

TCCAP Emergency Services Application Instructions

Attached is the TCC Emergency Assistance Application and Monthly Household Budget Estimate. Copies of supporting documents can be made at any office when returned either by mail, email, fax or drop it off at one of our offices:

Crow Wing County – (218) 454-2595 tara.coffman@tccaction.com 2410 Oak St., Brainerd

Morrison & Todd County – (320) 632-0558 maxine.potter@tccaction.com 609 13th Ave. NE, Little Falls
Fax: (320) 639-0042

- If you are seeking vehicle related assistance (a gas card or repair), please provide a copy of your valid MN driver's license, proof of auto insurance, and two (2) repair estimates.
- If you are seeking assistance with *utilities, please provide a copy of your Identification along with the most current utility bill.

*Note: Applicants must receive/applied for Energy Assistance. To apply for this program, click on the county you reside in for contact information and application:

[Crow Wing County](#)

Lutheran Social Services
(218) 829-5000

[Morrison County](#)

Tri-CAP
(888) 765-5597

[Todd County](#)

Todd County
(320) 732-4516

- If you are seeking assistance for a home repair, please provide a copy of your Identification along with two (2) repair estimates.
- If you are seeking assistance for rental payments, please provide a copy of your Identification along with a copy of your lease and a statement noting the months/amounts past due.
- If you are seeking assistance with a food card, please provide a copy of your MN Identification

Do not hesitate to contact the Community Service Department at 888-441-7215 if you have any questions.

TCCAP can help you apply for health insurance, apply for SNAP food assistance, prepare your tax returns, start a business, enroll in a matched savings program, access transportation loans, and apply for other emergency financial assistance. The "Family, Financial, and Emergency Services" are available to low-income residents and families in the Crow Wing, Morrison, and Todd Counties.

How to Complete and Sign a Fillable PDF Form

Option 1: on Computer – Online

Use only the latest version of **Adobe Reader**® to complete fillable PDF forms. Mac and Windows versions of the free Adobe Reader are available from **Adobe**®. Click [here](#).

1. Before completing the document save the form (PDF format) to a location on your computer.
2. Open the PDF form and begin filling it in by typing your information directly into the document.
3. When you are done, on the right-hand side, select Fill & Sign.
4. Select Sign in the Fill & Sign menu.
5. Choose Add Signature or Add Initials.
6. You can draw your signature draw with your trackpad, with a mouse, or import your signature from a photo.
7. If you're on a Surface device, you can use your Surface Pen to write your signature in the field. After you have completed the form, save a final version of the file to your computer.

Option 2: Adobe Fill & Sign App® – for Android and iOS devices

Download the **Adobe Fill & Sign**® app from the Play Store or Apple App Store.

1. Select your PDF and open using **Adobe Fill & Sign**®.
2. Enter the required information into the text fields.
3. Adjust the text size to fit the text field size.
4. Select the fountain pen icon to create a signature or initials.
5. Use your finger to draw your signature above the blue line.
6. Tap the fountain pen again and select your signature.
7. Drag and scale your signature.
8. Select the share icon to save or share your PDF.

Option 3: Print and Complete by Hand

Submission Options (*including needed documentation*):

Email: info@tccaction.com Subject Line: *Community Services*

Drop-off or Mail*:

For Crow Wing County: 2410 Oak St, Brainerd, MN 56401

For Morrison County: 501 LeMieur St, Little Falls, MN 56345

For Todd County: 20 9th St SE, Long Prairie (Drop-Off Weds only) – Mail to Little Falls

Fax: 1 (320) 639-0042

Emergency Services Application

Applicant Information									
Full Name				Date of Birth / /		Phone Number () -		Receive Texts? Y N	
Mailing Address			Unit	City, State & Zip Code			County		
Current Housing Own Rent Temporary Quarters Homeless					Email Address				
Marital Status*		Gender M F	US Citizen Y N	Race*		Hispanic Y N	Disabled Y N	Military /Veteran Status*	
Health Insurance Type*		Work Status*			Current Student Y N		Highest Grade Completed*		MN Driver's License
Primary Spoken Language		English French	Spanish German	Somali Asian (which) _____	Native American		American Sign Language (ASL) Other _____		

*Status Codes					
Marital M = Married S = Single D = Divorced W = Widowed	Insurance N = None P = Private / Direct Purchase V = VA MC = Medicare MD = Medicaid/ MA E = Through Employer O = Other (Please Explain)	Work FT = Full Time PT = Part Time Mig. = Migrant, Seasonal, or Farmer R = Retired U = Unemployed *If unemployed please specify long-term (more than 6 months), Not in labor force, or short-term (less than 6 months)	Race N = American Indian/Alaskan B = Black/African American P = Hawaiian or Pacific A = Asian W = White M = Bi-racial or Multi-Racial O = Other (Please Explain)	Grade Level 0-8 9-12 = No diploma GED HSG = Graduated Some College 2-year or 4-year Degree	Military NA = No Affiliation A = Active NG = National Guard / Reserved V = Veteran

Co-Applicant Information									
Full Name				Date of Birth / /		Phone Number () -			
Marital Status*		Gender M F	U.S. Citizen Y N	Race*		Hispanic Y N	Disabled Y N	Military/Veteran Status*	
Health Insurance Type*		Work Status*			Current Student Y N		Highest Grade Completed*		MN Driver's License

Children/ Other Household Member Information:										*Use Status Codes Above	
1.											
Full Name		Date of Birth / /		Gender M F	Race	Hispanic Y N	Disabled Y N	Current Grade	Health Insurance	Relationship	
2.											
Full Name		Date of Birth / /		Gender M F	Race	Hispanic Y N	Disabled Y N	Current Grade	Health Insurance	Relationship	
3.											
Full Name		Date of Birth / /		Gender M F	Race	Hispanic Y N	Disabled Y N	Current Grade	Health Insurance	Relationship	
4.											
Full Name		Date of Birth / /		Gender M F	Race	Hispanic Y N	Disabled Y N	Current Grade	Health Insurance	Relationship	
5.											
Full Name		Date of Birth / /		Gender M F	Race	Hispanic Y N	Disabled Y N	Current Grade	Health Insurance	Relationship	

Are you currently receiving, or have you received assistance from TCC in the past? Yes No

If yes, what program? _____

List all sources of Income:

***Please list all amounts as the amount received MONTHLY**

Employment

Received By: _____ Amount: \$ _____

Received By: _____ Amount: \$ _____

Unemployment

Received By: _____ Amount: \$ _____

MFIP

Received By: _____ Amount: \$ _____

Food Support

Received By: _____ Amount: \$ _____

General Assistance

Received By: _____ Amount: \$ _____

Pension

Received By: _____ Amount: \$ _____

SSI

Received By: _____ Amount: \$ _____

Social Security

Received By: _____ Amount: \$ _____

Child Support

Received By: _____ Amount: \$ _____

Other

Received By: _____ Amount: \$ _____

For Office Use Only: Total Household Income: \$ _____ % Of Poverty: _____

Type of assistance you are seeking: *Please include copy of valid MN driver's license or valid photo id

Car Repairs, Purchase or Insurance _____

Rent / Deposit _____

Utility _____

House Repair _____

Gas Card Bus Tokens Food Card

Other-please explain: _____

IMPORTANT – APPLICANT MUST READ BEFORE SIGNING

I certify that the following information provided throughout this application is true and correct to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification. I allow the release of the information to TCC staff for verification purposes and understand that it will be used to determine eligibility. I also acknowledge that by supplying my email address I agree to receive emails regarding TCC programs and services.

Applicant Signature: _____ **Date:** _____

Co-Applicant Signature: _____ **Date:** _____

Below is a list of documents required to complete your application. Copies can be made at any office when you drop off your application, just have the required documents with you.

- If you are seeking vehicle related assistance, please provide a copy of your valid MN driver's license, proof of auto insurance, and two (2) repair estimates.
- If you are seeking assistance with utilities, please provide a copy of the most current utility bill.
- If you are seeking assistance for a home repair, please provide two (2) repair estimates.
- If you are seeking assistance for rental payments, please provide a copy of your lease and statement from your landlord.

Monthly Household Budget Estimate

Name: _____

Date: _____

BUDGET SUMMARY			
Monthly Income - Provide Proof/Statement		Expenses Sub-Totals (Office Completion)	
Wages		Housing Expenses	
Wages		Personal Expenses	
MFIP		Vehicle/Transportation	
Food Support		Insurance	
SSI/SSA		Loans/Credit	
Child Support		Taxes	
Other			
Monthly Income Total		Monthly Expenses Total	
Yearly Income Total		Yearly Expenses Total	
MONTHLY SUMMARY:		YEARLY SUMMARY:	

Housing Expenses	
Rent/House/Storage Payment	
Heat	
Electricity	
Telephone/Cell	
Water/Sewer	
Trash Pick-up	
Cable TV/Home Phone	
Internet/Home Phone	
Repairs/Maintenance	
Other	
Housing Expenses Sub-Total	

Insurance	
Health/Medical	
Medical Assistance	
Disability	
Dental/Vision	
Vehicle	
Renters/Homeowners	
Life	
Other - Retirement Acct	
Insurance Sub-Total	

Loans/Credit	
Student Loans	
Personal	
Credit Card	
Automobile	
Other	
Other	
Loans/Credit Sub-Total	

Personal Expenses	
Groceries	
Eating Out	
Household Supplies	
Clothing/Purchases/Haircuts	
Education-Personal	
Education-Children	
Newspapers/Magazines	
Medicines/Doctor/Dentist, Etc	
Gifts/Contributions/Dues	
Entertainment	
Cigarettes	
Pet Care/Food/Supplies	
Other	
Personal Expenses Sub-Total	

Vehicle/Transportation	
Down/Extra Payments	
Monthly Car Payment	
Gas/Oil/Lube	
Tires/Battery/Filters	
Repairs	
Licensing	
Vehicle/Transportation Sub-Total	

Taxes	
Federal/State Income (if self-employed)	
Property	
Other	
Other	
Taxes Sub-Total	