

When applying for assistance for utilities or rental assistance, please remember you have to provide proof that you are making an effort before we will pay toward any accounts. Failure to do so will result in denial of payment.

Are you requesting assistance with utilities? Y/N If **YES**, do you have your disconnection notice? Y/N (documentation required)

Are you seeking assistance to avoid eviction? Y/n If **YES**, do you have your eviction notice? Y/N (documentation required)

Have you applied for assistance with other agencies about his matter? Y/N If **NO**, we require that you receive denial from other agencies prior to assistance.

If **YES**, where did you seek services?

1. _____
2. _____
3. _____

Denial Letter(s) from other agency(s) is REQUIRED

What is the amount you are behind on utilities/rent? _____

Why? _____

What is your monthly rent/mortgage payment? _____ Subsidized? Y/N

Name of your landlord, mortgage or utility company: _____

What amount are you currently applying toward this company to avoid interruption?

\$ _____ *(Provide document from company stating is amount)*

List Household members and gross monthly income for all sources of income:

(Please attach copies of income sources in order to be considered for assistance)

Name:	DOB:	SSN:	Source of Income: (Job public assistance, etc.)	Amount per Month:

What are your goals to avoid this in the future?

Goal #1: _____

Goal #2: _____

Goal #3: _____

.....
I, _____ agree that the information provided is true and accurate. I understand that any misrepresentation of assistance will result in immediate denial of services and will not receive any funding for services I am seeking. I understand that I cannot misrepresent myself and/or family to receive benefits. Misrepresentations will immediately result in forfeiture of services.

Upon signing this agreement, I declare this to an initial agreement to start services to assist only with the needs sought today, _____, and will need to provide all documentation required for services. This agreement will remain in effect until services are no longer needed for this matter.

.....

Client Name: _____

Signature: _____

Date: _____

Case Manager: _____

Signature: _____

Date: _____

Leech Lake Housing Authority
Homeless Resource Program
611 Elm Ave NW
PO Box 938
Cass Lake, MN 56633
(218) 335-8280 (Office) (218) 335-8367 (Fax)



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PO Box 938

Cass Lake, MN 56633

Office: (218)335-8280 Fax: (218)335-8367 Toll-Free: 1-866-223-2233

Release of Confidential Information

I, _____ hereby authorize the following agencies to release confidential information about me in order to receive assistance from the Leech Lake Homeless Resource Program.

I further release the following agencies from any and all liabilities of any kind for releasing any information and agree to indemnify and hold harmless for the release of the same.

Make a check (✓) next to the agencies to share information with:

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

This Release of Information will remain in effect for one (1) year from the date signed or until _____. Any further information shared will require another release of information to be signed. A photocopy of this authorization will have the same effect as the original.

REFUSAL:

I, _____, refuse to have any information shared with the above referenced agencies, and will not have my information shared for the purpose of the Leech Lake Homeless Resource Program to assist me. Staff witness initials: _____

Client Name (Printed): _____

Client Signature: _____ Date: _____

LLHAHRP Staff: _____ Phone: _____

Date: _____

Minnesota's HMIS Data Privacy Notice

We collect personal information about the people we serve in a computer system called Minnesota's HMIS (Homeless Management Information System). Many social service agencies use this computer system, including street outreach, shelters, and housing programs.

Why do we collect this information?

- To help keep this program and others like it going. We are required to use HMIS.
- So we know how many people we serve and the types of people we serve at our agency and in the state.
- So we all understand what people need and can plan services to meet these needs.

Who can see information that is in Minnesota's HMIS?

- People who work for this agency will use it to help provide services to you or your family.
- Other agencies like this agency that provide services and have received permission from you to see your information. The agencies that participate in Minnesota's HMIS may change from time to time. A copy of the current list of participating agencies is available upon request.
- Auditors or funders who have legal rights to review the work of this agency, such as the U.S. Department of Housing and Urban Development and other state or local government entities.
- Organizations that run, administer, and work on the system, such as the Institute for Community Alliances or Local System Administrators. When these organizations work on the system, they may see information about you.
- People using HMIS information to do research and write reports, including, but not limited to, the Minnesota Department of Human Services (DHS). Your personally identifiable information will **never** appear in research reports.
- The law says we have to report physical or sexual abuse of children and vulnerable adults. If we think there is abuse or neglect in your household, we will report it to Child or Adult Protection.
- We may release your information to protect the health or safety of you or others as required by law.
- Others as required by law, including officials with a valid subpoena, warrant, or court order.

We will not release your information for any other use unless you permit us in writing.

How is your privacy protected?

- All users of data must sign an agreement to protect your privacy and comply with state and federal laws and policies before seeing any information.
- The computer program used for this purpose has industry standard security protocols and is updated regularly to meet these security requirements.

What are your rights?

- **If you do not want your name, social security number, or date of birth entered in HMIS, tell the intake worker.** This agency will **not** refuse to help you for denying this. However, federal and state regulations may require limited data collection for funding purposes.
- You have the right to request a copy of the Minnesota's HMIS information about you.
- You have the right to correct mistakes in HMIS information about you.
- If you think this agency or Minnesota's HMIS violated your privacy rights, you have the right to complain or appeal. Ask a staff person for a complaint and appeal form.

Minnesota's HMIS Release of Information

For: _____
Print First, Middle, and Last Name (Complete one form for each adult)

Date of Birth

Your personal information will be collected in Minnesota's HMIS and, with your consent, shared with other service providers/homeless agencies. If you do not give permission for this agency to share your information, no other agency in the network will have access to it.

Why share your information?

- Sharing reduces the amount of time you have to spend answering basic questions about your situation.
- Sharing allows agencies to focus on meeting your unique needs more quickly.
- Sharing makes it easier for multiple agencies to coordinate housing and services for you and your family.

What information might be shared?

- Family/Household information
- Name, birthdate, Social Security Number
- Gender, race, ethnicity
- Reasons for seeking services
- Living situation and housing history
- Services you receive
- If you are homeless or not
- Your income and income sources
- Public benefits you receive
- History of domestic violence
- Educational background
- Employment information
- Military history
- Health information, including physical health, HIV, behavioral health

Please check (✓) a box:

- SHARE:** I consent to have the information collected about me shared through Minnesota's HMIS with other partner agencies in order to improve services to me and the services offered to others.
- DO NOT SHARE:** I do **not** want **any** of the information about me in Minnesota's HMIS shared with any other service providers/homeless agencies. I understand that not sharing my information may affect the ability to quickly and appropriately identify services 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 until canceled by you.
- 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.

SIGNATURE OF CLIENT OR GUARDIAN DATE

Signature of agency witness Date

Please treat information about my children age 17 or younger the same as mine.

Verbal Consent obtained by phone (Agency Staff Signature): _____ Date: _____



Leech Lake Band of Ojibwe Housing Authority

P.O. Box 938 • 611 Elm Ave. NW
Cass Lake, Minnesota 56633
Ph: (218) 335-8280 • Fax: (218) 335-8367
Toll Free: 1-866-223-2233

ROSANNE WILSON,
Chairwoman
LEONARD "JESS" HEADBIRD,
Vice-Chairman
SAM JOHNSON,
Secretary-Treasurer
SHAWN MONROE,
District I Commissioner
RAYMOND GEVING,
District II Commissioner
EUGENE "RIBS" WHITEBIRD,
District III Commissioner

Your Privacy Rights

You have rights under the Minnesota Government Data Practices Act. This Act protects your privacy. We are asking you for information so we can:

- Tell you apart from other persons with a similar name, and
- Decide if you can receive services from us and
- What or how much you can get.

Generally, you are not required to give us the information. However, if you do not give us the information, we may not be able to help you.

The law allows us to share your information with staff from the Department of Human Services, (insert other funders here), and others who may be authorized to view your information to do their jobs.

You also have the right to copies of information we have about you. If you do not understand the information, you may have it explained to you. If you do not think the information is accurate or complete, you may object in writing to the shelter director. For more information on how to do this, ask the staff person working with you.

Signature

Date

Case Manager Signature

Date