ANOKA COUNTY COMMUNITY ACTION PROGRAM, INC.

1201 89th Avenue NE • Suite 345 • Blaine, MN 55434 Phone 763-783-4747 • FAX 763-783-4700 • Website: www.accap.org



CRISIS ASSISTANCE

Anoka County Community Action Program, Inc. (ACCAP) may be able to assist you.

The ACCAP Crisis Committee meets as needed to review complete applications.

Applications that are NOT complete will NOT be reviewed.

Completed Applications may take up to 10 business days to process

Follow the checklist below to ensure your application is complete.

CHECKLIST - You must complete the ACCAP Crisis Application. This includes:

- □ The ACCAP Crisis Assistance Application
- □ The Crisis Assistance Monthly Budget Worksheet
- □ The Agency Intake form (all adults in the household must sign the last page of this form)
- □ Proof of income for ALL household members for 1 month
- □ Provide backup documentation for your request such as an **estimate or bid or invoice** **
- □ You may attach an explanation letter if necessary
- □ ALL questions must be answered

If we request additional information, and this information is not provided within 30 (thirty) days, your application will expire and therefore will be denied.

ACCAP Crisis Assistance is limited up to \$1,000 total per household per lifetime.

** Payments are not made directly to clients. If approved, your vendor/contractor must be willing to accept a letter of guarantee for payment. Checks are not finalized until the work is complete. Checks generally take 2-3 weeks to process from time of final invoice.

If you or anyone in your household is in **SANCTION**, your application will be automatically denied.

If false information is given on the application, it will be denied and you cannot reapply in the future for ACCAP Crisis Assistance.

Our funding is for current Anoka County residents. We do not assist people with moving into Anoka County.

Please send completed forms to ACCAP Crisis Committee by FAX: 763-783-4700 or scan and email to accap@accap.org or you can bring it to our office located at 1201 89th Avenue #345 Blaine, MN 55434.

ACCAP Crisis Assistance Application

Tune (of Assistance Requested ar	nd Amount		
		<u>\$</u>		
	Medical/Dental Costs	<u>\$</u>		
	Moving Assistance	<u>\$</u>		
	-			
	Plumbing Issues	<u>\$</u>		
	Prescription Medications			
	Utility bills**	<u>\$</u>		Delivered Fuel Electricity
	Other:	<u>\$</u>		
worke I,	r.	_ authorize Anoka County	/ Community Action Prog	ocumentation of response from ram, Inc. to exchange necessary
inforn	nation to provide assistance	e to me with the followin	ng vendor(s)	to
resolv	e my crisis situation. Clie	nt signature		Date:
What	steps have you taken to e	nsure this will not happen	n again?	
Have	you received Crisis Assista	nce in the past?	□Yes. If ves. what for and	d when
	ou an ACCAP employee or	-		······
-	u have an ARMHS Worker		,	
Do yo	u authorize us to exchange u have a REP Payee?	information with your AR	MHS Worker? 🗆 Yes 🗆 N	10
Do yo	u authorize us to exchange	information with your Re	p Payee? □Yes □ NO	

Crisis Assistance Monthly Budget Worksheet

Monthly Household Income (Include all sources for all household members)

Wages(monthly)	<u>\$</u>	SSI/RSDI	\$
Tips/Bonus	<u>\$</u>	Retirement/Pension	\$
Unemployment	<u>\$</u>	Other:	<u>\$</u>
Child Support	<u>\$</u>	FOOD Support/SNAP	\$
Alimony	<u>\$</u>	Economic Assistance	\$
Spousal Maintenance	e \$	(GA, MFIP, DWP, MSA)	
		Total Income	
Monthly Household	Expenses_(Be sure to an		
wonting nousehold		HOUSING	
Mortgage	<u>\$</u>	Association Fees	<u>\$</u>
Rent	<u>\$</u>	Insurance	\$
Lot Rent	<u>\$</u>	Other:	<u>\$</u>
		UTILITIES	
Heating Costs	\$	Landline Phone	<u>\$</u>
Electricity	<u>\$</u>	Cell Phone	\$
Water/Sewer/Garbag	e \$	Cable/Internet	\$
		TRANSPORTATION	
Car Payment	<u>\$</u>	Bus Pass	\$
Insurance	\$	Other:	<u>\$</u>
Gasoline	<u>\$</u>		
		<u>OTHER</u>	
Day Care	\$	Credit Card Loans	¢
Child Support(Paid Ou	t) <u>\$</u>		<u>,</u>
Household Items	\$	School/Education	\$
Personal Care Item	<u>\$</u>	Food	\$
Medical/Dental	\$	Clothes	\$
(Premiums, Prescriptions		Other:	<u>\$</u>
Additional Expenses	(please explain):		
		[
		Tota	al Expenses

MUST SIGN HERE

By signing this form, I affirm that I believe these facts are accurate and true. I know that I may be asked to prove my statements.

Anoka County Community Action Program, Inc.



AGENCY INTAKE

1201 89th Avenue NE Suite 345 Blaine, MN 55434 Phone: 763-783-4747 FAX: 763-783-4700 www.accap.org

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 helpful information and resources. If you complete this form, we will use the information to identify resources, provide you with information, coordinate services, and create summary data for evaluation and funding purposes. Only ACCAP Staff will use the data on this form. You must consent for ACCAP to share this information with any other agency

<u>Consent to Exchange Information</u>: I authorize Anoka County Community Action Program, Inc. to share this information with county, state and local welfare agencies, community based organizations, local, state, public and private human service and housing agencies, the MN Department of Jobs and Training, the United States Department of Labor, the United States Department of Health and Human Services, and State and local education programs. I agree to allow Anoka County to share information with ACCAP. This consent will be valid for a period of one year or the duration of the services for which you are applying (if service is longer than one year).

 Signature of Head of Household ______
 Date______

 Signature of Household Member ______
 Date______

HAVE EACH ADULT MEMBER OF YOUR HOUSEHOLD SIGN A CONSENT STATEMENT (back page) 6/27/17

Head of Household										
First Name Middle Name		Middle Name	Last Name Da		Date	e of Birth Soc		ocial Sec	cial Security Number	
			City	City Hon		Home	e/Cell Ph	none	Work Phone	
State		Zip	Town							
Sex 🛛 Male		Race		Employment			Email A	Address		
Female		White 🛛 Multiracial	🖵 Full-Time	Part-Time						
Other		Black/African American	Seeking Work Unemployed							
			Contract Temporary Retired Other			Medical Insurance Yes, Private No Yes, State				
Education		Disability	Family Type			Housing				
Non Grad		🗅 None 🗳 Physical 🗖	-			🗅 Own 🛛 Rent				
High School/GED		Cognitive Visual		Single Parent/Fen						
Some College		Speech Hearing					🖵 Tem	porarily	Living with Family	
2 or 4 Year Degree		Breathing Orthoped								
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Female		White 🛛 Multiracial	🖵 Full-Time	Part-Time						
Other		Black/African American	Seeking Wo	ork 🛛 Unemploy	/ed					
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MAIN APPLICANT(S) MUST SIGN PAGE 1 ONLY ADDITIONAL ADULT MEMBERS OF YOUR HOUSEHOLD MUST SIGN A CONSENT STATEMENT LOCATED BELOW

Consent to Exchange Information: I authorize Anoka County Community Action Program, Inc. to share this information with county, state and local welfare agencies, community based organizations, local, state, public and private human service and housing agencies, the MN Department of Jobs and Training, the United States Department of Labor, the United States Department of Health and Human Services, and State and local education programs. I agree to allow Anoka County to share information with ACCAP. This consent will be valid for a period of one year or the duration of the services for which you are applying (if service is longer than one year).

Client Signature _____ Date _____

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