



Employment Readiness Program

Thank you for contacting Community Action Partnership of Hennepin County (CAP-HC) about the **Employment Readiness Program**. This packet includes important information about how to apply as well as forms that must be completed as part of your application. All applicants must live in Hennepin County and have household income at or below the income guidelines listed below.

| Eligibility at or below 200% of Federal Poverty Income Guidelines | | |
|---|------------------|-----------|
| Household Size | Household Income | |
| | Monthly | Annual |
| 1 | \$2,430 | \$29,160 |
| 2 | \$3,287 | \$39,440 |
| 3 | \$4,143 | \$49,720 |
| 4 | \$5,000 | \$60,000 |
| 5 | \$5,857 | \$70,280 |
| 6 | \$6,713 | \$80,560 |
| 7 | \$7,570 | \$90,840 |
| 8 | \$8,427 | \$101,120 |

Please Note

Your application is not complete until we receive all required application materials. **If your application is submitted without all required materials, it will not be processed.** Allow up to 30 days to process your application. Submitting an application does not guarantee approval.

To Apply for the Employment Readiness Program

- Complete the forms in this packet as specified.
- 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 on page 5 of this packet.
- Provide proof of the household size. Examples include a lease listing all household members, a current tax return, or a benefits statement
- Provide proof of the Hennepin County address. Examples include a utility bill, benefits statement, or current tax return.

You may submit your application materials in one of the following ways:

- **Email** your materials to: employmentreadiness@caphennepin.org
- **Mail** your materials to: Community Action Partnership of Hennepin County
ATTN: Employment Readiness
8800 Hwy 7, #401
St. Louis Park, MN 55426
- **Drop off your materials in person:** CAP-HC's secure drop box is located on the 4th of our St. Louis Park office (8800 Hwy 7, St. Louis Park, MN 55426). Place your application materials in an envelope clearly labeled with your name and "Employment Readiness" on the outside. Seal the envelope and put it in the drop box.

INTAKE FORM

WHAT SERVICES ARE YOU INTERESTED IN APPLYING FOR?

- | | |
|---|---|
| <input type="checkbox"/> Emergency Housing Assistance | <input type="checkbox"/> Renter Counseling & Education |
| <input type="checkbox"/> Employment Services | <input type="checkbox"/> Tax Assistance |
| <input type="checkbox"/> Financial Wellness | <input type="checkbox"/> Vehicle Repair |
| <input type="checkbox"/> Homebuyer Counseling & Education | <input type="checkbox"/> Energy & Water Assistance (EAP) <i>For referral purposes only*</i> |

* To apply for EAP, download and complete an application from our website here: caphennepin.org/eap

HOW DID YOU HEAR ABOUT US?

- | | | |
|---|---|---|
| <input type="checkbox"/> CAP-HC Staff | <input type="checkbox"/> Internet | <input type="checkbox"/> Newspaper or Magazine Ad |
| <input type="checkbox"/> CAP-HC Website | <input type="checkbox"/> Mailer, Flyer, or Brochure | <input type="checkbox"/> Partner Agency |
| <input type="checkbox"/> Friend or Relative | <input type="checkbox"/> Mortgage Lender | <input type="checkbox"/> Other: _____ |

COMPLETING THIS APPLICATION

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.

YOUR INFORMATION

First Name: _____ Last Name: _____

Address: _____

City: _____ State: MN ZIP Code: _____ County: Hennepin

Phone Number: _____ Email: _____

Do you live in a rural area? ☐ Yes ☐ No Were you born outside the United States? ☐ Yes ☐ No

Are you a CAP-HC employee? ☐ Yes ☐ No Are you a CAP-HC board member? ☐ Yes ☐ No

What is your primary or preferred language? _____ Do you want an interpreter? ☐ Yes ☐ No

Work Status:

- | | |
|--|---|
| <input type="checkbox"/> Employed Full-Time (at least 30 hours) | <input type="checkbox"/> Unemployed (short-term, 6 months or less) |
| <input type="checkbox"/> Employed Part-Time (less than 30 hours) | <input type="checkbox"/> Unemployed (long-term, more than 6 months) |
| <input type="checkbox"/> Migrant Seasonal Farm Worker | <input type="checkbox"/> Unemployed (not seeking unemployment) |
| <input type="checkbox"/> Retired | |

Marital Status:

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> Single | <input type="checkbox"/> Divorced |
| <input type="checkbox"/> Married | <input type="checkbox"/> Widowed |
| <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 Parents
☐ Multigenerational (3 or more generations)
☐ Other: _____

Housing Status:

- ☐ Own
☐ Rent
☐ Other Permanent Housing
☐ Homeless
☐ Other: _____

Use these codes to identify Race, Gender, Education Level, and Health Insurance Status of each person in your household below.

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 Level: 8 =0 - 8th Grade, NG =9-12 Non-Graduate, G =High School Graduate, GED =GED, 12 =12th 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 Level | Health Insurance |
| Your Name | Self | | | | | | | | | |
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HOUSEHOLD NON-CASH BENEFITS

Check any benefit that you or your household currently receives:

- | | | |
|--|---|--|
| <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

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 Income (SSDI) | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Social Security Retirement | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| VA Disability Compensation | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| VA Disability Pension | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Retirement/Pension | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Unemployment Insurance | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Worker's Compensation | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Private Disability Insurance | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Other: _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |

☐ 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: 9/2022

CAP60 Case #: _____

CMAx Client #: _____

Family ID #: _____/_____

Case #: _____

Updated 9/2022





Verification of Zero Income

*** Complete this form if your household has not received any income for the last 30 days.***

Applicant First and Last Name: _____

On your Intake Form you stated that your household has a financial hardship and has received NO income for the past 30 days. Please complete this form to confirm your expenses and verify your income.

HOUSEHOLD EXPENSES

| 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 | \$ |

Please tell us how you have paid your household expenses.

HOUSEHOLD INCOME

During the last 30 days, did anyone living in your home have these sources of income?:
Please check 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 Payments | <input type="checkbox"/> Pension |
| <input type="checkbox"/> Tribal Payments | <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 | |

For members of your household who are over 18 years of age and unemployed:

| | |
|-------------|--------------------------------|
| Name: _____ | Last Date of Employment: _____ |
| Name: _____ | Last Date of Employment: _____ |
| Name: _____ | Last Date of Employment: _____ |

By signing this form, I affirm that the information I have provided is true and correct.

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

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:

- 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.

- | | |
|---|---|
| • City of Plymouth | • West Central Minnesota Community Action |
| • Hennepin County Human Services and Public Health Department | • Other public or private agencies |
| • MN Department of Human Services | • Banks, credit bureaus, creditors, or other financial institutions |
| • MN Housing Finance Agency | • Landlords, rental property managers, or shelters |
| • Neighbor Works | • Social service, mental health, or medical providers |
| • US Department of Housing & Urban Development (HUD) | • Agencies under contract with CAP-HC to provide service |
| • US Department of Health & Human Services | • 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 or contact the Department Director at Community Action Partnership of Hennepin County, 8800 Highway 7, Suite 401, St. Louis Park, MN 55426 or call 952-697-1363.

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.

Print Full Name

Signature

Date



HOW TO FILE A COMPLAINT

Community Action Partnership of Hennepin County wants to provide you with 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 952-697-1363. The Department Director will work with you and the staff to try to resolve your concern.

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

Applicant Signature

Date

Staff Signature

Date