



Anoka County Transportation Solutions Program



Anoka County
MINNESOTA
Respectful, Innovative, Fiscally Responsible

Partnership between Anoka County and ACCAP

1201 89th Ave NE ♦ Suite 230 ♦ Blaine, MN 55434 ♦ Phone: (763) 324-2318 ♦ Fax: (763) 324-2294

Please keep this page for your records

CAR REPAIR, INSURANCE & LICENSING ASSISTANCE GUIDELINES:

- **MUST BE A RESIDENT OF ANOKA COUNTY MN**
- Must be enrolled in MFIP or DWP and actively participating with employment services
- Must be in compliance and meet participation hours' requirement for at least 30 days or verified employment
- Must have a valid Minnesota driver's license
- Vehicle must be registered in your name
- Must have proof of insurance (if applying for repairs)
- Up to \$700 transportation grant for car repairs, insurance (up to 2 months on existing policy or on a down payment for a new policy) or vehicle registration
- Program eligibility - once every five years
- All grants must be preapproved. No reimbursements.

VERIFICATION CHECKLIST:

Please submit the application and the following documents to the 2nd floor reception desk at the Blaine Human Service Center, or via fax, mail, or email to irina.astashinsky@co.anoka.mn.us

Fill out and sign **ALL** pages of application.

- Copy of driver's license (showing current address) and/or the yellow DMV receipt
- Copy of Title of Vehicle or proof of ownership – vehicle must be registered in your name
- Copy of insurance card
- Copy of your insurance bill (if applying for help with car insurance) or three quotes from local insurance agencies (if applying for help to start a new policy). Please call transportation coordinator if assistance is needed finding a local insurance provider.
- Copy of tabs bill (or print out from DMV) if applying for assistance with tabs/title transfer
- Copy of Pay Stubs for the last 30 days (if employed) or proof of other income

Once you submit your application, you will have **30 DAYS** to supply all required documents. If after 30 days, you have not supplied the required documents your request for service will be denied based on insufficient information.

LIST OF REPAIRS WE MAY BE ABLE TO HELP WITH:

- Tires
- Exhaust (case by case basis)
- Suspension (shocks, struts, tie rods, ball joints, etc.)
- Alternator
- Axels (case by case basis)
- Brakes (shoes, pads, drums, rotors)
- Battery
- Windshields or other glass
- Minor oil leaks (valve cover gaskets, oil pan, etc.)
- Belts
- Wheel bearings
- Power steering hoses (case by case basis)
- Water pump
- CV boots and joints

We are **NOT** able to assist with non-running vehicles, transmissions, engines and other major repairs.

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Name (Print) _____ Maxis Case: _____
 Address: _____
 City,ST,Zip _____
 Phone # _____ Cell Phone # _____
 Email: _____ Other contact: _____

List the people who live in your home:

	Name	Date of Birth	Relationship
1.			SELF
2.			
3.			
4.			
5.			
6.			

- 1) Are you currently receiving Public assistance through MFIP/DPW Yes No
 If yes, are you currently in sanction? Yes No
- 2) Do you have a valid MN driver's license? Yes No
- 3) Transportation Assistance needed? Car Repair Insurance Vehicle Registration/Tabs
 Is your car drivable Yes No

4) **What income do you have?**

Present Employer _____ Date Started _____
 Phone: _____ How many hours per week do you work? _____ Hourly Wage \$ _____

Spouse (significant other) Present Employer _____ Date Started _____
 Phone: _____ How many hours per week do you work? _____ Hourly Wage \$ _____

Other Income: MFIP/DWP \$ _____ Food Support \$ _____ UI/WC \$ _____ Child Support \$ _____
 SSI/RSDI \$ _____ (who receives _____) Other \$ _____

- 5) **Monthly expenses:** Housing (Rent/Mortgage) \$ _____ Utilities (Gas/electric/water) \$ _____ Phone \$ _____
- 6) Are you looking for work? Yes No Number of hours per week: _____
 Is your spouse looking for work? Yes No Number of hours per week: _____
- 7) Does anyone have any bank accounts? Yes No If yes, amount in bank accounts \$ _____
- 8) **Cars in the household:**

Year	Make	Model	License Plate	Mileage

For Car Repair, describe vehicle problem: _____

My signature acknowledges that the information provided is correct, true and complete.

Applicant's Signature: _____ Date: _____

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ACCAP (Transportation Coordinator), 1201 89th Ave., Suite 230, Blaine MN 55434 Phone 763-324-2318 Fax 763-324-2294

AUTHORIZATION FOR RELEASE AND EXCHANGE OF INFORMATION and Permission to Verify Application

I _____, permit ACCAP (Anoka County Community Action Program) to share and verify information about me to determine what benefits I may be eligible for. By signing this Authorization, I agree that ACCAP may share and receive information from the individuals or organizations that I authorize, which may include ongoing communication.

ACCAP is authorized to share with and receive information from:

- Anoka County Economic Assistance Department
- Anoka County Job Training Center
- Victory Auto Service & Glass
- My employer _____
- Anoka County License Bureau _____
- Car insurance company _____
- Garage _____
- Other: _____ (Must specify)

Data that may be shared includes all information necessary to determine need and eligibility for programs administered by ACCAP and may include, but is not limited to:

- What help ACCAP may give me.
- Information about help the ACCAP gives me now.
- The amount the ACCAP may pay them.

This data is private. The ACCAP may only give this information with my written permission, unless state or federal law allows them to release data about me without my permission. I understand I may refuse to release this data. If I refuse, the ACCAP may be unable to give me the assistance requested. The ACCAP will use the information from this authorization to verify that the information I provided on the application is correct, true and complete.

I hereby authorize ACCAP to release and exchange information pertaining to my applications and eligibility for programs/services they administer for the purpose of evaluating my need for assistance. This Authorization is valid for one year from the date I sign it, unless I specifically revoke the Authorization in writing.

Signature of person authorizing release

Date