Leech Lake Band of Ojibwe Housing Authority

### Homeless Program Application

#### Definition of Homelessness

All applications must be filled out completely in order to be processed. Incomplete applications will not be accepted.

#### DEFINITION OF HOMELESSNESS

The State of Minnesota defines as homeless any individual, unaccompanied youth or family that is without a permanent place to live that is fit for human habitation. "DOUBLING UP" is considered homeless if that arrangement has persisted less than one year.

The State of Minnesota defines an individual, unaccompanied youth or family as "LONG-TERM HOMELESS" if they are without a home for a year or more OR have had at least (4) episodes of homelessness in the past (3) years.

ANY PERIOD OF INSTITUTIONALIZATION OR INCARCETATION (including transitional housing, prison/county jail, treatment, hospitals or foster care) shall be "EXCLUDED" when determining the length of time the household has been homeless.

FIRST NAME	M.I. LA	ST DATE	E OF BIRTH	SOCIAL SECURITY#
ADDRESS WHERE	YOU ARE CURRENTLY S	TAYING FOR	HOW LONG	DATE APPLIED
ADDRESS OF LAST PERMANENT PLACE (90 Days or More)			LEFT/MOVED	HEAD OF HOUSEHOLD
PHONE NUMBER W	HERE YOU CAN BE REA	CHED:	· · · · · · · · · · · · · · · · · · ·	
	IBER: RSONS IN THE HOUSEH		**	
Last Name	First Name & M.I.	Relationship	Date of	Birth Social Security #
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MONTHLY INCOMI	E BY SOURCE (Last 90 D	(2)	(3	(4)
Income Source	.}	<u> </u>		
Last 30 Day Income	<u> </u>			
Start Date (Required)	1			
End Date (If Applicable)			<u> </u>	,l.,

ERSONAL INFORMATION				
CITY AND STATE OF BIRTH	<del></del>	MARITAL STATUS	- EMERGEN	CY CONTACT PERSON
PHONE NUMBER	ADDRES	s . (	CITY	STATE
ENTAL ASSISTANCE PROGRAMS				
are you currently on any Rental Assista	ance Programs a	nd If you are, v	/hich one(s) and	what County?
NAME OF OTHER AGENCIES CURRENT	LY WORKING W	<u>/ITH</u>		
GIVE A BRIEF STATEMENT OF WHAT F	HAS BEEN GOIN	G ON AND WH	Y YOU ARE CUR	RENTLY HOMELES
		<del> </del>		
ARE YOU A VETERAN?	YES	NO		
I VERIFY BY SIGNING THIS FORM THAT BEST OF MY KNOWLEDGE. I UNDERSTORMATION OR RECEIVING FUND CLAIM FOR ASSISTANCE.	STAND THAT SU	BMISSION OF I	ALSE OR MISLE	<u>ADING</u>
	А	PPROVED	DENIED	PENDING
(CLIENT SIGNATURE)		· · · · <del> ·</del>		

## MCC Homelessness Program GOALS

## SHORT TERM GOALS (WKS./MOS.)

1)	Personal	<ol><li>Financial</li></ol>	3) Work	4) School	5) Other (Explain)

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GOAL	START DATE	REVIEW DATE	END DATE :	GOAL
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				Y/N (Comments)
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## LONG TERM GOALS (1 Year+)

11	Persona!	2) Financial	31 Work	4) School	5) Other (Expiain)
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GOAL	START DATE	REVIEW DATE	END DATE	GOAL ACCOMPLISHED
	,			Y/N (Comments)
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Case Mauager, z Ziguatnie:		Date:	



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# AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION Leech Lake Band of Ojibwe Housing Authority Homeless Resource Program

l,dential information on me, in order to rece gram.	hereby authorize the following agencies to release confiive assistance from the Leech Lake Band of Ojibwe Homeless Resource Pro-
indemnity and hold harmless for the releas	m any and all liabilities of any kind for releasing any information and agree to se of the same.  an Serves Tribal Referral Energy Assistance CLBS
Village of Hope LLHA	Red Lake Shelter DW Jones Other
An original.	A photocopy of this authorization shall have the same effect as
The Purpose of this request is:	
Client Name	Date
Social Security Number	Date of Birth