



# Anoka County Transportation Solutions Program

Partnership between Anoka County and ACCAP

1201 89<sup>th</sup> 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 a County Employment and Training program (MFIP/DWP, Dislocated Worker) 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](mailto: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.			<b>SELF</b>
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?**  

<b>Present Employer</b>		Date	
		Started	
Phone: _____	How many hours per week do you work? _____	Hourly Wage \$	_____
<b>Spouse (significant other)</b>		Date	
<b>Present Employer</b>		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 89<sup>th</sup> 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 \_\_\_\_\_