

MN Housing Support Application (Crisis Residence Setting)

CASE NUMBER

If you wish to apply for SNAP benefits or any other cash assistance programs you must still fill out a Combined Application Form (DHS-5223-ENG).

PERSON 1					
APPLICANT'S LEGAL NAME – LAST		FIRST NAME	MIDDLE NAME	OTHER NAMES YOU USE (maiden name, nickname, etc.)	
SOCIAL SECURITY NUMBER		DATE OF BIRTH		GENDER Male Female	
ADDRESS WHERE YOU LIVE (if you do not have an address, write "homeless")		APT. NUMBER	CITY	STATE	ZIP CODE
MAILING ADDRESS (If different from address where you live)		APT. NUMBER	CITY	STATE	ZIP CODE
HOME PHONE NUMBER	OTHER PHONE NUMBER	DO YOU LIVE ON A RESERVATION? No Yes – which one?			
DO YOU NEED AN INTERPRETER? Yes No	WHAT IS YOUR PREFERRED SPOKEN LANGUAGE?		WHAT IS YOUR PREFERRED WRITTEN LANGUAGE?		
MOST RECENTLY MOVED TO MINNESOTA (mm/dd/yyyy) Date: From:				U.S. CITIZEN OR U.S. NATIONAL? Yes No	
ETHNICITY (optional) Hispanic? Yes No			RACE* (optional) A B N P W		

Living situation: (optional, choose one)

- | | | |
|---|---|---|
| <input type="checkbox"/> Own housing; lease, mortgage or roommate | <input type="checkbox"/> Hospital, treatment facility, detox center or nursing home | <input type="checkbox"/> Declined |
| <input type="checkbox"/> Family/friends due to economic hardship | <input type="checkbox"/> Unknown | <input type="checkbox"/> Place not meant for housing (anywhere outside, a vehicle, an abandoned building, or bus/train/airport) |
| <input type="checkbox"/> Emergency shelter | <input type="checkbox"/> Jail, prison or juvenile detention facility | |
| <input type="checkbox"/> Service provider - foster care, group home | <input type="checkbox"/> Hotel or motel | |

I have looked over my answers and believe they are all true and correct to the best of my knowledge.

SIGNATURE OF APPLICANT OR AUTHORIZED REPRESENTATIVE	DATE	AGENCY SIGNATURE	DATE RECEIVED
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To be completed by the vendor/provider

HOUSING SUPPORT VENDOR NAME:	
LICENSED RESIDENTIAL SETTING ADDRESS	
HOUSING SUPPORT VENDOR NUMBER`	
ENTRY DATE	
SIGNATURE OF VENDOR/PROVIDER	

Verifications and forms to return: **Identification**

You may authorize another person(s) to act on your behalf to help you:

- **Fill out forms and apply for help from the agency** (for example, go to an interview for you, talk to or work with Employment services provider(s))
- **Get notices and information related to your case**

You can ask more than one person(s) to help you with the items listed above. The authorized person(s) may be a friend, relative, conservator acting on your behalf, a person authorized by the courts, or a person with your power of attorney. This person(s) can act for you until you notify your worker that you want this to end. Ask your worker for more information about authorized representatives. **All authorized person(s) must sign and date the last page of this application.**

AUTHORIZED PERSON 1				
I WANT THE PERSON NAMED TO: <input type="checkbox"/> Fill out forms <input type="checkbox"/> Get notices	NAME	RELATIONSHIP		PHONE NUMBER
	ADDRESS	CITY	STATE	ZIP CODE

Legal guardian

Yes No Do you have a legal guardian or conservator, or is there a power of attorney?

Other help

Yes No Are you currently getting help from a social worker or social services agency?

Yes No Do you need help with referrals for other areas (for example, food shelves, housing, transportation)?

Yes No Do you want to register to vote or update your registration?

COMMENTS

By signing:

- I understand cash assistance is provided to help individuals meet their basic needs.
- I acknowledge that my worker reviewed and explained the attached "Notice of Privacy Practices" (DHS-3979) and "Client Responsibilities and Rights" (DHS-4163).

SIGNATURE OF APPLICANT OR AUTHORIZED REPRESENTATIVE	DATE	SIGNATURE OF SPOUSE OR OTHER ADULT	DATE
SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE	SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE

Important Information

Do you have to answer the questions we ask?

You do not have to give us your personal information. Without the information, we may not be able to help you. If you give us wrong information on purpose, you can be investigated and charged with fraud.

Denial or changes

The state may deny or change your housing support because of information you give on the application. The state may make changes without giving you 10 days advance notice for housing support. The state will send you written notice no later than the effective date of the change for housing support and no later than the date you receive or would receive your benefits.

Social Security numbers (SSN)

For most programs, you must provide a Social Security number (SSN) for each household member applying for benefits.* If you need a SSN we can help you apply for one. The state uses your SSN:

- To check identity, prevent duplicate participation and to make mass changes
- To determine eligibility for programs such as SNAP, family cash assistance, and the school lunch program
- For program reviews and audits to determine household eligibility, including fraud investigations
- To coordinate with other programs or state agencies to provide more effective and meaningful services to you.

If you are not a U.S. citizen and are applying for Refugee Cash Assistance you do not have to provide an SSN.

Non-citizen applicants

To get help from most public assistance programs, you must be in the United States (U.S.) legally. Members of your household who are not citizens and are applying for help must show proof of their immigration status. Give a copy of both sides of immigration cards or other documents that show immigration status for every household member who is not a U.S. citizen and who is applying for help. You can apply and get help for other household members, even if you are not applying or if you are not eligible because of immigration status.

Need to apply for Health Care coverage?

Apply for free or low-cost coverage at MNsure, Minnesota's online health insurance marketplace. Go to www.mnsure.org or call 855-366-7873.

For non-citizen members of your household who apply and are eligible for help, your worker may do a computer match with the

U.S. Citizenship and Immigration Services (USCIS) to confirm the immigration status documents you give us are valid.

We will not share information about you with the USCIS without your permission. If you get cash it may affect changes to your immigration status. If you would like more information or would like to know what the agency might tell or ask the USCIS, talk to your worker.

Immigration

All immigration information you give to us is private. We use it to see if you can get help. We only share it when the law allows it or requires it. In most cases, applying will not affect your immigration status.

You do not have to give us your immigration information if you are:

- Only helping someone else apply
- Applying for your children or other household members, but not yourself.

Domestic violence and vulnerable adults

Violence or abuse is what someone says or does to make you feel afraid or to control you. People who are elderly, frail, have a disability, or who depend on others for assistance may not be able to protect themselves from domestic violence or abuse. Minnesota has a law to protect and assist adults who are vulnerable to abuse or who are not able to care for themselves. The law can help vulnerable adults get the protection and safety that they need.

Domestic violence

For more information on domestic violence, read the "Domestic Violence Information brochure" (DHS-3477). If domestic violence makes it hard for you to follow program rules, talk to your worker. If you are in danger from domestic violence and need help, call the National Domestic Violence hotline at 800-799-7233; 800-787-3224 (TTY) or Minnesota Coalition for Battered Women at 866-223-1111.

Vulnerable adults

To report suspected maltreatment of a vulnerable adult call the Minnesota Adult Abuse Reporting Center at 844-880-1574.

Notice of Privacy Practices

(Effective Date: November 2016)

This notice tells how private information about you may be used and disclosed and how you can get this information. Please review it carefully.

Why do we ask for this information?

- In order to determine whether and how we can help you, we collect information:
 - To tell you apart from other people with the same or similar name
 - To decide what you are eligible for
 - To help you get medical, mental health, financial or social services and decide if you can pay for some services
 - To decide if you or your family need protective services
 - To decide about out-of-home care and in-home care for you or your children
 - To investigate the accuracy of the information in your application
- After we have begun to provide services or support to you, we may collect additional information:
 - To make reports, do research, do audits, and evaluate our programs
 - To investigate reports of people who may lie about the help they need
 - To collect money from other agencies, like insurance companies, if they should pay for your care
 - To collect money from the state or federal government for help we give you.
 - When your or your family's circumstances change and you are required to report the change (see Client Responsibilities and Rights – DHS-4163)

Why do we ask you for your Social Security number?

We need your Social Security number to give you medical assistance, some kinds of financial help, or child support enforcement services (42 CFR 435.910 [2006]; Minn. Stat. 256D.03, subd.3(h); Minn. Stat.256L.04, subd. 1a; 45 CFR 205.52 [2001]; 42 USC 666; 45 CFR

303.30 [2001]). We also need your Social Security Number to verify identity and prevent duplication of state and federal benefits. Additionally, your Social Security Number is used to conduct computer data matches with collaborative, nonprofit and private agencies to verify income, resources, or other information that may affect your eligibility and/or benefits.

You do not have to give us the Social Security Number:

- For persons in your home who are not applying for coverage
- If you have religious objections
- If you are not a United States citizen and are applying for Emergency Medical Assistance only
- If you are from another country, in the United States on a temporary basis and do not have permission from the United States Citizenship and Immigration Services to live in the United States permanently
- If you are living in the United States without the knowledge or approval of the U.S. Citizenship and Immigration Services.

Do you have to answer the questions we ask?

You do not have to give us your personal information. Without the information, we may not be able to help you. If you give us wrong information on purpose, you can be investigated and charged with fraud.

With whom may we share information?

We will only share information about you as needed and as allowed or required by law. We may share your information with the following agencies or persons who need the information to do their jobs:

- Employees or volunteers with other state, county, local, federal, collaborative, nonprofit and private agencies
- Researchers, auditors, investigators, and others who do quality of care reviews and studies or commence prosecutions or legal actions related to managing the human services programs.
- Court officials, county attorney, attorney general, other law enforcement officials, child support officials, and child protection and fraud investigators
- Human services offices, including child support enforcement offices
- Governmental agencies in other states administering public benefits programs
- Health care providers, including mental health agencies and drug and alcohol treatment

facilities

- Health care insurers, health care agencies, managed care organizations and others who pay for your care
- Guardians, conservators or persons with power of attorney
- Coroners and medical investigators if you die and they investigate your death
- Credit bureaus, creditors or collection agencies if you do not pay fees you owe to us for services
- Anyone else to whom the law says we must or can give the information.

What are your rights regarding the information we have about you?

- You and people you have given permission to may see and copy private information we have about you. You may have to pay for the copies.
- You may question if the information we have about you is correct. Send your concerns in writing. Tell us why the information is wrong or not complete. Send your own explanation of the information you do not agree with. We will attach your explanation any time information is shared with another agency.
- You have the right to ask us in writing to share information with you in a certain way or in a certain place. For example, you may ask us to send health information to your work address instead of your home address. If we find that your request is reasonable, we will grant it.
- You have the right to ask us to limit or restrict the way that we use or disclose your information, but we are not required to agree to this request.
- If you do not understand the information, ask your worker to explain it to you. You can ask the Minnesota Department of Human Services for another copy of this notice.

What are our responsibilities?

- We must protect the privacy of your private information according to the terms of this notice.
- We may not use your information for reasons other than the reasons listed on this form or share your information with individuals and agencies other than those listed on this form unless you tell us in writing that we can.
- We must follow the terms of this notice, but we may change our privacy policy because privacy laws change. We will put changes to our privacy rules on our website at: <http://edocs.dhs.state.mn.us/lfservlet/Public/DHS-3979-ENG>

What privacy rights do children have?

If you are under 18, when parental consent for medical treatment is not required, information will not be shown to parents unless the health care provider believes not sharing the information would risk your health. Parents may see other information about you and let others see this information, unless you have asked that this information not be shared with your parents. You must ask for this in writing and say what information you do not want to share and why. If the agency agrees that sharing the information is not in your best interest, the information will not be shared with your parents. If the agency does not agree, the information may be shared with your parents if they ask for it.

What if you believe your privacy rights have been violated?

If you think that the Minnesota Department of Human Services has violated your privacy rights, you may send a written complaint to the U.S. Department of Health and Human Services to the address below:

**Minnesota Department of Human Services Attn:
Privacy Official
PO Box 64998
St. Paul, MN 55164-0998**

Client Responsibilities and Rights

Note: Cash on an Electronic Benefit Transfer (EBT) card is provided to help families meet their basic needs, including: food, shelter, clothing, utilities and transportation. These funds are provided until families can support themselves. It is illegal for an EBT user to buy or attempt to buy tobacco products or alcohol with the EBT card. If you do, it is fraud and you will be removed from the program. Do not use an EBT card at a gambling establishment or retail establishment, which provides adult-orientated entertainment in which performers disrobe or perform in an unclothed state for entertainment.

Your responsibilities

If you receive cash assistance and/or child care assistance, you must report changes which may affect your benefits to the county agency within 10 days after the change has occurred. Each program may have different requirements for reporting changes. Talk to your caseworker about what you must report.

You may be required to report changes in:

- **Employment** – starting or stopping a job or business; change in hours, earnings or expenses
- **Income** – receipt or change in child support, Social Security, veteran benefits, unemployment insurance, inheritance or insurance benefits
- **Property** – purchase, sale or transfer of a house, car or other items of value, or if you receive an inheritance or settlement
- **Household** – When a person dies or becomes disabled, moves in or out of your home or temporarily leaves; pregnancy; birth of a child.
- **Citizenship or immigration status**
- **Address**
- **Housing costs and/or rent subsidy**
- **Utility costs**
- **Filing a lawsuit**
- **Absent parent custody or visits**
- **Drug felony conviction**
- **Marriage, separation or divorce**
- **School attendance**
- **Health insurance coverage and premiums**

Note: If you sign the application as an authorized representative of a person who is requesting or receiving assistance, you are agreeing to assume all of the responsibilities listed above on behalf of that person.

Your rights

Your right to privacy. Your private information, including your health information, is protected by state and federal laws. Your worker has given you a Notice of Privacy Practices (DHS-3979) information sheet explaining these rights.

You have the right to reapply at any time if your benefits stop.

You have the right to know why, if we have not processed your application within:

- 30 days for aged or blind individuals
- 60 days for individuals with a disability

You have the right to know the rules of the program you are applying for and for the agency to tell you how your benefit amount was figured.

You have the right to choose where and with whom you live.

Appeal rights. If you are unhappy with the action taken or feel the agency did not act on your request for assistance, you may appeal. For cash, child care assistance and health care, you may appeal within 30 days from the date you receive the notice by writing to the county agency, or directly to the State Appeals Office at the Minnesota Department of Human Services, PO Box 64941, St. Paul, MN 55164-0941. (If you show good cause for not appealing your cash and health care within 30 days, the agency can accept your appeal for up to 90 days from the date you receive the notice.)

If you wish your assistance to continue until the hearing, you must appeal before the date of the proposed action or within 10 days after the date the agency notice was mailed, whichever is later. Ask your county worker to explain how the timing of your appeal could affect your present or future assistance.

Access to free legal services. Contact your worker for information on free legal services.

Perjury and general declarations

I declare under the penalties of perjury that I have examined this application and to the best of my knowledge, it is a true and correct statement of every material point. I understand that a person convicted of perjury may be sentenced to imprisonment of not more than five years or payment of a fine of not more than \$10,000, or both. [Minnesota Statutes, section 256.984, subd. 1]

Authorization to share information for fraud investigation and audits

I agree that third parties may share information about me with persons investigating fraud and conducting Federal or state audits. This may include, but is not limited to:

- Employers and schools,
- Landlords and utility companies,
- Financial and insurance agencies, and
- Other government offices.

I understand this consent is good for six months after my benefits stop.