

### Ramsey County Emergency Assistance (EA) & Emergency General Assistance (EGA) Application

Name \_\_\_\_\_ Phone \_\_\_\_\_ Case Number \_\_\_\_\_

**SECTION 8 VOUCHER INFORMATION**

County policy says Emergency Assistance can't pay for a deposit if you have already moved in. If you move in while your application is pending, and we deny your EA, we won't be able to approve you on a new application.

If you have Section 8, EA can't pay for your deposit until your home has passed inspection. EA can't pay for any rent due from before the unit passes inspection.

**What is Your Emergency? (check one)**

**Utility Crisis** (threat of gas/electric disconnect or water disconnect)

**Xcel/Utility Account Number**

\_\_\_\_\_

**Is your power off now? Yes No**

**Emergency Car Repair**

**Shelter Crisis** (eviction, past due rent, mortgage or damage deposit)

**Landlord/Caretaker Name** \_\_\_\_\_

**Landlord Phone Number** \_\_\_\_\_

<b>Program Open:</b>		
<b>SNAP</b>	<b>Yes</b>	<b>No</b>
<b>CASH</b>	<b>Yes</b>	<b>No</b>
<b>Healthcare</b>	<b>Yes</b>	<b>No</b>

**Approved Date** \_\_\_\_\_

**Amount(s)** \_\_\_\_\_

Mandatory Vendor Required? Yes \_\_\_ No \_\_\_

**FOR STAFF USE ONLY**

**Application Date** \_\_\_\_\_

**Denied Date** \_\_\_\_\_

If yes, Vendor Period \_\_\_\_\_

Vendor Number and Amount

\_\_\_\_\_  
\_\_\_\_\_

**Additional Action for Financial Worker**

Financial Worker Name

**Screened**

\_\_\_\_\_

Approve Vendor with HRF/CSR/ER \_\_\_\_\_

Update Addr/Shel \_\_\_\_\_

Other HH Changes (See below) \_\_\_\_\_



**1. Which of the following is your emergency need?**

Eviction      Damage Deposit      Car Repair      Utility Shut Off

**2. Do you qualify for us to waive some requirements for eligibility?**

If you are a family, or a pregnant woman and you are homeless, living in a contracted Ramsey County homeless shelter, or you are in a transitional living, supportive housing program or a Battered Women Shelter, we may be able to waive certain requirements for determining eligibility.

**Name of Shelter** \_\_\_\_\_

**3. Have you paid any shelter costs (such as rent, mortgage, hotel, or people you have stayed with) in the last 30 days?**

Yes  No  If yes, **Attach proof of payment** - receipts or a statement from the landlord verifying dates and amount paid.

**4. Have you paid any utilities (electric, gas and water only) in the last 30 days?**

Yes  No  If yes, **Name of Company** \_\_\_\_\_ **Account #** \_\_\_\_\_

**5. Have you paid any daycare expenses in the last 30 days?**

Yes  No  If yes, provide information below **AND Attach proof of payment**

Child's Name	Amount Paid by You	Date Paid

**6. Has anyone in your household had a job in the last 30 days?**

Yes  No  If yes, provide information below-**Attach copies of all pay stubs received in last 30 days.**

**7. Did anyone in your household receive income from self-employment such as: product sales, personal services, farming, paper route, in-home daycare, property rental, taxi driver, etc?**

Yes  No  If yes, provide information below and **Attach business ledgers** - Verify dates and income received.

Household Member's Name	Type of Business	Income Received in the last 30 days

**8. Does anyone in your household receive any of the following sources of income?**

If yes **Attach proof** – verify dates and type of income.

Income Type	X if Yes	Member with Income	Amount in the last 30 days
Social Security (RSDI)			
Supplemental Security Income (SSI)			
Veteran Benefits			
Unemployment Insurance			
Retirement Benefits			
Spousal/ Child Support			
Public Assistance (such as MFIP/MSA / GA)			
Income Tax Refund			
Financial Aid/Loans			
Other Income – Name it :			

**9. Does your household have any of the Following Expenses?**

Yes  No  If yes, provide information below. If yes **Attach proof** – verify amounts below

Expense Type	X if Yes	Expense Amount
Rent		
Mortgage		
Heating		
Electric		
Water/Sewer		

**10. Do you live in subsidized housing?**

What is the total rent? \$ \_\_\_\_\_

What is your portion? \$ \_\_\_\_\_

Yes  No  If yes, **attach proof**

**11. Does anyone in your household own any of the following assets?**

Yes  No  If yes, provide information-**Attach Statement** from last 30 days. If you closed an account, **Attach Proof of Closure** from bank

Asset Type	Member with Asset	Asset Amount
Bank Account		
Retirement Account		
Stocks/Bonds/Contracts for Deed		
Other Securities (Name them here)		

**A portion or all of my cash assistance grant may be sent directly to my landlord or utility company for a period up to 24 months from the date of approval of emergency funds. If I am not willing to agree to vrending, I may not be eligible for emergency assistance funds.**

### **Authorization for the Release/Sharing/Obtaining of Information**

By signing, I give my consent to Ramsey County Financial Services to release, share and obtain information about me or my records for the purpose of verifying eligibility factors in the determination of Emergency Assistance/ Emergency General Assistance. For example, Ramsey County FAS may use this release to contact a landlord/ property owner, utility company, employer(s), financial and educational institutions, etc., as needed for the sole purpose of determining eligibility.

I understand this information about me is protected under state and/or federal privacy laws and/or laws specifically protecting medical and chemical abuse treatment records and cannot be disclosed without my written authorization unless otherwise provided for by State or federal law. I hereby voluntarily and knowingly waive those protections and consent to the release of this information.

I understand I may submit a written request to revoke this at any time.

I understand that revoking this authorization does not apply to information already released under it.

I understand information disclosed to an individual or entity other than Ramsey County may be redisclosed to other parties and may no longer be protected under privacy laws.

I understand one year from the signed date, this consent automatically expires without my express revocation.

I must agree to mandatory vrending if determined appropriate by my worker.

### **READ YOUR RIGHTS & RESPONSIBILITIES BEFORE SIGNING**

**I declare under penalties of perjury I have examined this application, and to the best of my knowledge it is a true and correct statement of every material point.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**RETAIN THIS PAGE FOR YOUR RECORDS**

**Your responsibilities**

- You must report changes with may affect your benefits to the county agency within 10 days after the change has occurred. Applicants - Report these changes to your worker when the change happens. This includes the following for everyone in your household:
  - Employment – Start or stop of a job or business; change in ours, earnings or expenses
  - Income – Receipt or change in child support, Social Security, Veteran benefits, Unemployment Insurance, inheritance, insurance benefits and other payments.
  - Property – Purchase, sale or transfer of house, car or other items of value. Get 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.
  - Address
  - Housing costs/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 for child care providers: If you change providers, you must tell your child care worker and provider at least 15 days before the change goes into effect. If you have any questions or are unsure about any reporting rules, contact your worker. If your worker is not available, leave a message so the worker can get back to you.

- The county, state or federal agency may check any of the information you give. To get some information we must have your signed consent. If you don't allow the county to confirm your information, you might not get assistance.
- If you give us information you know is untrue or we get information you did not report, we will investigate you for fraud.
- The State or Federal Quality Control agency may randomly choose your case for review. They will review statements you made on forms. They will check to see if we figured your eligibility correctly. The state agency may seek information from other sources. The State or Federal Quality Control agency will tell you about any contact they intend to make. If you do not cooperate, your benefits may stop.

**Cooperation Requirements:**

- If the county approves you for the Minnesota Family Investment Program (MFIP) or the Diversionary Work Program (DWP), you must cooperate with employment services, unless you are exempt. You must develop and sign an employment plan or your DWP application will be denied.
- To receive Family Cash Benefits and/or Child Care Assistance (CCAP), you must cooperate with child support enforcement for all children in the household. You have a right to claim "good cause" for not cooperating with child support enforcement. You must assign child support to the State of Minnesota for all eligible children. If you do not cooperate or assign your child support, benefits will be denied or terminated.
- After the county approves your MFIP or DWP, if you get child support directly from the noncustodial parent you must report it to your worker. You must cooperate with the child support agency in any legal action brought against a 3rd party for payment of medical expenses, unless you claim and are granted good cause.
- If you are applying for health care for yourself and your children and you do not live with the other parent, you may have to give information about the other parent to child support staff. Child support staff may use this information to pursue medical support for your children. You do not have to give this information if you are applying for your children or are pregnant.
- Household members applying for health care may need to accept and keep other health insurance that is available. This includes Medicare. If you do not give us information about your policy, you may not get coverage.



### 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 end
- You have the right to know why, if we have not processed your application promptly.
  - 15 days for medical care for pregnant women
  - 30 days for cash, SNAP and child care
  - 45 days for medical care
  - 60 days for cash and medical care related to disability
- You have the right to know the rules of the program you are applying for and for us to tell you how we figured your benefits.
- You have the right to choose where and with whom you live and, within certain limits, to choose your own doctor, hospital, etc.
- 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 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, P.O. 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.) For SNAP, you may appeal within 90 days by writing or calling the county or the State Appeals Office. 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.
- Your right to file a complaint. If you feel the county or the Minnesota Department of Human Services treated you differently in the handling of your public assistance application or benefits because of race, color, national origin, political beliefs, religion, creed, sex, sexual orientation, public assistance status, age or disability, including physical access to government buildings, you may file a complaint with your county agency or any of the following agencies.

MN Dept of Human Services  
Equal Opportunity and Access  
P.O. Box 64997  
St Paul, MN 55164-0997  
651-431-3040 (Voice)  
(866) 786-3945 (TTY)

MM Dept of Human Rights  
Freeman Building  
625 Robert Street North  
St Paul, MN 55155  
(800) 657-3704 (voice)  
(651) 296-1283 (TTY)

U.S. Dept of Health & Human  
Services  
Office for Civil Rights, Region V  
233 North Michigan Avenue, # 240  
Chicago, IL 60601  
(312) 886-2359 (Voice)  
(312) 353-5693 (TTY)

In accordance with Federal and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability. To file a complaint of discrimination, write:

U.S. Department of Agriculture  
Director, Office of Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410  
(800) 795-3272 (Voice) / (202) 720-6382 (TTY)

USDA is an equal opportunity provider and employer.



## Verifications for Emergency Assistance (EA) Emergency General Assistance (EGA)

### Case Number:

Below is a list of verifications you need to send in with your application for Emergency Assistance/Emergency General Assistance. Your financial worker will let you know if you need to provide further information.

Please send in the following verifications by:

Copy of any eviction notice

Copy of any utility disconnection notice XCEL Account #

Earned Income – past 30 days of paystubs for any household member

Current bank statement showing date and balance for any household member

Receipt or verification of rent/mortgage in past 30 days

Receipt or verification of utility paid in past 30 days

Copy of lease or shelter form if applying for Damage Deposit

Others: \_\_\_\_\_

### Note:

Your worker cannot determine eligibility without the required verifications. You may fax verifications to the emergency assistance line: 651-266-3909. Include your case number on all faxes. The emergency Hotline phone number is 651-266-4884. It may take up to 5 business days for your worker to review your application.

Everyone applying for EA/EGA is subject to the same procedures and policies. An application is not a guarantee of eligibility.