gender: M =Male, F =Female, N =Non-Conforming

Education: 8 =0 - 8<sup>th</sup> Grade, NG =9-12 Non-Graduate, G =High School Graduate, GED =GED, 12 =12<sup>th</sup> Grade and some post-secondary, CG =2 or 4 year College Degree, GD =Graduate Degree of other post-secondary school

Health Insurance: N =None, DP =Direct-Purchase, M =Military, MCARE =Medicare, MCAID =Medicaid, SC =State Children, SA =State Adult, E =Employer Based

Name of Household Member	Relationship to Applicant	Date of Birth MM/DD/YYYY	Veteran Yes or No	Active Military Yes or No	Disability Yes or No	Hispanic = Yes Not Hispanic =No	See Codes Above			
							Race	Gender	Education	Health Insurance
Your Name	Self									

**HOUSEHOLD NON-CASH BENEFITS**

Check any benefit that you or your household currently receives:

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

HOUSEHOLD INCOME				
List the monthly amount of any income that you or your household currently receives. Please use gross income. Gross income is what you earn before taxes and deductions.				
Source of Income	Applicant	Additional Household Member	Additional Household Member	Additional Household Member
Employment (Adults Only)	\$	\$	\$	\$
Self-Employment (Adults Only)	\$	\$	\$	\$
TANF/MFIP/GA	\$	\$	\$	\$
Child Support/ Alimony	\$	\$	\$	\$
Social Security Income (SSI)	\$	\$	\$	\$
Social Security Disability (SSDI)	\$	\$	\$	\$
Social Security Retirement	\$	\$	\$	\$
VA Disability Compensation	\$	\$	\$	\$
VA Disability Pension	\$	\$	\$	\$
Retirement/Pension	\$	\$	\$	\$
Unemployment Insurance	\$	\$	\$	\$
Worker's Compensation	\$	\$	\$	\$
Private Disability Insurance	\$	\$	\$	\$
Other:	\$	\$	\$	\$
<input type="checkbox"/> My household has a financial hardship and has received NO income for the past 90 days.				
ADDITIONAL INFORMATION				
Are you enrolled in the Transit Assistance Program or other transit discount programs?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you need to update your voter registration information?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you need information on how to apply for child support services in Minnesota?			<input type="checkbox"/> Yes <input type="checkbox"/> No	

The information I have provided is true and correct. If needed I will provide documentation to verify my residency, the size of my household and income. I understand completion of this form does not guarantee that I will receive services from Community Action.

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

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

STAFF ONLY

DATE RECEIVED: \_\_\_\_\_

FORM VERSION: 01.2020

CAP60 Case #: \_\_\_\_\_ Family ID #: \_\_\_\_\_/\_\_\_\_\_

CMAX Client #: \_\_\_\_\_ Case#: \_\_\_\_\_



## 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:

- Decide if 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 agencies;
- Create reports, do research, audits and evaluate our programs; and
- To tell you apart from 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 some information, we may not be able to provide you service.

### Who can we share the information with?

These are examples of agencies 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.

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• City of Plymouth</li> <li>• Hennepin County Human Services and Public Health Department</li> <li>• MN Department of Human Services</li> <li>• MN Housing Finance Agency</li> <li>• Neighbor Works</li> <li>• US Department of Housing &amp; Urban Development (HUD)</li> <li>• US Department of Health &amp; Human Services</li> <li>• West Central Minnesota Communities Action</li> </ul> | <ul style="list-style-type: none"> <li>• Other public or private agencies</li> <li>• Banks, credit bureaus, creditors or other financial institutions</li> <li>• Landlords, rental property managers or shelters</li> <li>• Social service, mental health or medical providers</li> <li>• Agencies under contract with CAP-HC to provide service</li> <li>• Anyone required by law</li> </ul> |
|--|---|

### 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 or contact the Department Director at Community Action Partnership of Hennepin County, 8800 Highway 7 - Suite 401, St. Louis Park, MN 55426 or call 952-697-1369.

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.

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Print Full Name

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Signature

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Date

This notice is available in other languages or formats upon request



## HOW TO FILE A COMPLAINT

Community Action Partnership of Hennepin County wants to provide you the best service.

If you are unhappy with the service or do not agree with the decision about your eligibility for a service, start by talking to the program staff.

If this does not help you can contact the Department Director at 952-697-1369. The Department Director will work with you and the staff to try and resolve your concern.

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

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date