



Anoka County Transportation Solutions Program

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 low income (at or below 200% Federal Poverty Guideline)
- Verified employment of 20 hours a week unless one of the following applies: disabled, senior (55+) or be enrolled in an Anoka County Employment and Training Program and be in compliance and meeting participation hours requirement for at least 30 days.
- Must have a valid Minnesota driver's license with current address
- Vehicle must be registered in applicant's name.
- Must have proof of insurance (if applying for repairs only)
- Vehicle repairs must be cost effective (not to exceed 75 % of value of the vehicle)
- A maximum \$700 transportation grant for safety and essential operation car repairs only, insurance (up to 2 months on existing policy or on a down payment for a new policy) or vehicle registration.
- Program eligibility – All benefits for transportation needs are limited to a one-time assistance for the duration of the program
- All grants must be preapproved. No reimbursements.

***Any exceptions to the above criteria would need pre-approval by the program manager.

****Grants are dependent on funding available.

VERIFICATION CHECKLIST:

Submit the application via email to irina.astashinsky@co.anoka.mn.us or fax 763-324-2294 or mail to CareerForce at 1201 89th Ave NE, Suite 235, Blaine, MN 55434

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. For self-employment: most recent year tax document or recent business record showing income & expenses.

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: _____ Social Security # _____
 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/DWP 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 \$ _____ SS \$ _____
 SSI/RSDI \$ _____ (who receives _____) Retirement \$ _____ Veteran Benefits \$ _____ 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



Anoka County Community Action Program

Agency Intake

This form asks for data about you and your family. If you decide not to complete this form, we may not be able to provide you with all the helpful information and resources available. If you complete this form, the information will be used to identify resources, provide information, coordinate services, and create summary data for evaluation and funding purposes.

Sex Male Female Other

Race White Multiracial Black/African American Asian American Indian
 Middle Eastern Hawaiian/Pacific Islander

Employment Full-Time Part-Time Seeking Work Unemployed Contract
 Temporary Retired Other _____

Medical Insurance Yes, Private No Yes, State

Housing Own Rent Buying Homeless Temporarily Living with Family

Education Non-Grad High School/GED Some College College Degree

Disability None Physical Mental Cognitive Visual Blind Speech
 Hearing Deaf Breathing Orthopedic Other

Family Type Single Person Single Parent/Female Single Parent/Male
 Adults w/Children Adults w/o Children

Language English Spanish Hmong Chinese Vietnamese Japanese
 Korean Hattian Somali Arabic Karen Oromo Cambodian Russian
 Other _____

Veterans Status Veteran Active Military No Military Background

Special Circumstance Domestic Abuse Pregnant Teen Non-Parent Caregiver
 Parenting English Language Learner TANF/MFIP/DWP

Non-Cash Benefits Food Stamps (SNAP) WIC LIHEAP Housing choice voucher
 Public housing Permanent supportive housing HUD-VASH
Childcare voucher Affordable Care Act Subsidy Other _____

Signature of Applicant _____ Date _____