SOUTHEASTERN NORTH DAKOTA community Action®

Cass, Ransom, Richland, Sargent, Steele and Traill Counties

NORTH DAKOTA'S POVERTY FIGHTING NETWORK

Helping People. Changing Lives.

SENDCAA's Energy Share Assistance Program
What you need to apply for electric assistance?

Please fill out the following application as complete as possible*. In addition, the following information is needed to process the application:

- SFN 62 – Emergency Assistance Application, which is attached to this application.
- Your LIHEAP approval letter (If you haven't applied for LIHEAP, please visit your local human service zone office to apply)
- Proof of all household income (30 days of paystubs, child support, unemployment, TANF, SNAP, etc.)
- Photo ID of all household members 18 or older
- Copy of your Electric bill and/or disconnect

*Please note that the more information that is provided with your application will assist in the processing time of your application.

Once we receive your application, we will contact you via phone or email.

Please contact us with any questions at the 800-726-7960

Sincerely,

SENDCAA Self Sufficiency Staff

3233 South University Drive • Fargo, ND 58104-6221
Phone (701) 232-2452 • Toll free (800) 726-7960 • Fax (701) 298-3115
Website www.sendcaa.org • Email agency@sendcaa.org

EMERGENCY ASSISTANCE APPLICATION

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LIHEAP
SFN 62 (8-2023)

☐ Energy Share
☐ LIHEAP Emergency Assistance

*PRIVACY STATEMENT: Disclosure of the social security number is voluntary and is requested for the purpose of accurate identification. Failure to disclose a social security number will not affect participation in this program.

Are you currently on LIHEAP?
☐ Yes - What is your case Number? _____
☐ No - you MUST ALSO complete the Low Income Home Energy Assistance Program (LIHEAP) Application (SFN 529) in order for the Department to process your emergency application.

Name	Social Security Number*	Telephone Number	
Address	City	State	ZIP Code
County	List Name and Age of All Household Members		

Is your heat shut of now? ☐ Yes ☐ No

Do you have a disconnect/shut off notice for your heat ? ☐ Yes - Date of the shut off: ☐ No

Emergency assistance is needed with what fuel?
☐ Electricity ☐ Propane
☐ Fuel Oil ☐ Natural Gas
☐ Coal

Emergency assistance is needed other than fuel?
☐ Minor Home Repair ☐ Consumer Goods
☐ Minor Furnace Repair ☐ Non-Heat Electric Referral
☐ Furnace Replacement ☐ Self Reliance Referral

Name of Company That Fuel is Purchased From	Name on Account	Account Number
Dollar Amount of Emergency Assistance You Are Applying For	Dollar Amount You Paid on Energy Bills in the Last 6 Months	

List the reasons you are applying for Emergency Assistance (illness, car accident, loss of job, etc.)

Did you discuss making regular monthly or weekly payments with your energy supplier/vendor?
☐ Yes-What arrangements did you make? ☐ No-Why Not?

Have you tried to get a bank loan, family loan, or help from other agencies to pay on your bill?
☐ Yes-Assistance From? ☐ No-Why Not?

What is your plan on how to avoid needing emergency assistance in the future? Explain.

List the NET income of each household member for the application month

Name of Person #1	Income This Month	Source(s)
Name of Person #2	Income This Month	Source(s)
Name of Person #3	Income This Month	Source(s)
Name of Person #4	Income This Month	Source(s)
Total Net Income for Household		

List the Total Assets of All Members

Amount For All Household Members in Checking	Amount For All Household Members in Savings
Amount For All Household Members in Other Accounts	

Check YES by each expense and list the amount spent or anticipated to spend for **THIS APPLICATION MONTH**
Check NO, if none

Expense	Yes	No	Amount
Your out-of-pocket food costs	☐	☐	
Are you on SNAP?	☐	☐	
Rent	☐	☐	
Mortgage	☐	☐	
Property Taxes (per month)	☐	☐	
Renter/Homeowner's Insurance	☐	☐	
Water/Sewer/Garbage	☐	☐	
Electricity	☐	☐	
Heat	☐	☐	
Telephone	☐	☐	
Other Utilities	☐	☐	
Prescriptions	☐	☐	
Medical Bills	☐	☐	
Health Insurance Premiums	☐	☐	
Gas or Other Transportation Costs	☐	☐	
Vehicle Insurance (one month)	☐	☐	
Vehicle Payment (one month)	☐	☐	
Tools for Employment	☐	☐	
Clothes for Employment	☐	☐	
Other Required Employment Costs	☐	☐	
Child Care Costs	☐	☐	
Child Support Costs	☐	☐	
Spousal Support Costs	☐	☐	
Personal Care Costs	☐	☐	
Other Mandatory Expenses (explain)	☐	☐	
Does the head of household or spouse reside away from home for education or work purposes? Explain if you answered yes):	☐	☐	

ACTION PLAN

Recommended actions you can take to help avoid future emergencies.

Check if you would like more information

- Negotiate a reasonable payment plan with your energy supplier.
- Participate:
  - ☐ In Self Reliance/Budget Counseling/Case Management
  - ☐ Employment Services
- Obtain:
  - ☐ Weatherization for Your home
- Apply for Other Services:
  - ☐ Child Care Assistance Program (CCAP)
  - ☐ Health Care Coverages (HCC)
  - ☐ Supplemental Nutrition Assistance Program (SNAP)
  - ☐ Temporary Assistance for Needy Families (TANF)
  - ☐ Low Income Housing

We will help you start your Action Plan by making referrals to the above services. However, it is your responsibility to keep your appointments with them and to do whatever is necessary to make your Action Plan work for you. If you apply for Emergency Assistance again, the approval of additional payments may depend upon your efforts to succeed with your Action Plan.

By signing this application

I certify that the information I have given is correct and complete to the best of my knowledge. I understand that benefits received based on false information must be repaid and could result in a fine, imprisonment, or both.

I give my permission to Human Service Zone office to make referrals to any of the above agencies, to share information about my circumstances, and to request and receive a progress report from the above agencies.

I give my permission to LIHEAP, Health and Human Service Zone Office, Community Action, Community Options and Energy Share to verify and share information affecting my eligibility and benefits and to my energy supplier to provide information regarding my account and energy consumption.

☐ I understand that by checking this box and typing my name below, I am signing the Emergency Assistance Application. I agree that my electronic signature is the legal equivalent of my handwritten signature.

Signature	Date

Return your signed and dated emergency application and if you are not on LIHEAP, include the SFN 529 LIHEAP application to your local human service zone office
OR
Submit by mail to:
Department of Health and Human Services
Customer Support Center
PO Box 5562
Bismarck ND, 58506
OR FAX: (701)-328-1006
OR Email: **applyforhelp@nd.gov**

For questions call Customer Support Center at: 1-866-614-6005

Human service zone office locations can be found here: https://www.hhs.nd.gov/human-service/zones

Household Demographic Form

Date	First Name, M.I., Last Name		
Birthdate ____/____/_____	Age	Social Security Number _____- _____-_____	Gender ☐Male ☐Female ☐Other

What is your Ethnicity?	U.S Military	Are you disabled?	How many in the Household?
☐ Hispanic ☐ Non-Hispanic	☐ Active ☐ Veteran ☐ None Military	☐ Yes ☐ No	

What is your primary race?	What is your highest level of education?	What is your medical coverage?
☐ American Indian / Alaska Native ☐ Asian ☐ Black / African American ☐ Native Hawaiian/Other Pacific Islander ☐ White ☐ Other:_____ ☐ Multi-race (two or more of the above) ☐ Unknown	☐ 0-8th ☐ 9th-12th non-grad ☐ HS grad/GED ☐ 12 grade + some Post-Secondary ☐ 2 or 4 years College Graduate ☐ Graduate of other Post-Secondary	☐ Medicaid ☐ Medicare ☐ ND Healthy Steps ☐ Military Health Care (VA) ☐ Direct Purchase (ACA/Marketplace) ☐ Employer Insurance ☐ None ☐ Other

What is your family type?	What is your current housing situation?	Work Status?
☐ Single Person ☐ Single Parent Female ☐ Single Parent Male ☐ Two Adults. No Children ☐ Two Parent Household ☐ Non-related Adults with Children ☐ Multigenerational Household ☐ Other: _____	☐ Own ☐ Rent ☐ Other Permanent housing ☐ Homeless ☐ Other ☐ Unknown	☐ Employed Full Time ☐ Employed Part Time ☐ Migrant Seasonal Farm Worker ☐ Unemployed(Short Term, 6 months or less) ☐ Unemployed(Long Term, more than 6 months) ☐ Unemployed (Not in Labor Force) ☐ Retired

Mailing Address	City	State ND	Zip Code	County

Primary Phone Number:	Secondary Phone Number:	Email Address:

What INCOME do you receive?	How much?	How often?	What BENEFITS do you receive?	How much?	How often?
☐ I have no income at this time			☐ Affordable Care Act Subsidy	$	
☐ Employment	$		☐ Childcare Voucher	$	
☐ Social Security	$		☐ Housing Choice Voucher (Section 8)	$	
☐ SSI	$		☐ HUD-VASH	$	
☐ SSDI	$		☐ LIHEAP	$	
☐ VA Service-Connected	$		☐ Public Housing	$	
☐ Child Support	$		☐ SNAP	$	
☐ Alimony/Spousal	$		☐ WIC	$	
☐ TANF	$		☐ Other:_____	$	
☐ Worker's Compensation	$		☐ None		
☐ Unemployment	$				
☐ Other:	$				

You certify that the information you have disclosed is correct and complete to the best of your knowledge. You understand that failure to provide the needed documentation or knowingly providing false information will result in denial of assistance and your case will be closed due to fraud. All information provided will be kept in the strictest of confidence. You agree to sign this form at your own will. Your file may be monitored by state agencies for funding and quality review purposes

Applicant Signature: _____ Date: _____

Additional Household Members

First Name MI Last Name			Relationship to Head of Household
Birthdate ____/____/_____	**Age**	**Social Security Number** _____- _____-_____	**Gender** ☐Male ☐ Female ☐Other

Are you disabled?	U.S Military	What is your Ethnicity?
☐ Yes ☐ No	☐ Active ☐ Veteran ☐ None Military	☐ Hispanic ☐ Non-Hispanic

What is your primary race?	What is your highest level of education?	What is your medical coverage?
☐ American Indian / Alaska Native	☐ 0-8th	☐ Medicaid
☐ Asian	☐ 9th-12th non-grad	☐ Medicare
☐ Black / African American	☐ HS grad/GED	☐ ND Healthy Steps
☐ Native Hawaiian / Other Pacific Islander	☐ 12 grade + some Post-Secondary	☐ Military Health Care (Dept of Defense, VA)
☐ White	☐ 2 or 4 years College Graduate	☐ Direct Purchase (Health Exchange or ACA)
☐ Other	☐ Graduate of other Post-Secondary	☐ Employment Based (through employer)
☐ Multi-race (two or more of the above)		☐ Other

What INCOME do you receive?	How much?	How often?	What BENEFITS do you receive?	How much?	How often?
	$			$	

Additional Household Members

First Name	MI	Last Name	Relationship to Head of Household
Birthdate ____/____/_____	**Age**	**Social Security Number** _____- _____-_____	**Gender** ☐Male ☐ Female ☐Other

Are you disabled?	U.S Military	What is your Ethnicity?
☐ Yes ☐ No	☐ Active ☐ Veteran ☐ None Military	☐ Hispanic ☐ Non-Hispanic

What is your primary race?	What is your highest level of education?	What is your medical coverage?
☐ American Indian / Alaska Native	☐ 0-8th	☐ Medicaid
☐ Asian	☐ 9th-12th non-grad	☐ Medicare
☐ Black / African American	☐ HS grad/GED	☐ ND Healthy Steps
☐ Native Hawaiian / Other Pacific Islander	☐ 12 grade + some Post-Secondary	☐ Military Health Care (Dept of Defense, VA)
☐ White	☐ 2 or 4 years College Graduate	☐ Direct Purchase (Health Exchange or ACA)
☐ Other	☐ Graduate of other Post-Secondary	☐ Employment Based (through employer)
☐ Multi-race (two or more of the above)		☐ Other

What INCOME do you receive?	How much?	How often?	What BENEFITS do you receive?	How much?	How often?
	$			$	

Additional Household Members

First Name	MI	Last Name	Relationship to Head of Household
Birthdate ____/____/_____	**Age**	**Social Security Number** _____- _____-_____	**Gender** ☐Male ☐ Female ☐Other

Are you disabled?	U.S Military	What is your Ethnicity?
☐ Yes ☐ No	☐ Active ☐ Veteran ☐ None Military	☐ Hispanic ☐ Non-Hispanic

What is your primary race?	What is your highest level of education?	What is your medical coverage?
☐ American Indian / Alaska Native	☐ 0-8th	☐ Medicaid
☐ Asian	☐ 9th-12th non-grad	☐ Medicare
☐ Black / African American	☐ HS grad/GED	☐ ND Healthy Steps
☐ Native Hawaiian / Other Pacific Islander	☐ 12 grade + some Post-Secondary	☐ Military Health Care (Dept of Defense, VA)
☐ White	☐ 2 or 4 years College Graduate	☐ Direct Purchase (Health Exchange or ACA)
☐ Other	☐ Graduate of other Post-Secondary	☐ Employment Based (through employer)
☐ Multi-race (two or more of the above)		☐ Other

What INCOME do you receive?	How much?	How often?	What BENEFITS do you receive?	How much?	How often?
	$			$	

Self-Sufficiency Program Eligibility Questions

Do you receive Rental Assistance?	Yes: How much? $_____	No ☐
Does your family receive Food Stamps?	Yes: How much? $_____	No ☐
Does your family receive Fuel Assistance?	Yes: What is your heat source? ☐ Oil ☐ Natural Gas ☐ Propane ☐ Electric ☐ Other	No ☐
Do you have an Eviction notice?	Yes: How much owed? $_____	No ☐
Do you have a Utility Shut Off notice?	Yes: How much owed? $_____	No ☐
Rent/Mortgage Amount: $_____	Number of Bedrooms: _____	N/A

Please check the ONE that best describes your current living situation:

❒ Emergency shelter ❒ Hotel ❒ Apartment you rent ❒ Place not meant to be lived in
❒ With friends / family ❒ Home you own ❒ County jail or prison ❒ Treatment Center
❒ Transitional housing ❒ Psychiatric hospital ❒ Other: _____

How long have you been in the above living situation? _____

If less than 90 days, what is the zip code of the last place that you did stay more than 90 days? _____

What is your history of homelessness?

❒ Not homeless ❒ First time homeless AND less than one year without a home
❒ Multiple times homeless ❒ Long-term homeless: homeless for at least 1 year OR 4 times homeless in the past 3 years

What type(s) of assistance are you looking for?

❒ Rent Assistance ❒ Deposit Assistance ❒ Utility Assistance ❒ Education / Job Training
❒ Mortgage assistance ❒ Apartment Search ❒ Finance / Budget / Credit ❒ Transportation
❒ Child care assistance ❒ Other: _____

Please explain your need for emergency assistance in detail:

Name:

Monthly Household Budget

Expenses

	Expense Item	Monthly Amount	Past Due Amount
30% Shelter	Rent / Mortgage	$	$
	Heating (fuel oil, gas)	$	$
	Electricity	$	$
	Water, Sewer, Garbage	$	$
	Internet / Cable	$	$
15% Food	Groceries – food ONLY	$	$
	Lunches – school / work	$	$
	Meals outside the home	$	$
	Child care	$	$
	Child support	$	$
	Legal expenses (attorney, fines)	$	$
5% Clothing	Clothing – normal needs	$	$
	Uniforms – school or work	$	$
	Laundromat, dry cleaning, repair	$	$
5% Household	Household items & repairs	$	$
	Cell Phone / Telephone (land line)	$	$
	Cleaning supplies	$	$
20% Transportation	Car payment	$	$
	Car insurance	$	$
	Car gas / maintenance / repairs	$	$
	Bus / cab fare	$	$
5% Health	Health insurance	$	$
	Dental insurance	$	$
	Health / Dental / Rx co-pays	$	$
5% Insurance	Renter's / Homeowner's insurance	$	$
	Life insurance	$	$
	Retirement fund	$	$
5% Personal	Personal toiletries (hair/nail care, etc.)	$	$
	Recreation & Entertainment	$	$
	School supplies	$	$
	Pet supplies	$	$
5% Miscellaneous	Subscriptions (newspaper / magazines)	$	$
	Tobacco / alcohol	$	$
	Babysitter	$	$
	Gifts (holiday, birthday, etc.)	$	$
	Emergency Fund	$	$
	Savings	$	$
	Other: _____	$	$
	Other: _____	$	$
	Expenses TOTAL	$	$

Income (use *NET* income)

Income Source(s) all household members	Monthly Amount
Employment (applicant)	$
Employment (co-applicant)	$
Self-Employment (applicant)	$
Self-Employment (co-applicant)	$
Veteran's Benefits (applicant)	$
Veteran's Benefits (co-applicant)	$
Unemployment (applicant)	$
Unemployment (co-applicant)	$
Worker's Compensation (applicant)	$
Worker's Compensation (co-applicant)	$
Short / Long-term Disability (applicant)	$
Short / Long-term Disability (co-applicant)	$
Child Support (applicant)	$
Child Support (co-applicant)	$
Alimony (applicant)	$
Alimony (co-applicant)	$
SSDI / SSI / Social Security (applicant)	$
SSDI / SSI / Social Security (co-applicant)	$
TANF (applicant or co-applicant)	$
Food Stamps (applicant or co-applicant)	$
WIC Applicant? Y or N Co-applicant? Y or N	$
Fuel Assistance Y or N oil gas propane electric	$
Retirement / Pension (applicant)	$
Retirement / Pension (co-applicant)	$
Child Care Assistance (applicant)	$
Child Care Assistance (co-applicant)	$
Other: _____	$
Other: _____	$
Income TOTAL	$

Loans / Credit Payments

Bank / Company Name	Payment	Balance
	$	$
	$	$
	$	$
	$	$
	$	$
	$	$
	$	$
	$	$
Loan / Credit Payment TOTAL	$ _____	$

Monthly Income: $ _____
Monthly Expenses: - $ _____
TOTAL $ _____

Total Past Due / Owed: $ _____
Savings Goal: $ _____

Client Action Plan

Some ideas for goals you can work on include:

- ○ Get past due rent/utilities paid off
- ○ Increase income
- ○ Increase credit score
- ○ Maintain housing
- ○ Get healthcare / insurance
- ○ Work on education
- ○ Pay off loans / credit debt
- ○ Find reliable childcare
- ○ Buy a car

Goal #1:	**Follow Up Date**	**Follow Up Notes**
To achieve housing goal, client will:		
To achieve housing goal, housing counselor will:		
Goal #2:	**Follow Up Date**	**Follow Up Notes**
To achieve housing goal, client will:		
To achieve housing goal, housing counselor will:		
Goal #3:	**Follow Up Date**	**Follow Up Notes**
To achieve housing goal, client will:		
To achieve housing goal, housing counselor will:		

Applicant Printed Name	Applicant Signature		Date
Agency Staff Printed Name	Agency Staff Signature	Position:	Date

Case Manager to Complete:

Discussion of Alternatives

Supportive Service	Check if Referral Provided	Details of Information Provided and/or Warm Referral: Agency referred to, how referred, name of contact at agency	Follow-Up
Assistance in obtaining other public benefits	☐	SNAP:	
	☐	TANF:	
	☐	Food Pantry:	
	☐	Other:	
Healthcare and/or daily living services	☐		
Mental Health/Substance Abuse services	☐		
Resources for employment	☐		
Educational Services	☐		
Legal services	☐		
Access to Transportation	☐		
Child Care Services	☐		
Personal Finance Planning/Credit Counseling	☐		
Affirmatively Furthering Fair Housing Activities	☐	Education on Local Affordable Housing Resources	
	☐	Advocacy for tenant rights	
	☐	Education on standard lease	
	☐	Landlord-tenant relationship building	
	☐	Reasonable Accommodations for people with disabilities	
	☐	HUD rental and rent subsidy programs	
	☐	Fair Housing Laws	
	☐	Housing search assistance	
	☐	Service Animals	

Notes/Comments:

Release of Information

Southeastern North Dakota Community Action Agency
3233 S . University Drive
Fargo, ND 58104

All Household members (18 years old +) must initial and sign release of information

Last Name	First Name	MI	Date of Birth

By signing this form, I authorize the following record holder(s) to disclose the following specific confidential information about me:

Initial	Initial	Agency Name	Mutual Exchange Y or N
		Human Service Zone:	
		Food Pantry	
		Job Service	
		Employer	
		Other	

Initial	Initial	Agency Name	Mutual Exchange Y or N
		Landlord:	
		Utility Company:	
		St. Vincent DePaul Society	
		ND Rent Help	
		Other	

The following information is requested: name, sex, marital status, sex/age of family member, race/ethnicity, veteran status, income verfication, current housing status, services currently received, and unmet needs.

The information I have requested will be used for (be specific):

Initial	Initial		Mutual Exchange Y or N
		Coordination of Services	
		Obtaining Collateral Information	
		Other:	

Initial	Initial		Mutual Exchange Y or N
		Legal Proceedings	
		Referrals	
		Other:	

The Release of Information Consent form will be in effect until _____ (not more than one year from today's date) or until termination of services.

Client Consent:

This authorization is voluntary and remains in effect until the above date or event, unless specifically revoked by written notice to the agency or person. Any information disclosed prior to written revocation of this authorization shall not be a breach of confidentiality. A photocopy of this authorization is as effective as the original. Unless otherwise agreed in writing, information may be disclosed under this authorization in any form or medium including, but not limited to oral, written, or electronic transmission.

You give permission to discuss my request for assistance with the selected agencies above. It is further agreed upon that information during the application process is shared with SENDCAA employees for determining if you are eligible for services. You release SENDCAA and any of its employees from any claims arising from this authorization and disclosure.

SENDCAA employees are considered mandated reporters. SENDCAA follows the North Dakota Century Code Statute 50-25.1-03 on Child Abuse and Neglect and the North Dakota Century Code Statute 50-25.2-03 on Vulnerable Adult Protection.

Applicant Printed Name	*Applicant Signature*	*Date*
Co-applicant Printed Name	*Co-applicant Signature*	*Date*
Agency Staff Printed Name	*Agency Staff Signature*	*Date*

CLIENT NOTICE AND CONSENT FOR RELEASE OF INFORMATION

COORDINATED ACCESS, REFERRAL, ENTRY AND STABILIZATION (CARES) SYSTEM

Updated 03/2022

The Coordinated Access, Referral, Entry & Stabilization (CARES) System is a partnership of agencies collecting and sharing information in CARES approved databases to provide a more coordinated homeless response system. This form authorizes the following identifying information to be shared for the following purposes by CARES authorized partners in CARES authorized databases to better help my household. A current list of CARES partners is provided at CARESlink.org.

PURPOSE OF SHARING

Information from the CARES screening and assessments will be shared for the purpose of:

- Assessing my household's program eligibility;
- Prioritizing my household's need for services;
- Linking my household to the most appropriate services;
- Evaluating CARES program and system performance; and
- Evaluating the homeless response system for gaps, needs, and duplication.

DESCRIPTION OF INFORMATION THAT IS SHARED

This Client Notice and Consent for Release of Information authorizes the following identifying information to be routinely shared using the Homeless Management Information System (HMIS) and CARES prioritization list to better help me and/or my family:

- Family/Household Information (Name(s), DOB, Race, Sex)
- Income and Benefits Information
- Education and Employment History
- Housing History and Barriers
- Homeless Status and History
- Veteran and Discharge Status
- Program and Service Involvement and Contacts
- General Health Information, including physical and behavioral health (not including case records)

Please check one of the following boxes:

☐ SHARED: I consent to have the information collected about me shared with CARES partners through CARES authorized databases (e.g., HMIS and Podio) for the purposes listed above.

☐ I do not want information about me shared with all CARES partners and understand my information will be placed in an alternative database. I understand that my information will be placed in an alternative database which is still viewed by some CARES partners and administrators. I also understand that not sharing my information may affect the ability to identify services quickly and appropriately for me.

When you sign this form, it shows that you understand the following:

- We will not deny you help if you do not want us to share your personal information. At the same time, sharing data does not guarantee that you will receive assistance.
- If you permit us to share your information, this consent is valid for one year from the date this form is signed.
- If you permit us to share your information, you may change your mind and cancel this consent at any time. If you cancel this consent, your information will no longer be shared from that date forward.

Client Signature *(If verbal consent was obtained, signature is not needed.)*	**Date**
Print Name	
Staff Signature	**Date**

☐ **Check box if verbal consent was obtained.** ***Note: If verbal consent was obtained, a signature by the client must be obtained on this ROI the first time the client is met with in-person.***

HUD Disclosure Statement / Conflict of Interest

The following Disclosure Statement / Conflict of Interest is for the purpose of providing information to program participants/clients accessing services from Southeastern North Dakota Community Action Agency (SENDCAA).

Our agency provides the following HUD one-on-one housing counseling services: homeless assistance; rental topics; non-delinquency post-purchase. Our agency also provides Tenant Education group education workshops.

Our agency has financial or exclusive relationships, or both, with specific industry partners, including North Dakota Housing Finance Agency and Housing and Urban Development (HUD). There is no obligation to receive, purchase, or use any product or service offered by this agency or any services of its industry partners or other party in exchange for your receiving HUD housing counseling services. As a condition of our services, and in alignment with meeting our counseling goals, and in compliance with HUD's Housing Counseling Program requirements, we may provide information on alternative services, programs, and products available to you, if applicable and known by our staff.

This is to give you notice that SENDCAA serves all counties within Region V (Cass, Ransom, Richland, Sargent, Steele, and Traill counties) and has a relationship with Region V Community Development Corporation (RVCDC). RVCDC also serves Grand Forks County with a single project in Northwood. RVCDC has a principal purpose of planning, developing, owning, and managing affordable housing projects in Southeastern ND. SENDCAA's Executive Director and a few of SENDCAA's Board of Directors are voting members of RVCDC. RVCDC has ownership of projects in Milnor (multifamily), Lisbon (multifamily), Hankinson (multifamily), Hatton (multifamily), Gwinner (2 elderly, 1 multifamiy), Fairmount (multifamily), Casselton (multifamily), West Fargo (elderly), Fargo (special needs), and Northwood (multifamily). SENDCAA staff maintains the physical properties and maintains files for Section 42, HOME, Rural Development, HUD compliance. Compliance consists of annual review of tenant income, leases, and conducting Housing Quality Inspections on each of the rental properties.

To obtain housing counseling services from SENDCAA's Housing Counseling Program, you are not required to rent housing whereby RVCDC has a vested interest. In addition, you are not required to participate in any programs or services provided by SENDCAA in order to obtain or access housing counseling services. This includes but is not limited to the following programs and services: Food Pantry, Commodity Food Programs, Weatherization and Energy Conservation Program, Shelter Plus Care Program, Tri-State Help Program, HOME Rehabilitation Programs, Individual Development Accounts, Head Start, etc.

SENDCAA certifies that it shall abide by the conflict of interest provisions in 24 CFR 85.36 and OMB Circular A-110 for the procurement of property and services. If a person is an employee, agent, consultant, officer, elected official, or appointed official of a participating jurisdiction, state recipient or sub-recipient of Housing and Urban Development funds, and has related responsibilities or access to inside information, that person may not: obtain a financial benefit or interest from any activity for themselves or those with whom they have a family or business tie during their tenure or for one year thereafter.

I / we have read this Disclosure Statement / Conflict of Interest form and understand the information as provided by Southeastern North Dakota Community Action Agency (SENDCAA).

Participant Signature: _____ **Date:** _____

Case Manager Signature: _____ **Date:** _____

Self-Sufficiency Case Management Program
Client Rights and Responsibilities

_____,
Participant Name (on behalf of household)

As a participant in the SENDCAA programming, I understand SENDCAA works collaboratively with you assess your needs, facilitate care coordination and provide education, advocacy and referral to community resources to help you achieve success. Our goal is to help families develop housing stability and prevent and end homelessness.

You have the right to:

1. Be treated in all services with: Confidentiality; Honesty; Respect; Courtesy; and Professionalism.
2. Timely completion of promised action.
3. Referrals to needed resources.
4. Have access to your file information.
5. Be in charge of your goals, plans of action, and duration of services.
6. Have your religious faith, philosophy of life, and cultural heritage respected.
7. Use your case manager as a resource whenever you are having trouble with your apartment, landlord, or other tenants.
8. Receive confirmation of services you are eligible for in writing.

As a participant, you agree to the following (initial each line):

	I agree to commit time and energy to participate in the program, including development of housing stability plans.
	I agree to provide honest and accurate information to my case manager whether verbally or in writing for the purposes of the program
	I will meet with my assigned case manager once monthly and maintain frequent phone contact.
	I agree to allow my assigned case manager to visit my apartment for safety inspection(s).
	I agree to respect the privacy rights of other persons served by SENDCAAA.
	I agree to work collaboratively with my caseworker, other service provider staff, and landlord (if applicable) to maintain my housing.
	I agree to provide proof of income and present any financial obligations that would contribute to the risk of becoming or remaining homeless. I understand a monthly budget will be created with my case manager to assess current fiscal state.
	I understand that SENDCAA will close my case file after 30 days of no contact, and that my application for services is only valid for 30 days.
	I understand I must live or plan to live in a rental unit in Cass County, Richland County, Ransom County, Steele County, Sargent County, or Traill County. Household size is demonstrated by participant report and names on lease. SENDCAA is required to follow HUD-defined fair market rent or rent reasonableness. SENDCAA also follows the 2 “heartbeats” per bedroom plus 1 additional person occupancy standard.
	Any Financial Assistance will be paid directly to the landlord, owner of the rental unit, or utility company on my behalf.
	I understand I am not guaranteed any amount of financial assistance. The case manager will make a recommendation to the program administrators regarding ending or continuing assistance. The program administrator will make the final determination regarding continued assistance. SENDCAA is bound to grantor

	rules on amount of assistance.
	I understand I am not obligated to utilize any of the services offered to me and may be referred to other services offered by the agency or to an outside agency to assist with concerns that may have been identified.
	I understand my case manager will be using a tool called the SPDAT (Service Prioritization Decision Assistance Tool) with me and on my behalf. The SPDAT is a system-wide tool needed to help guide the right household to the right support intervention at the right time. You have the right to participate in this assessment at any time.
	I understand that SENDCAA is required to make statistical, financial, and case information available to government agencies that provide the funding for services to ensure that it is appropriate and costs are reasonable.
	I understand that my case manager will report to proper authorities all cases where there is reasonable cause to believe that a minor or vulnerable adult is being neglected or abused, or where there is cause to believe that a client might harm him/herself or others.

I agree with the terms and requirements to receive Self-Sufficiency case management services and assistance. I also understand that providing false information may result in disqualification and termination from the program. The participant I can appeal the termination. This does not mean the participant I will be ineligible to receive other SENDCAA services.

_____ _____

Participant Signature Date

_____ _____

Staff Signature Date

Participant Grievance Policy and Appeals Process

Participants who have complaints and concerns about the Self-Sufficiency program or about program staff may file a grievance. Clients may file an appeal for any decision made by the Self-Sufficiency Program regarding their involvement. Participants who have disagreements or complaints about the program management may file a complaint with the SENDCAA Executive Director.

By signing below, you acknowledge receipt of SENDCAA's Self-Sufficiency grievance policy.

_____ _____

Participant Signature Date

_____ _____

Staff Signature Date