

Preliminary Intake

Multi Agency Intake and Release of Information

Applicant Information

Full Name: _____ DOB: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Are you a resident of Crow Wing County? Yes No Do you have a valid DL and Insurance Yes No

Have you been convicted of a felony? Yes No

Rent Owed: \$ _____ Utilities Owed: \$ _____ Other: \$ _____

Funds applied for: \$ _____

How much can you pay? \$ _____

Are you behind on other bills? Yes No If yes, explain: _____

Income

Employer: _____ Length Worked: _____

Hours per week: _____ \$/hr: _____

Employer 2: _____ Length Worked: _____

Hours per week: _____ \$/hr: _____

MFIP/GA/DWP: \$ _____ SNAP: \$ _____

SSI/SSDI: \$ _____ Child Support Yes No \$/mo: _____

Other Income: \$ _____ Weekly Bi-Weekly Monthly

Household Members

Name/Relation: _____ D.O.B.: _____

Name/Relation: _____ D.O.B.: _____

Name/Relation: _____ D.O.B.: _____

Name/Relation: _____ D.O.B.: _____

Name/Relation: _____ D.O.B.: _____

Name/Relation: _____ D.O.B.: _____

Name/Relation: _____ D.O.B.: _____

Name/Relation: _____ D.O.B.: _____

Financial Request

Landlord: _____ Phone: _____

Lease info: _____ Move in date: _____

Have you received an eviction notice? Yes No Eviction Date: _____

Utility Co.: _____ Amount Owed: \$ _____ Due Date: _____

Other Request: _____ Amount Owed: \$ _____ Due Date: _____

Other Request: _____ Amount Owed: \$ _____ Due Date: _____

Have you received a disconnect notice? Yes No Disconnect Date: _____

Have you applied for assistance with another Agency? Yes No If so, Agency: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I understand that the following agencies are working together, in an effort to simplify applications for financial assistance and connect those in need to the resources available. At this time the group consists of the following agencies:

- Bridges of Hope
- Lutheran Social Services
- Salvation Army
- Rural MN CEP
- Crow Wing County Social Services
- Legal Aid Services of NE MN
- Tri County Community Action Partnership

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to the above agencies any information or materials needed to complete and verify my application for assistance. I understand and agree that this authorization or the information obtained with its use may be given to and used by agencies in the above group to provide assistance to our household.

INFORMATION COVERED: I understand that, depending on policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include, but are not limited to:

Identity & Marital Status	Employment, Income, & Assets	Payment History
Medical or Child Care Allowances	Credit and Criminal Activity	Service/Treatment Plan
Residences and Rental Activity	Repair/Replacement Estimates	Need/Eligibility for Services
Discharge Summary	Court Records	Assessment/Testing Results
Ongoing Communication	Family & Social History	School Records

GROUPS OR INDIVIDUALS THAT MAY BE ASKED: The groups of individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

Area Churches	Mid-MN Women’s Center	Salem West
Banks & Other Financial Institutions	MN CEP	State Unemployment Agencies
Child Care Providers	Non-Profit Agencies	Stores
Courts	Past & Present Employers	Support & Alimony Providers
Credit Providers & Credit Bureaus	Post Office	TCC Veterans Administration
HRA	Utility Companies	Veterans Administration
Landlords	Repair Professionals	Welfare Agencies
Law Enforcement Agencies	Retirement Systems	Aitkin County
Lutheran Social Services	Salvation Army	Cass County
Medical & Pharmacy Providers	Schools & Colleges	Crow Wing County
	Shelters	Morrison County
	Social Security Administration	Todd County

Signature: _____

Date: _____

Agency Notes: _____
