

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

Name _____

Type of Assistance Requested and Amount

☐ Frozen Pipes \$ _____

☐ Medical/Dental Costs \$ _____

☐ Moving Assistance \$ _____

☐ Plumbing Issues \$ _____

☐ Prescription Medications \$ _____

☐ Utility bills** \$ _____

☐ Other: _____ \$ _____

☐ Natural Gas ☐ Delivered Fuel ☐ Electricity

*****Please note:*** If you received Energy Assistance, you are not eligible for assistance for fuel/electricity. You must first contact Emergency Assistance (through Anoka County) and Heatshare and provide documentation of response from worker.

I, _____ authorize Anoka County Community Action Program, Inc. to exchange necessary information to provide assistance to me with the following vendor(s) _____ to

resolve my crisis situation. Client signature _____ Date: _____

What caused you to be in crisis?

What steps have you taken to ensure this will not happen again?

Have you received Crisis Assistance in the past? ☐ NO ☐ Yes, If yes, what for and when _____

Are you an ACCAP employee or related to an ACCAP employee? ☐ Yes ☐ NO

Do you have an ARMHS Worker? ☐ NO ☐ Yes, Name _____

Do you authorize us to exchange information with your ARMHS Worker? ☐ Yes ☐ NO

Do you have a REP Payee? ☐ NO ☐ Yes, Name _____

Do you authorize us to exchange information with your Rep Payee? ☐ Yes ☐ NO

Crisis Assistance Monthly Budget Worksheet

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

Wages(monthly) \$ _____
Tips/Bonus \$ _____
Unemployment \$ _____
Child Support \$ _____
Alimony \$ _____
Spousal Maintenance \$ _____

SSI/RSDI \$ _____
Retirement/Pension \$ _____
Other: _____ \$ _____
FOOD Support/SNAP \$ _____
Economic Assistance \$ _____
(GA, MFIP, DWP, MSA)

Total Income

Monthly Household Expenses *(Be sure to answer ALL questions)*

HOUSING

Mortgage \$ _____
Rent \$ _____
Lot Rent \$ _____

Association Fees \$ _____
Insurance \$ _____
Other: _____ \$ _____

UTILITIES

Heating Costs \$ _____
Electricity \$ _____
Water/Sewer/Garbage \$ _____

Landline Phone \$ _____
Cell Phone \$ _____
Cable/Internet \$ _____

TRANSPORTATION

Car Payment \$ _____
Insurance \$ _____
Gasoline \$ _____

Bus Pass \$ _____
Other: _____ \$ _____

OTHER

Day Care \$ _____
Child Support*(Paid Out)* \$ _____
Household Items \$ _____
Personal Care Item \$ _____
Medical/Dental \$ _____
(Premiums, Prescriptions)

Credit Card Loans \$ _____
School/Education \$ _____
Food \$ _____
Clothes \$ _____
Other: _____ \$ _____

Additional Expenses (please explain):

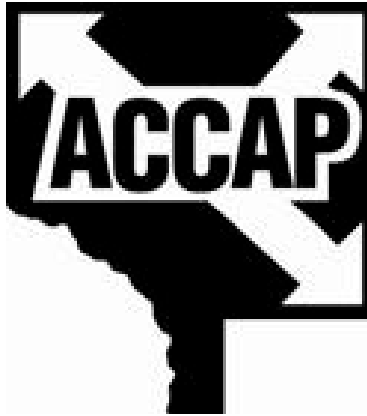
Total Expenses

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.

Signature _____ **Date** _____

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

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).

Signature of Head of Household _____ Date _____

Signature of Household Member _____ Date _____

HAVE EACH ADULT MEMBER OF YOUR HOUSEHOLD SIGN A CONSENT STATEMENT (back page)

Head of Household						
First Name		Middle Name	Last Name	Date of Birth	Social Security Number	
Street Address			City	Home/Cell Phone	Work Phone	
State		Zip	Town			
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Race <input type="checkbox"/> White <input type="checkbox"/> Multiracial <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Hawaiian/Pacific Islander		Employment <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seeking Work <input type="checkbox"/> Unemployed <input type="checkbox"/> Contract <input type="checkbox"/> Temporary <input type="checkbox"/> Retired <input type="checkbox"/> Other _____		Email Address	
Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No					Medical Insurance <input type="checkbox"/> Yes, Private <input type="checkbox"/> No <input type="checkbox"/> Yes, State	
Education <input type="checkbox"/> Non Grad <input type="checkbox"/> High School/GED <input type="checkbox"/> Some College <input type="checkbox"/> 2 or 4 Year Degree		Disability <input type="checkbox"/> None <input type="checkbox"/> Physical <input type="checkbox"/> Mental <input type="checkbox"/> Cognitive <input type="checkbox"/> Visual <input type="checkbox"/> Blind <input type="checkbox"/> Speech <input type="checkbox"/> Hearing <input type="checkbox"/> Deaf <input type="checkbox"/> Breathing <input type="checkbox"/> Orthopedic <input type="checkbox"/> Other		Family Type <input type="checkbox"/> Single Person <input type="checkbox"/> Single Parent/Female <input type="checkbox"/> Single Parent/Male <input type="checkbox"/> Adults with Children <input type="checkbox"/> Adults w/o Children		Housing <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Buying <input type="checkbox"/> Homeless <input type="checkbox"/> Temporarily Living with Family Rent Amount \$ _____
Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Hmong <input type="checkbox"/> French <input type="checkbox"/> Chinese <input type="checkbox"/> Nuer <input type="checkbox"/> Vietnamese <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Hattian <input type="checkbox"/> Somali <input type="checkbox"/> Arabic <input type="checkbox"/> Karen <input type="checkbox"/> Oromo <input type="checkbox"/> Native American <input type="checkbox"/> Cambodian <input type="checkbox"/> Russian					Veteran Status: <input type="checkbox"/> Veteran <input type="checkbox"/> Active military <input type="checkbox"/> No military background	
Special Circumstances <input type="checkbox"/> Domestic Abuse <input type="checkbox"/> Pregnant Teen <input type="checkbox"/> Non-Parent Caregiver <input type="checkbox"/> Parenting <input type="checkbox"/> English Language Learner <input type="checkbox"/> TANF/MFIP/DWP						
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First Name		Middle Name	Last Name	Date of Birth	Social Security Number	
Relation: <input type="checkbox"/> Head of Household <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Foster Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Adult Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other relation <input type="checkbox"/> Not Related				Home/Cell Phone	Work Phone	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Race <input type="checkbox"/> White <input type="checkbox"/> Multiracial <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Hawaiian/Pacific Islander		Employment <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seeking Work <input type="checkbox"/> Unemployed <input type="checkbox"/> Contract <input type="checkbox"/> Temporary <input type="checkbox"/> Retired <input type="checkbox"/> Other _____		Email Address	
Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No					Medical Insurance: <input type="checkbox"/> Yes, Private <input type="checkbox"/> Yes, State <input type="checkbox"/> No	
Education <input type="checkbox"/> Non Grad <input type="checkbox"/> High School/GED <input type="checkbox"/> Some College <input type="checkbox"/> 2 or 4 Year Degree		Disability <input type="checkbox"/> None <input type="checkbox"/> Physical <input type="checkbox"/> Mental <input type="checkbox"/> Cognitive <input type="checkbox"/> Visual <input type="checkbox"/> Blind <input type="checkbox"/> Speech <input type="checkbox"/> Hearing <input type="checkbox"/> Deaf <input type="checkbox"/> Breathing <input type="checkbox"/> Orthopedic <input type="checkbox"/> Other		Family Type <input type="checkbox"/> Single Person <input type="checkbox"/> Single Parent/Female <input type="checkbox"/> Single Parent/Male <input type="checkbox"/> Adults with Children <input type="checkbox"/> Adults w/o Children		Housing <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Buying <input type="checkbox"/> Homeless <input type="checkbox"/> Temporarily Living with Family Rent Amount \$ _____
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First Name		Middle Name		Last Name		Date of Birth		Social Security Number	
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Education <input type="checkbox"/> Non Grad <input type="checkbox"/> High School/GED <input type="checkbox"/> Some College <input type="checkbox"/> 2 or 4 Year Degree		Disability <input type="checkbox"/> None <input type="checkbox"/> Physical <input type="checkbox"/> Mental <input type="checkbox"/> Cognitive <input type="checkbox"/> Visual <input type="checkbox"/> Blind <input type="checkbox"/> Speech <input type="checkbox"/> Hearing <input type="checkbox"/> Deaf <input type="checkbox"/> Breathing <input type="checkbox"/> Orthopedic <input type="checkbox"/> Other			Family Type <input type="checkbox"/> Single Person <input type="checkbox"/> Single Parent/Female <input type="checkbox"/> Single Parent/Male <input type="checkbox"/> Adults with Children <input type="checkbox"/> Adults w/o Children		Housing <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Buying <input type="checkbox"/> Homeless <input type="checkbox"/> Temporarily Living with Family Rent Amount \$ _____		
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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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Client Signature _____ Date_____