

Multi Agency Intake and Release of Information

Preliminary Intake

Applicant Information

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

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

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

Funds Applied for: _____

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 How much can you pay? _____

Are you behind on other bills? YES NO

If yes, explain: _____

Income

Employer: _____ Length Worked: _____

Hours per wk: _____ \$/hr: _____ SSI/SSDI? YES NO \$/mo: _____

MFIP/GA /DWP: _____ SNAP: _____

Other \$: _____ \$: _____ Child Support? YES NO \$/mo: _____

Emp 2: _____ Address: _____

Hrs per wk: _____ \$/hr: _____ SSI/SSDI? YES NO \$/mo: _____

Household Members

Name/Rel: _____ DOB: _____

Name/Rel: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Financial Request

Landlord: _____ Phone: _____

Lease info: _____ Move in date: _____

Utility Company: _____ Amount owed: \$ _____ Due date: _____

Other Request: _____

Amount: \$ _____ To: _____ Have you applied for assistance with another agency?: _____

Have you received a disconnect or eviction notice? YES NO

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
- Justice North
- 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
Lighthouse Beginnings	Salvation Army	Cass County
Lutheran Social Services	Schools & Colleges	Crow Wing County
Medical & Pharmacy Providers	Open Arms Community Center	Morrison County
	Shelters	Todd County
	Social Security Administration	

Signature:

Date:

Signature: _____

Date: _____
