



## **MNsure Application Assistance Program**

Thank you for contacting Community Action Partnership of Hennepin County (CAP-HC) about the **MNsure Application Assistance 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 be uninsured or underinsured.

### **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 MNsure Application Assistance Program**

- Complete the forms in this packet as specified.
- A CAP-HC staff member will contact you to make an appointment.
- 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

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

- **Email** your materials to: [CAPHCMNsure@caphennepin.org](mailto:CAPHCMNsure@caphennepin.org)
- **Mail** your materials to: Community Action Partnership of Hennepin County  
ATTN: MNsure Application Assistance  
7101 Northland Circle N, Suite 123  
Brooklyn Park, MN 55428
- **In person:** Drop off your application and additional documentation at one of CAP-HC's offices (Brooklyn Park, Bloomington, Minneapolis). Addresses and hours can be found at [caphennepin.org/locations](https://caphennepin.org/locations).

## 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](http://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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you born outside the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a CAP-HC employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a CAP-HC board member? <input type="checkbox"/> Yes <input type="checkbox"/> 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?: \_\_\_\_\_

<p>Household Status:</p> <p><input type="checkbox"/> Single Person</p> <p><input type="checkbox"/> Two Adults – No Children</p> <p><input type="checkbox"/> Single Parent</p> <p><input type="checkbox"/> Two Parents</p> <p><input type="checkbox"/> Multigenerational (3 or more generations)</p> <p><input type="checkbox"/> Other: _____</p>	<p>Housing Status:</p> <p><input type="checkbox"/> Own</p> <p><input type="checkbox"/> Rent</p> <p><input type="checkbox"/> Other Permanent Housing</p> <p><input type="checkbox"/> Homeless</p> <p><input type="checkbox"/> Other: _____</p>
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**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										

**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



## **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
- 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 or contact the Department Director at Community Action Partnership of Hennepin County, 7101 Northland Circle N, Suite 123 Brooklyn Park, MN 55428 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.

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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 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.

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Applicant Signature

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Date

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Staff Signature

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Date