

Pennington County Human Service Committee

Meeting Agenda

April 20, 2021

12:00 pm

Members Present

_____ Bruce Lawrence _____ Dave Sorenson _____ Seth Nelson
_____ Neil Peterson _____ Darryl Tveitbakk

Section A

- I. Minutes: Review of 03/16/2021 HSC Meeting Minutes
- II. Personnel:
 - A. Social Services Supervisor resignation
 - B. Request to fill Social Services Supervisor position
 - C. Update on eligibility position
- III. General:
 - A. Board and Lodge Information
 - B. Merit System Information
 - C. Pennington County Pre-Petition Screening Team
 - D. Cash Assistance and SNAP Timeliness Measures Performance Report
 - E. Rental Assistance Program
 - F. Blue Cross/Blue Shield Care Coordinator Desk Audit
 - G. Out-of-Home Cost Report
 - H. Month's End Cash Balance
 - I. Other

Section B

- I. Special Case Situations (Social Services)
- II. Income Maintenance Update
- III. Special Case Situations (Public Assistance)
- IV. Payment of Bills

Section C

- I. Dates of Upcoming Committee Meetings:

04/20/2021
12:00 pm

05/18/2021
12:00 pm

06/15/2021
7:00 am

A regular meeting of the Pennington County Human Service Committee was held at 12:00 pm, March 16, 2021 at the Pennington County Justice Center.

COMMITTEE MEMBERS PRESENT:

Neil Peterson
Bruce Lawrence
Darryl Tveitbakk
Neil Peterson
Dave Sorenson
Seth Nelson

STAFF MEMBERS PRESENT:

Julie Sjostrand, Director
Maureen Monson
Charles Lundgren
Tammy Johnson

SECTION A

I. MINUTES:

The February 16, 2021 Human Service Committee Meeting Minutes were electronically posted for review. Noting no corrections or changes, a recommendation was made to forward the Minutes to the Consent Agenda.

II. PERSONNEL:

- A. Steve Hagen, Eligibility Worker submitted his notice of retirement effective June 25, 2021. Recommendation was made to forward this item to the Consent Agenda.
- B. The Director presented a request to post, interview and hire for the Eligibility worker position being vacated because of Steve Hagen's announced retirement. Recommendation was made to forward this item to the Consent Agenda.

III. GENERAL:

- A. The Director presented information on a legislative update.
- B. The Director presented a letter received from DHS Commissioner, Jodi Harpstead, commending staff for perfect performance in Human Service Financial Reporting for calendar year 2020. The letter acknowledged that all key quarterly reports were submitted to the Financial Operations Division on or before the report deadlines and in perfect order. Committee members recommend this commendation be presented at the next scheduled County Board meeting.
- C. The Director presented the Northwest Continuum of Care 2021 Membership renewal.

- D. The Director presented the Dakota Mailing new proposal for a new Pitney Bowes C-Auto mailing station. Upon conclusion of the presentation, recommendation was made to forward this item to the Consent Agenda.
- E. The Out-of-Home Cost Report through February 2021 was presented for Review.
- F. Month's end cash balance for February 2021 stands at \$ 3,521,041.97.

SECTION B

- I. No Social Service cases were presented for special case review.
- II. Tammy Johnson, Financial Supervisor presented the Emergency Assistance/Emergency General Assistance February 2021 report of activity. Tammy Johnson also reported the Income Maintenance open case count stands at 1,884.
- III. No Income Maintenance cases were presented for special case consideration.
- IV. A listing of bills presented for payment was reviewed. A recommendation for payment of the bills was forwarded to the Consent Agenda.

SECTION C

Be it resolved that the foregoing record is a true and accurate recording of the official actions and recommendations of the Human Service Committee for Pennington County and, as such, constitutes the official minutes thereof.

Chair: _____

Attest: _____

NEXT COMMITTEE MEETING: April 20, 2021, at 12:00 p.m.

Pennington County Human Services
 Out Of Home Placement Costs
 Year Ending December 31, 2021 & 2020

	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	YTD	YTD 2019	Change
Expense															
Foster Care	9,692.77	8,333.69	11,414.65	-	-	-	-	-	-	-	-	-	29,441.11	13,807.46	113.2%
Rule 4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Rule 8	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Rule 5	1,062.04	-	-	-	-	-	-	-	-	-	-	-	1,062.04	-	-
Corrections	27,294.00	5,689.98	40,768.00	-	-	-	-	-	-	-	-	-	73,751.98	54,973.00	34.2%
Adoption Aid	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Totals	38,048.81	14,023.67	52,182.65	-	-	-	-	-	-	-	-	-	104,255.13	68,780.46	51.6%
Revenue															
Reimburse	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
MH Recovery	1,525.83	3,560.27	7,629.15	-	-	-	-	-	-	-	-	-	12,715.25	1,440.00	783.0%
4E Recovery	-	-	-	-	-	-	-	-	-	-	-	-	-	262.00	-100.0%
NFC Settlement	2,303.00	-	-	-	-	-	-	-	-	-	-	-	2,303.00	-	-
Totals	3,828.83	3,560.27	7,629.15	-	-	-	-	-	-	-	-	-	15,018.25	1,702.00	782.4%
Net Expense	34,219.98	10,463.40	44,553.50	-	-	-	-	-	-	-	-	-	89,236.88	67,078.46	33.03%

2019 Totals	22,347.68	24,827.68	19,903.10	18,149.84	26,824.20	28,217.29	25,842.40	16,811.96	25,702.14	41,491.63	51,588.06	43,803.66			
YTD Change	11,872.30	(2,491.98)	22,158.42	4,008.58	(22,815.62)	(51,032.91)	(76,875.31)	(93,687.27)	(119,389.41)	(160,881.04)	(212,469.10)	(256,272.76)			

	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	YTD
Expense													
Foster Care	4,639.68	4,162.68	5,005.10	5,350.84	4,114.20	5,471.86	5,964.40	8,047.60	8,177.18	11,221.08	11,161.46	9,552.06	82,868.14
Rule 4	-	-	-	-	-	-	-	-	-	-	-	-	-
Rule 8	-	-	-	-	-	-	-	6.00	-	-	-	-	6.00
Rule 5	-	-	-	-	-	-	-	-	4,248.16	4,551.60	4,703.32	4,551.60	18,054.68
Corrections	19,148.00	20,665.00	15,160.00	13,599.00	22,710.00	22,924.00	19,878.00	18,128.00	17,548.00	28,262.00	40,032.55	29,700.00	267,754.55
Adoption Aid	-	-	-	-	-	-	-	454.64	-	-	-	-	454.64
Totals	23,787.68	24,827.68	20,165.10	18,949.84	26,824.20	28,395.86	25,842.40	26,636.24	29,973.34	44,034.68	55,897.33	43,803.66	369,138.01
Revenue													
Reimburse	-	-	-	800.00	-	-	-	100.00	-	-	-	-	900.00
MH Recovery	1,440.00	-	-	-	-	178.57	-	5,867.28	4,271.20	2,543.05	3,560.27	-	17,860.37
4E Recovery	-	-	262.00	-	-	-	-	1,927.00	-	-	749.00	-	2,938.00
NFC Settlement	-	-	-	-	-	-	-	1,930.00	-	-	-	-	1,930.00
Totals	1,440.00	-	262.00	800.00	-	178.57	-	9,824.28	4,271.20	2,543.05	4,309.27	-	23,628.37
Net Expense	22,347.68	24,827.68	19,903.10	18,149.84	26,824.20	28,217.29	25,842.40	16,811.96	25,702.14	41,491.63	51,588.06	43,803.66	345,509.64

Human Service's Month End Balance

	2015	2016	2017	2018	2019	2020	2021	% of Budget
January	1,647,300.14	1,814,014.90	2,182,630.66	2,271,729.26	2,772,063.80	3,288,028.76	3,624,301.56	67.93%
February	1,618,976.04	1,801,985.24	2,138,616.83	2,176,762.19	2,732,919.27	3,403,266.76	3,521,041.97	66.00%
March	1,375,360.09	1,655,070.89	1,800,227.71	1,844,672.30	2,547,429.81	3,277,046.86	3,033,593.35	56.86%
April	1,088,964.93	1,347,248.60	1,539,707.40	1,525,256.03	2,361,226.50	3,009,330.45		0.00%
May	961,748.47	1,294,231.42	1,426,858.37	1,528,544.15	2,327,158.79	3,038,957.98		0.00%
June	1,932,135.73	2,330,176.40	2,576,374.42	2,692,513.93	3,462,928.17	4,095,797.92		0.00%
July	2,047,715.90	2,367,725.88	2,650,496.79	2,874,408.12	3,554,336.75	4,284,273.43		0.00%
August	2,097,897.09	2,427,610.70	2,600,332.14	2,749,859.99	3,531,954.80	3,987,655.57		0.00%
September	1,844,296.27	2,121,578.06	2,362,913.96	2,518,750.84	3,294,188.08	3,781,078.10		0.00%
October	1,492,630.60	1,866,987.16	2,133,041.74	2,198,557.64	3,270,530.55	3,301,898.06		0.00%
November	2,213,985.52	2,638,930.35	2,642,643.71	3,070,756.97	3,860,836.73	3,606,171.73		0.00%
December	2,083,484.81	2,395,704.36	2,513,770.14	2,970,003.64	3,606,171.73	3,741,217.85		70.12%

Expense Budget

5335178

**Pennington County Human Services
Income Maintenance Unit
Active Cases by Program
Mar-21**

Cash	# Cases	## in HH	# Adults	# Children	
MFIP	68	126	47	79	Minnesota Family Investment Program
DWP	0	0	0	0	Diversionary Work Program
GA	36	36	36	0	General Assistance
GRH	48	48	48	0	Group Residential Housing
MSA	54	54	54	0	Minnesota Supplement Aid
EA	2	5	2	3	Emergency Assistance
EGA	0	0	0	0	Emergency General Assistance
TOTAL	208	269	187	82	

Food					
SNAP	463	344	239	105	Supplemental Nutrition Assistance Program
TOTAL	463				

Health Care					
MA (MAXIS)	535	546	459	87	Medical Assistance
IMD	5	5	5	0	Institute for Mental Disease
QMB	254	255	254	1	Qualified Medicare Beneficiary (Medicare Savings Program)
SLMB	56	60	60	0	Service Limited Medicare Beneficiary (Medicare Savings Program)
QI-1	20	24	24	0	QI-1 (Medicare Savings Program)
MA (METS/MNsure)	935				Medical Assistance (as of 3/2/2021)
MCRE (METS)	54				MinnesotaCare (as of 3/2/2021)
TOTAL	1,859	890	802	88	

TOTAL ACTIVE PROGRAMS:	2,530
TOTAL ACTIVE CASES:	1,890

SEND US A REFERRAL!

If you're interested in residing at Brothers Board and Lodge - Please complete the Resident Application Form found on our website along with a Diagnostic or Functional Assessment and email it to brothersblss@yahoo.com
If you would prefer to fax the documents you can send them to: (507) 216-4998

We look forward to meeting you!

"LIVE LESS OUT OF HABIT AND MORE OUT OF INTENT"

CONTACT US

www.brothersboardandlodge.com
brothersblss@yahoo.com
507.338.2326

All residents must complete a Relapse Prevention Plan and a Crisis Plan with staff during admission.

30 days of sobriety is required prior to admission




BROTHERS
— Board and Lodge, LLC —

**AT BROTHERS-
WE PROMOTE
A SAFE,
SOBER, AND
COMFORTABLE
LIVING
ENVIRONMENT**



ADDITIONAL INFORMATION

For additional information about Brothers Board and Lodge - please visit our website at www.brothersboardandlodge.com.

- House Rules
- Resident Rights
- Services
- GRH funding paperwork

WHO ARE WE HELPING?

Brothers offers housing to individuals with chemical dependency and/or mental illnesses whom are eligible to receive 'Housing Support' funding (Formerly named General Residential Housing). We are taking Referrals from all 87 counties in Minnesota.

HOW ARE WE HELPING?

Brothers promotes a safe, sober, and comfortable living environment while encouraging independence. Brothers does not provide on-site supervision. Random check-ins are made weekly to ensure house chores, cleanliness, and healthy grooming are being maintained.

WHY ARE WE HELPING?

Our mission is to maintain a tenant/landlord relationship to provide residents with the opportunity to acquire skills and experience that will enable them to ultimately live independently.

Combined Application Form

Apply online at www.applymn.dhs.mn.gov

This application can be used to apply for any of the following programs:

Supplemental Nutrition Assistance Program (SNAP)

SNAP helps low income Minnesotans get the food they need for good nutrition and well-balanced meals. If you are age 60 and older and are applying for SNAP only, please use the "Supplemental Nutrition Assistance Program (SNAP) Application for Seniors" (DHS-5223F).

Cash assistance programs

Cash assistance programs are provided to help families and individuals meet their basic needs until they can support themselves. Cash assistance programs include:

- Diversionary Work Program (DWP)
- Emergency Assistance (EA)*
- General Assistance (GA)
- Group Residential Housing (GRH)
- Minnesota Family Investment Program (MFIP)
- Minnesota Supplemental Aid (MSA)
- Refugee Cash Assistance (RCA).

If you need help paying for child care, ask your worker how to apply for the Child Care Assistance Program.

Need to apply for Health Care coverage?

Apply for free or low-cost coverage at MNsure, Minnesota's online health insurance marketplace. Go to www.mnsure.org or call 855-366-7873.

How to fill out this application

Read all of the information in this application. Tell someone if you need help filling out this application. Complete and turn in pages 1–9 as soon as possible to your agency. We can set your application date if we have your name, address and signature (page 1), but we must have the complete application to decide if you can get help.

For your application to be complete, you must answer all questions and have certain information verified. SNAP and cash programs require an interview with a worker. For SNAP, this can be a phone interview.

If you miss your interview appointment, you must reschedule. If you do not reschedule, we may stop or not approve your benefits.

You may need to provide proof of the information you report on this application. Your worker may ask for additional proofs. You may not get help until we get proof of this information. Bring the required information with you to the interview or send the information to your worker as soon as you can.

Recertifications

Report all changes in the past 12 months on this application. You may need to provide proof of the reported information.

Required Information	Cash Programs	SNAP
Identity of applicant or authorized representative (driver's license, state ID, passport, etc.)	✓	✓
Social Security numbers of all people applying for help	✓	✓
Residency in Minnesota (state ID, lease agreement, etc.)	✓	✓
Income** (paystubs, pension, etc.) or any other money coming into your household (unemployment, sponsor income, etc.). The agency will verify Social Security income.	✓	✓
Housing costs*** (rent/house payment receipt, mortgage, lease, etc.)	✓	✓
Medical costs*** (prescription and medical bills, etc.)		✓
Relationship to other household members (birth certificates, marriage licenses, court documents, etc.)	✓	
Checking and savings accounts (bank statement, etc.)	✓	
Value of vehicles (cars, trucks, motorcycles, trailers, campers)	✓	
Current value of stocks/bonds, certificates of deposit, trusts (statement, etc.)	✓	
Utility costs (utility statement, phone bill, etc.)	✓	
Proof of illness or disability (doctor's statement, etc.)	✓	

* Before applying for Emergency Assistance, check with your agency regarding funding and specific eligibility criteria.

** Proof of income from the last 30 days or federal income tax records if you are self-employed.

*** Your SNAP benefits may increase if you also provide proof of these expenses: child support paid for children not living with you; housing costs; medical expenses (including prescriptions) for people with disabilities or who are age 60 or older. Your DWP benefits may increase if you provide proof of your housing and utility costs.

Important Information

Do you have to answer the questions we ask?

You do not have to give us your personal information. Without the information, we may not be able to help you. If you give us wrong information on purpose, you can be investigated and charged with fraud.

Denial or changes

The state may deny or change your cash or SNAP assistance because of information you give on the application. The state may make changes without giving you 10 days advance notice for cash assistance and SNAP. The state will send you written notice no later than the effective date of the change for cash assistance and no later than the date you receive or would receive your SNAP benefits.

For SNAP only

Household members may choose not to apply. The amount of SNAP benefits will depend on the number of people who apply. The Social Security number and citizenship or immigration questions do not need to be completed for those who do not apply. Household members who do apply must provide this information. Household members who are not applying must give information on their income and, in some cases, assets because this information is needed to see if the persons who are applying can get help.

Interim Assistance Programs

GA and GRH are "interim assistance programs." That means they will help you while you apply for other benefits. To get GA or GRH you have to apply for other benefits you may be eligible for, like Social Security or Worker's Compensation. If you get other benefits for the same period of time that you got GA or GRH, you will have to pay GA and GRH back.

Social Security numbers (SSN)

For most programs, you must provide a Social Security number (SSN) for each household member applying for benefits.* If you need a SSN we can help you apply for one. The state uses your SSN:

- To check identity, prevent duplicate participation and to make mass changes
- To determine eligibility for programs such as SNAP, family cash assistance, and the school lunch program
- For program reviews and audits to determine household eligibility, including fraud investigations
- To coordinate with other programs or state agencies to provide more effective and meaningful services to you.

If you are not a U.S. citizen and are applying for Refugee Cash Assistance you do not have to provide an SSN.

Non-citizen applicants

To get help from most public assistance programs, you must be in the United States (U.S.) legally. Members of your household who are not citizens and are applying for help must show proof of their immigration status. Give a copy of both sides of immigration cards or other documents that show immigration status for every household member who is not a U.S. citizen and who is applying for help. You can apply and get help for other household members, even if you are not applying or if you are not eligible because of immigration status.

For non-citizen members of your household who apply and are eligible for help, your worker may do a computer match with the U.S. Citizenship and Immigration Services (USCIS) to confirm the immigration status documents you give us are valid.

We will not share information about you with the USCIS without your permission. If you get cash it may affect changes to your immigration status. If you would like more information or would like to know what the agency might tell or ask the USCIS, talk to your worker.

Immigration

All immigration information you give to us is private. We use it to see if you can get help. We only share it when the law allows it or requires it. In most cases, applying will not affect your immigration status.

You do not have to give us your immigration information if you are:

- Only helping someone else apply
- Applying for your children or other household members, but not yourself.

Domestic violence and vulnerable adults

Violence or abuse is what someone says or does to make you feel afraid or to control you. People who are elderly, frail, have a disability, or who depend on others for assistance may not be able to protect themselves from domestic violence or abuse. Minnesota has a law to protect and assist adults who are vulnerable to abuse or who are not able to care for themselves. The law can help vulnerable adults get the protection and safety that they need.

Domestic violence

For more information on domestic violence, read the "Domestic Violence Information brochure" (DHS-3477). If domestic violence makes it hard for you to follow program rules, talk to your worker. If you are in danger from domestic violence and need help, call the National Domestic Violence hotline at 800-799-7233; 800-787-3224 (TTY) or Minnesota Coalition for Battered Women at 866-223-1111.

Vulnerable adults

To report suspected maltreatment of a vulnerable adult call the Minnesota Adult Abuse Reporting Center at 844-880-1574.

* The collection of this information, including the social security number (SSN) of each household member, is authorized under the Food Stamp Act of 1977, as amended, 7 U.S.C. 2011-2036. The information will be used to determine whether your household is eligible or continues to be eligible to participate in the Food Stamp Program. We will verify this information through computer matching programs. This information will also be used to monitor compliance with program regulations and for program management. This information may be disclosed to other Federal and State agencies for official examination, and to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law. If a food stamp claim arises against your household, the information on this application, including all SSNs, may be referred to Federal and State agencies, as well as private claims collection agencies, for claims collection action. Providing the requested information, including the SSN of each household member, is voluntary. However, failure to provide an SSN will result in the denial of food stamp benefits to each individual failing to provide an SSN. Any SSNs provided will be used and disclosed in the same manner as SSNs of eligible household members.

Combined Application Form

Apply online at: www.applymn.dhs.mn.gov

Do not use this application to apply for health care coverage. The application date or the day your SNAP (food) or cash benefits can start is the date the agency gets your application. We can set your application date if we have your name, address and signature on page 1. For your application to be complete, answer all questions on the application. **Tell someone if you need help filling out this application. Be sure to sign and date the application on pages 1 and 9.**

CASE NUMBER

PERSON 1					
APPLICANT'S LEGAL NAME – LAST		FIRST NAME	MIDDLE NAME	OTHER NAMES YOU USE (maiden name, nickname, etc.)	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	GENDER <input type="radio"/> Male <input type="radio"/> Female		MARITAL STATUS* <input type="radio"/> N <input type="radio"/> M <input type="radio"/> S <input type="radio"/> L <input type="radio"/> D <input type="radio"/> W	
ADDRESS WHERE YOU LIVE (if you do not have an address, write "homeless")			APT. NUMBER	CITY	STATE ZIP CODE
MAILING ADDRESS (if different from address where you live)			APT. NUMBER	CITY	STATE ZIP CODE
HOME PHONE NUMBER	OTHER PHONE NUMBER	DO YOU LIVE ON A RESERVATION? <input type="radio"/> No <input type="radio"/> Yes – which one? _____			
DO YOU NEED AN INTERPRETER? <input type="radio"/> Yes <input type="radio"/> No	WHAT IS YOUR PREFERRED SPOKEN LANGUAGE?			WHAT IS YOUR PREFERRED WRITTEN LANGUAGE?	
LAST SCHOOL GRADE COMPLETED	MOST RECENTLY MOVED TO MINNESOTA (mm/dd/yyyy) Date: _____ From: _____			U.S. CITIZEN OR U.S. NATIONAL? <input type="radio"/> Yes <input type="radio"/> No	
WHAT PROGRAM(S) ARE YOU APPLYING FOR? <input type="checkbox"/> SNAP (food) <input type="checkbox"/> Cash programs <input type="checkbox"/> Emergency Assistance** <input type="checkbox"/> None			ETHNICITY (optional) Hispanic? <input type="radio"/> Yes <input type="radio"/> No		RACE* (optional) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> W

* See **MARITAL** and **RACE** codes on the top of page 2.

** Before applying for Emergency Assistance, check with your agency regarding funding and specific eligibility criteria.

Do you need help right away? Questions 1-4 below will help us decide if you can get help with food right away.

- How much income (cash or checks) did or will your household get **this month**? \$ _____
- How much does your household (including children) have in **cash, checking or savings**? \$ _____
- How much does your household pay for **rent/mortgage per month**? \$ _____
What **utilities** do you pay? Heat Air conditioning Electricity Phone None
- Is anyone in your household a **migrant or seasonal farm worker**? Yes No
- Has anyone in your household ever received cash assistance, commodities or SNAP benefits before? Yes No
If yes, When? _____ Where? _____ What? _____
- Is anyone in your household pregnant? Yes No If yes, Who? _____

AGENCY USE: MEMB, MEMI, TYPE, PROG, IMIG, SPON

Eligible for expedited SNAP? <input type="radio"/> Yes <input type="radio"/> No	Intends to reside in MN? <input type="radio"/> Yes <input type="radio"/> No
Same-day interview offered? <input type="radio"/> Yes <input type="radio"/> No Declined? <input type="radio"/> Yes <input type="radio"/> No	Has sponsor? <input type="radio"/> Yes <input type="radio"/> No
Next-day interview offered? <input type="radio"/> Yes <input type="radio"/> No Declined? <input type="radio"/> Yes <input type="radio"/> No	Immigration status _____
_____ children _____ adults	Verification: <input type="radio"/> requested <input type="radio"/> attached

I have looked over my answers and believe they are all true and correct to the best of my knowledge.

SIGNATURE OF APPLICANT OR AUTHORIZED REPRESENTATIVE	DATE	AGENCY SIGNATURE	DATE RECEIVED
---	------	------------------	---------------

List all of the people living in your home even if you are not applying for them and/or the person is not asking for assistance. Program rules require some people to get benefits together. You have to give a Social Security number **only** for people who are applying for help. If anyone in the household uses another name (maiden name, nickname, etc.) list the other name(s) in the OTHER NAMES boxes below. **List in this order:** Your spouse, other adult(s), children, all other people, anyone temporarily away from home. The ETHNICITY and RACE questions are optional and will not affect your eligibility or level of benefits. The reason we ask for this information is to assure that program benefits are distributed without regard to race, color, or national origin.

***Marital status:** (choose one)

N = Never married M = Married living with spouse S = Separated (married, living apart) L = Legally separated D = Divorced W = Widowed

***Race:** (list all that apply)

A = Asian B = Black or African American N = American Indian or Alaska Native P = Pacific Islander or Native Hawaiian W = White

Living situation: (optional, choose one)

- Own housing; lease, mortgage or roommate
- Family/friends due to economic hardship
- Emergency shelter
- Service provider - foster care, group home
- Hospital, treatment facility, detox center or nursing home
- Unknown
- Jail, prison or juvenile detention facility
- Hotel or motel
- Declined
- Place not meant for housing (anywhere outside, a vehicle, an abandoned building, or bus/train/airport)

PERSON 2					
LEGAL NAME - LAST		FIRST NAME		MIDDLE NAME	OTHER NAMES
SOCIAL SECURITY NUMBER	DATE OF BIRTH	GENDER <input type="radio"/> Male <input type="radio"/> Female	RELATIONSHIP TO YOU		MARITAL STATUS* <input type="radio"/> N <input type="radio"/> M <input type="radio"/> S <input type="radio"/> L <input type="radio"/> D <input type="radio"/> W
LAST SCHOOL GRADE COMPLETED	MOST RECENTLY MOVED TO MINNESOTA (mm/dd/yyyy) Date: _____ From: _____				U.S. CITIZEN or U.S. NATIONAL? <input type="radio"/> Yes <input type="radio"/> No
WHAT PROGRAM(S) IS THIS PERSON APPLYING FOR? <input type="checkbox"/> SNAP (food) <input type="checkbox"/> Cash programs <input type="checkbox"/> Emergency Assistance** <input type="checkbox"/> None			ETHNICITY (optional) Hispanic? <input type="radio"/> Yes <input type="radio"/> No		RACE (optional) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> W
AGENCY USE: MEMB, MEMI, TYPE, PROG, IMIG, SPON					
Intends to reside in MN? <input type="radio"/> Yes <input type="radio"/> No		IMMIGRATION STATUS		VERIFICATION <input type="radio"/> requested <input type="radio"/> attached	
Has sponsor? <input type="radio"/> Yes <input type="radio"/> No					

** Before applying for Emergency Assistance, check with your agency regarding funding and specific eligibility criteria.

PERSON 3					
LEGAL NAME - LAST		FIRST NAME		MIDDLE NAME	OTHER NAMES
SOCIAL SECURITY NUMBER	DATE OF BIRTH	GENDER <input type="radio"/> Male <input type="radio"/> Female	RELATIONSHIP TO YOU		MARITAL STATUS* <input type="radio"/> N <input type="radio"/> M <input type="radio"/> S <input type="radio"/> L <input type="radio"/> D <input type="radio"/> W
LAST SCHOOL GRADE COMPLETED	MOST RECENTLY MOVED TO MINNESOTA (mm/dd/yyyy) Date: _____ From: _____				U.S. CITIZEN or U.S. NATIONAL? <input type="radio"/> Yes <input type="radio"/> No
WHAT PROGRAM(S) IS THIS PERSON APPLYING FOR? <input type="checkbox"/> SNAP (food) <input type="checkbox"/> Cash programs <input type="checkbox"/> Emergency Assistance** <input type="checkbox"/> None			ETHNICITY (optional) Hispanic? <input type="radio"/> Yes <input type="radio"/> No		RACE (optional) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> W
AGENCY USE: MEMB, MEMI, TYPE, PROG, IMIG, SPON					
Intends to reside in MN? <input type="radio"/> Yes <input type="radio"/> No		IMMIGRATION STATUS		VERIFICATION <input type="radio"/> requested <input type="radio"/> attached	
Has sponsor? <input type="radio"/> Yes <input type="radio"/> No					

** Before applying for Emergency Assistance, check with your agency regarding funding and specific eligibility criteria.

PERSON 4					
LEGAL NAME - LAST		FIRST NAME		MIDDLE NAME	OTHER NAMES
SOCIAL SECURITY NUMBER	DATE OF BIRTH	GENDER <input type="radio"/> Male <input type="radio"/> Female		RELATIONSHIP TO YOU	MARITAL STATUS* <input type="radio"/> N <input type="radio"/> M <input type="radio"/> S <input type="radio"/> L <input type="radio"/> D <input type="radio"/> W
LAST SCHOOL GRADE COMPLETED		MOST RECENTLY MOVED TO MINNESOTA (mm/dd/yyyy) Date: _____ From: _____			U.S. CITIZEN or U.S. NATIONAL? <input type="radio"/> Yes <input type="radio"/> No
WHAT PROGRAM(S) IS THIS PERSON APPLYING FOR? <input type="checkbox"/> SNAP (food) <input type="checkbox"/> Cash programs <input type="checkbox"/> Emergency Assistance** <input type="checkbox"/> None				ETHNICITY (optional) Hispanic? <input type="radio"/> Yes <input type="radio"/> No	RACE (optional) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> W
AGENCY USE: MEMB, MEMI, TYPE, PROG, IMIG, SPON					
** Before applying for Emergency Assistance, check with your agency regarding funding and specific eligibility criteria.				Intends to reside in MN? <input type="radio"/> Yes <input type="radio"/> No	IMMIGRATION STATUS
				Has sponsor? <input type="radio"/> Yes <input type="radio"/> No	VERIFICATION <input type="radio"/> requested <input type="radio"/> attached

PERSON 5					
LEGAL NAME - LAST		FIRST NAME		MIDDLE NAME	OTHER NAMES
SOCIAL SECURITY NUMBER	DATE OF BIRTH	GENDER <input type="radio"/> Male <input type="radio"/> Female		RELATIONSHIP TO YOU	MARITAL STATUS* <input type="radio"/> N <input type="radio"/> M <input type="radio"/> S <input type="radio"/> L <input type="radio"/> D <input type="radio"/> W
LAST SCHOOL GRADE COMPLETED		MOST RECENTLY MOVED TO MINNESOTA (mm/dd/yyyy) Date: _____ From: _____			U.S. CITIZEN or U.S. NATIONAL? <input type="radio"/> Yes <input type="radio"/> No
WHAT PROGRAM(S) IS THIS PERSON APPLYING FOR? <input type="checkbox"/> SNAP (food) <input type="checkbox"/> Cash programs <input type="checkbox"/> Emergency Assistance** <input type="checkbox"/> None				ETHNICITY (optional) Hispanic? <input type="radio"/> Yes <input type="radio"/> No	RACE (optional) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> W
AGENCY USE: MEMB, MEMI, TYPE, PROG, IMIG, SPON					
** Before applying for Emergency Assistance, check with your agency regarding funding and specific eligibility criteria.				Intends to reside in MN? <input type="radio"/> Yes <input type="radio"/> No	IMMIGRATION STATUS
				Has sponsor? <input type="radio"/> Yes <input type="radio"/> No	VERIFICATION <input type="radio"/> requested <input type="radio"/> attached

If more than 5 people, complete DHS-5223S or use back page of application.

Tell us about your household. (Answer all questions below.)

<input type="radio"/> Yes <input type="radio"/> No		1. Does everyone in your household buy, fix or eat food with you?
AGENCY USE: EATS		
		<input type="checkbox"/> Confirmed response VERIFICATION: <input type="radio"/> requested <input type="radio"/> attached
<input type="radio"/> Yes <input type="radio"/> No		2. Is anyone in the household, who is age 60 or over or disabled, unable to buy or fix food due to a disability?
AGENCY USE: EATS		
		<input type="checkbox"/> Confirmed response VERIFICATION: <input type="radio"/> requested <input type="radio"/> attached
<input type="radio"/> Yes <input type="radio"/> No		3. Is anyone in the household attending school?
AGENCY USE: SCHL		
		<input type="checkbox"/> Confirmed response VERIFICATION: <input type="radio"/> requested <input type="radio"/> attached
<input type="radio"/> Yes <input type="radio"/> No		4. Is anyone in your household temporarily not living in your home? (for example: vacation, foster care, treatment, hospital, job search)
AGENCY USE: REMO		
		<input type="checkbox"/> Confirmed response VERIFICATION: <input type="radio"/> requested <input type="radio"/> attached

Yes No **5. Is **anyone** blind, or does anyone have a physical or mental health condition that limits the ability to work or perform daily activities?**

AGENCY USE: DISA, EMPS, PBEN, UNEA, WREG

Confirmed response VERIFICATION: requested attached

Yes No **6. Is **anyone** unable to work for reasons other than illness or disability?**

AGENCY USE: EMPS, WREG

Confirmed response VERIFICATION: requested attached

Yes No **7. In the last 60 days did **anyone** in the household:**
 • Stop working or quit a job? • Refuse a job offer? • Ask to work fewer hours? • Go on strike?

AGENCY USE: STWK, STRK

Confirmed response ELIGIBLE FOR GOOD CAUSE: Yes No VERIFICATION: requested attached

What kinds of income do you have? (Answer all questions below.)

Yes No **8. Has **anyone** in the household had a job or been self-employed in the past 12 months?**
 Yes No **a. For SNAP only:** Has anyone in the household had a job or been self-employed in the past 36 months?

AGENCY USE: JOBS

Confirmed response VERIFICATION: requested attached

Yes No **9. Does **anyone** in the household have a job or expect to get income from a job this month or next month? **Bring or send proof.****

If yes:

EMPLOYEE NAME	HOURLY WAGE (optional)	GROSS MONTHLY EARNINGS
EMPLOYER/BUSINESS NAME		
EMPLOYEE NAME	HOURLY WAGE (optional)	GROSS MONTHLY EARNINGS
EMPLOYER/BUSINESS NAME		

Note: Include income from Work Study and paid internships. Include free benefits or reduced expenses received for work (shelter, food, clothing, etc.).

AGENCY USE: JOBS, STIN

Confirmed response VERIFICATION: requested attached

HOW OFTEN PAID: Daily Weekly Biweekly Semi-monthly Other

Yes No **10. Is **anyone** in the household self-employed or does anyone expect to get income from self-employment this month or next month? **Bring or send proof.****

If yes:

GROSS MONTHLY EARNINGS

Examples:

- Product sales
- Conservation Reserve Program (CRP)
- Personal services
- Farming
- Paper route
- In-home day care
- Roomers/boarders
- Property rental
- Taxi driver
- Other

AGENCY USE: BUSI, RBIC

Confirmed response VERIFICATION: requested attached

Yes No **11. Do you expect any changes in income, expenses or work hours?**

AGENCY USE: BUSI, JOBS, WKEX

Confirmed response VERIFICATION: requested attached

Principal Wage Earner (PWE)

SNAP (food) households with children must designate the person they want as the PWE. Any adult in your SNAP household can be the PWE. Talk to your worker before designating the SNAP PWE.

DESIGNATED PWE	SIGNATURE OF APPLICANT
----------------	------------------------

12. Has anyone in the household applied for or does anyone get any of the following types of income each month?

Check yes or no for each item. **Bring or send proof.**

- | | |
|---|---|
| <input type="radio"/> Yes <input type="radio"/> No Social Security (RSDI)*** \$ _____ | <input type="radio"/> Yes <input type="radio"/> No Supplemental Security Income (SSI)*** \$ _____ |
| <input type="radio"/> Yes <input type="radio"/> No Veteran Benefits (VA) \$ _____ | <input type="radio"/> Yes <input type="radio"/> No Unemployment Insurance \$ _____ |
| <input type="radio"/> Yes <input type="radio"/> No Workers' Compensation \$ _____ | <input type="radio"/> Yes <input type="radio"/> No Retirement benefits \$ _____ |
| <input type="radio"/> Yes <input type="radio"/> No Tribal payments \$ _____ | <input type="radio"/> Yes <input type="radio"/> No Child support or spousal support \$ _____ |
| <input type="radio"/> Yes <input type="radio"/> No Other unearned income (trusts, gifts, gambling, etc.) \$ _____ | |

*** The agency will verify this income for you.

AGENCY USE: PBEN, UNEA

Confirmed response VERIFICATION: requested attached

Yes No **13. Does anyone in the household have or expect to get any loans, scholarships or grants for attending school?**

AGENCY USE: STIN

Confirmed response VERIFICATION: requested attached

What kinds of expenses do you have? (Answer all questions below.)

14. Does your household have the following housing expenses? Check yes or no for each item. Bring or send proof.

- | | |
|--|--|
| <input type="radio"/> Yes <input type="radio"/> No Rent (include mobile home lot rental) | <input type="radio"/> Yes <input type="radio"/> No Rent or Section 8 subsidy |
| <input type="radio"/> Yes <input type="radio"/> No Mortgage/contract for deed payment | <input type="radio"/> Yes <input type="radio"/> No Association fees |
| <input type="radio"/> Yes <input type="radio"/> No Homeowner's insurance (if not included in mortgage) | <input type="radio"/> Yes <input type="radio"/> No Room and/or board |
| <input type="radio"/> Yes <input type="radio"/> No Real estate taxes (if not included in mortgage) | |

AGENCY USE: SHEL, EATS

Confirmed response VERIFICATION: requested attached

15. Does your household have the following utility expenses any time during the year? Check yes or no for each item.

Bring or send proof.

- | | | |
|--|--|---|
| <input type="radio"/> Yes <input type="radio"/> No Heating/air conditioning | <input type="radio"/> Yes <input type="radio"/> No Electricity | <input type="radio"/> Yes <input type="radio"/> No Cooking fuel |
| <input type="radio"/> Yes <input type="radio"/> No Water and sewer | <input type="radio"/> Yes <input type="radio"/> No Garbage removal | <input type="radio"/> Yes <input type="radio"/> No Phone/cell phone |
| <input type="radio"/> Yes <input type="radio"/> No Did you or anyone in your household receive LIHEAP (energy assistance) of more than \$20 in the past 12 months? | | |

AGENCY USE: ACUT, HEST

Confirmed response VERIFICATION: requested attached

Yes No **16. Do you or anyone living with you have costs for care of a child(ren) because you or they are working, looking for work or going to school? The Child Care Assistance Program may help pay child care costs. Ask your worker how to apply for the Child Care Assistance Program.**

AGENCY USE: DCEX

Confirmed response VERIFICATION: requested attached

Yes No **17. Do you or anyone living with you have costs for care of an ill or disabled adult because you or they are working, looking for work or going to school?**

AGENCY USE: DCEX

Confirmed response VERIFICATION: requested attached

Yes No **18. Does anyone in the household pay court-ordered child support, spousal support, child care support, medical support or contribute to a tax dependent who does not live in your home?**

AGENCY USE: COEX

Confirmed response VERIFICATION: requested attached

Yes No **19. For SNAP only: Does anyone in the household have medical expenses?**
To get a medical deduction you must provide proof of all medical bills incurred by anyone in your household **who is disabled or 60 years or older. Do not** bring medical bills that are being paid for by any health care program, insurance or someone not living with you.

AGENCY USE: FMED

Confirmed response VERIFICATION: requested attached

What do you own? (Answer all questions below.)

20. Does anyone in the household own, or is anyone buying, any of the following? Check yes or no for each item. Bring or send proof.

Yes No Cash

Yes No Bank accounts (savings, checking, debit card, etc.)

Yes No Stocks, bonds, annuities, 401K, etc.

Yes No Vehicles (cars, trucks, motorcycles, campers, trailers)

AGENCY USE: CASH, CARS, ACCT, REST, SECU, SPON

Confirmed response EFT OFFERED? Yes No VERIFICATION: requested attached

Yes No **21. For Cash programs only: Has anyone in the household given away, sold or traded anything of value in the past 12 months? (For example: Cash, Bank accounts, Stocks, Bonds, Vehicles)**

AGENCY USE: TRAN

Confirmed response VERIFICATION: requested attached

Other information (Answer questions below.)

Yes No **22. For recertifications only: Did anyone move in or out of your home in the past 12 months?**

AGENCY USE: ADME, REMO

Confirmed response VERIFICATION: requested attached

Yes No **23. For children under the age of 19, are both parents living in the home?**

AGENCY USE: INFC/CSIA, ABPS

Confirmed response VERIFICATION: requested attached

24. For MSA recipients only: Does **anyone** in the household have any of the following expenses?

- Yes No Representative Payee fees Yes No Guardian or Conservator fees
 Yes No Physician-prescribed special diet Yes No High housing costs

AGENCY USE: DIET	
<input type="checkbox"/> Confirmed response	VERIFICATION: <input type="radio"/> requested <input type="radio"/> attached

You may authorize another person(s) to act on your behalf to help you:

- **Fill out forms and apply for help from the agency** (for example, go to an interview for you, talk to or work with Employment services provider(s))
- **Get notices and information related to your case**
- **Get your SNAP benefits and buy food for you through your Electronic Benefit Transfer (EBT) account.**

You can ask more than one person(s) to help you with the items listed above. The authorized person(s) may be a friend, relative, conservator acting on your behalf, a person authorized by the courts, or a person with your power of attorney. This person(s) can act for you until you notify your worker that you want this to end. Ask your worker for more information about authorized representatives. **All authorized person(s) must sign and date the last page of this application.**

AUTHORIZED PERSON 1				
I WANT THE PERSON NAMED TO: <input type="checkbox"/> Fill out forms <input type="checkbox"/> Get notices <input type="checkbox"/> Get and use my SNAP benefits	NAME	RELATIONSHIP	PHONE NUMBER	
	ADDRESS	CITY	STATE	ZIP CODE

AUTHORIZED PERSON 2				
I WANT THE PERSON NAMED TO: <input type="checkbox"/> Fill out forms <input type="checkbox"/> Get notices <input type="checkbox"/> Get and use my SNAP benefits	NAME	RELATIONSHIP	PHONE NUMBER	
	ADDRESS	CITY	STATE	ZIP CODE

AUTHORIZED PERSON 3				
I WANT THE PERSON NAMED TO: <input type="checkbox"/> Fill out forms <input type="checkbox"/> Get notices <input type="checkbox"/> Get and use my SNAP benefits	NAME	RELATIONSHIP	PHONE NUMBER	
	ADDRESS	CITY	STATE	ZIP CODE

Legal guardian

Yes No Do you have a legal guardian or conservator, or is there a power of attorney?

If yes: PERSON'S FULL NAME	DO YOU PAY A FEE? <input type="radio"/> Yes <input type="radio"/> No	IF YES, AMOUNT	HOW OFTEN?
----------------------------	---	----------------	------------

Attach copies of legal documents.

Other help

- Yes No Are you currently getting help from a social worker or social services agency?
 Yes No Do you need help with referrals for other areas (for example, food shelves, housing, transportation)?
 Yes No Do you want to register to vote or update your registration?

COMMENTS

Penalty warnings and qualification questions

If you get cash or SNAP benefits, you must follow the rules listed below.

- **Do not give false information** or hide information to get or continue to get benefits. If you get cash or SNAP benefits and give false information or hide information about your **identity** and **residency** to get multiple benefits for the same period of time, you may be barred for 10 years.
- **Do not trade or sell SNAP benefits** or Electronic Benefit Transfer (EBT) access cards. **The trade or sale of benefits valued at over \$500 may result in permanent ineligibility.**
- **Do not use cash or SNAP benefits to buy ineligible items**, such as alcohol and tobacco.
- **Do not use someone else's EBT access card(s)** to get cash or SNAP benefits for your household.

The state may bar household members who break any of these rules. The bar lasts one year for the first fraud, two years for the second fraud and is permanent for the third fraud. The months you are barred from MFIP for breaking the rules may count toward your 60-month lifetime limit.

You can also be prosecuted for fraud if you break the rules and additional fines and penalties may apply. The maximum penalty is a fine of \$250,000 or a jail term of 20 years, or both.

Special SNAP penalty warning: If a federal, state or local court finds you or any household member guilty of giving or receiving SNAP benefits in exchange for:

- **Controlled substances**, that household member will be barred from getting SNAP for 24 months for the first offense and permanently for the second offense.
- **Firearms, ammunition or explosives**, that household member will be barred from getting SNAP permanently.

If you admit committing a drug felony in the past 10 years, the agency may ask you to take random drug tests. The first time you fail a drug test, the agency will reduce your household's MFIP or SNAP benefits by 30 percent. If you fail the test a second time, you will be permanently disqualified.

<input type="radio"/> Yes	<input type="radio"/> No	1. Has a court or any other civil or administrative process in Minnesota or any other state found anyone in the household guilty or has anyone been disqualified from receiving public assistance for breaking any of the rules above?	
<input type="radio"/> Yes	<input type="radio"/> No	2. Has anyone in the household been convicted of making fraudulent statements about their place of residence to get cash or SNAP benefits from more than one state?	
<input type="radio"/> Yes	<input type="radio"/> No	3. Is anyone in your household hiding or running from the law to avoid prosecution, being taken into custody, or to avoid going to jail for a felony?	
<input type="radio"/> Yes	<input type="radio"/> No	4. Has anyone in your household been convicted of a drug felony in the past 10 years?	
<input type="radio"/> Yes	<input type="radio"/> No	5. Is anyone in your household currently violating a condition of parole, probation or supervised release?	
If you checked yes to any of the above questions , list the household member(s) and question number below:			
QUESTION NO.	HOUSEHOLD MEMBER	QUESTION NO.	HOUSEHOLD MEMBER

Employment services registration

I understand that signing this application registers me for employment services. I also understand that doing so automatically registers everyone in my home whom the agency approves to receive assistance with me for employment services. I understand that I or others in my home might have to take part in employment services to receive cash assistance or SNAP benefits.

Assignments

I understand that when I get MFIP I must assign my rights to child support and maintenance to the state of Minnesota.

Perjury and general declarations

I declare under the penalties of perjury that I have examined this application and to the best of my knowledge, it is a true and correct statement of every material point. I understand that a person convicted of perjury may be sentenced to imprisonment of not more than five years or payment of a fine of not more than \$10,000, or both. [Minnesota Statutes, section 256.984, subd. 1]

Authorization to share information for fraud investigation and audits

I agree that third parties may share information about me with persons investigating fraud and conducting Federal or state audits. This may include, but is not limited to:

- Employers and schools,
- Landlords and utility companies,
- Financial and insurance agencies, and
- Other government offices.

I understand this consent is good for six months after my benefits stop.

By signing:

- I understand cash assistance is provided to help eligible families meet their basic needs.
- I understand if I give incorrect information or misuse an electronic benefit transfer (EBT) card, I may be investigated and disqualified or prosecuted for fraud. [Minnesota Statute, sections 256.98 and 609.821]
- I acknowledge that since my last application or recertification, I have received my cash and/or SNAP benefits directly or used my EBT card to get my cash and/or SNAP benefits.
- I acknowledge that I have read and understand the "Penalty warnings and qualification questions" section on page 8.
- I acknowledge that my worker reviewed and explained the attached "Notice of Privacy Practices" (DHS-3979) and "Client Responsibilities and Rights" (DHS-4163).
- I agree to assign my child support as stated above.
- I agree to the sharing of information as stated on the fraud release information section above.
- I agree to the sharing of information as stated in the Social Security numbers section on page ii.

SIGNATURE OF APPLICANT OR AUTHORIZED REPRESENTATIVE	DATE	SIGNATURE OF SPOUSE OR OTHER ADULT	DATE
SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE	SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE

AGENCY USE

PROVIDED APPLICANT WITH THE FOLLOWING DOCUMENTS:

- | | |
|---|---|
| <input type="checkbox"/> Program information brochure (DHS-2920) | <input type="checkbox"/> Notice About Income and Eligibility Verification System and Work Reporting System (DHS-2759) <i>(attached)</i> |
| <input type="checkbox"/> Domestic Violence Information brochure (DHS-3477) | <input type="checkbox"/> Do you have a disability? (DHS-4133) |
| <input type="checkbox"/> Notice of Privacy Practices (DHS-3979) <i>(attached)</i> | <input type="checkbox"/> How to Use Your Minnesota EBT Card (DHS-3315A) |
| <input type="checkbox"/> Responsibilities and Rights (DHS-4163) <i>(attached)</i> | <input type="checkbox"/> Reviewed all pages of application with client |
| <input type="checkbox"/> Important Information (DHS-3353) <i>(attached)</i> | |

AGENCY SIGNATURE	INTERVIEW DATE	CASE NUMBER
------------------	----------------	-------------

Attention. If you need free help interpreting this document, ask your worker or call the number below for your language.

ያስተውሉ፡ ይህንን ዶኩመንት ለመተርጎም እርዳታ የሚፈልጉ ከሆነ፡ የጉዳዮች ሰራተኛ ይጠይቁ ወይም በሰልክ ቁጥር 1-844-217-3547 ይደውሉ።

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اطلب ذلك من مشرفك أو اتصل على الرقم 1-800-358-0377.

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ သင့်လူမှုရေးအလုပ်သမား အားမေးမြန်း ခြင်းသို့ မဟုတ် 1-844-217-3563 ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿង របស់អ្នក ឬហៅទូរស័ព្ទមកលេខ 1-888-468-3787 ។

請注意，如果您需要免費協助傳譯這份文件，請告訴您的工作人員或撥打 1-844-217-3564。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, demandez à votre agent chargé du traitement de cas ou appelez le 1-844-217-3548.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces nug koj tus neeg lis dej num los sis hu rau 1-888-486-8377.

ဟ်သ့ၣ်ဟ်သးဘၣ်တၢ်ကၢ်. ဖဲန့ၣ်လိၣ်ဘၣ်တၢ်မၤစၢၤကလီၤလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီလံာ်မိတခါအံၤန့ၣ်,သံကွၢ်ဘၣ်ပုၤဂ့ၢ်ဖိအပုၤမၤစၢၤတၢ်လၢန့ၢ်မ့တ မ့ၢ်ကိးဘၣ် 1-844-217-3549 တၢ်ကၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 담당자에게 문의하시거나 1-844-217-3565으로 연락하십시오.

ໂປຣດຊາບ. ຖ້າທ່ານ ທ່ານ ຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພໍລີ, ຈົ່ງຖາມພະນັກງານກຳກັບການຊ່ວຍເຫຼືອຂອງທ່ານ ຫຼື ໂທໂປຣໂທ 1-888-487-8251.

Hubachiisa. Dokumentiin kun bilisa akka siif hiikamu gargaarsa hoo feete, hojjettoota kee gaafadhu ykn afaan ati dubbattuuf bilbilli 1-888-234-3798.


Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, обратитесь к своему социальному работнику или позвоните по телефону 1-888-562-5877.

Digniim. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkan, hawlwadeenkaaga weydiiso ama wac lambarka 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, comuníquese con su trabajador o llame al 1-888-428-3438.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi nhân viên xã hội của quý vị hoặc gọi số 1-888-554-8759.

181 (8-16)



For accessible formats of this information, ask your county worker. For assistance with additional equal access to human services, contact your county's ADA coordinator. ADA4 (2-18)

Notice of Privacy Practices

(Effective Date: November 2016)

This notice tells how private information about you may be used and disclosed and how you can get this information. Please review it carefully.

Why do we ask for this information?

- In order to determine whether and how we can help you, we collect information:
 - To tell you apart from other people with the same or similar name
 - To decide what you are eligible for
 - To help you get medical, mental health, financial or social services and decide if you can pay for some services
 - To decide if you or your family need protective services
 - To decide about out-of-home care and in-home care for you or your children
 - To investigate the accuracy of the information in your application
- After we have begun to provide services or support to you, we may collect additional information:
 - To make reports, do research, do audits, and evaluate our programs
 - To investigate reports of people who may lie about the help they need
 - To collect money from other agencies, like insurance companies, if they should pay for your care
 - To collect money from the state or federal government for help we give you.
 - When your or your family's circumstances change and you are required to report the change (see Client Responsibilities and Rights – DHS-4163)

Why do we ask you for your Social Security number?

We need your Social Security number to give you medical assistance, some kinds of financial help, or child support enforcement services (42 CFR 435.910 [2006]; Minn. Stat. 256D.03, subd.3(h); Minn. Stat.256L.04, subd. 1a; 45 CFR 205.52 [2001]; 42 USC 666; 45 CFR 303.30 [2001]). We also need your Social Security Number to verify identity and prevent duplication of state and federal benefits. Additionally, your Social Security Number is used to conduct computer data matches with collaborative, nonprofit and private agencies to verify income, resources, or other information that may affect your eligibility and/or benefits.

You do not have to give us the Social Security Number:

- For persons in your home who are not applying for coverage
- If you have religious objections
- If you are not a United States citizen and are applying for Emergency Medical Assistance only
- If you are from another country, in the United States on a temporary basis and do not have permission from the United States Citizenship and Immigration Services to live in the United States permanently
- If you are living in the United States without the knowledge or approval of the U.S. Citizenship and Immigration Services.

Do you have to answer the questions we ask?

You do not have to give us your personal information. Without the information, we may not be able to help you. If you give us wrong information on purpose, you can be investigated and charged with fraud.

With whom may we share information?

We will only share information about you as needed and as allowed or required by law. We may share your information with the following agencies or persons who need the information to do their jobs:

- Employees or volunteers with other state, county, local, federal, collaborative, nonprofit and private agencies
- Researchers, auditors, investigators, and others who do quality of care reviews and studies or commence prosecutions or legal actions related to managing the human services programs.
- Court officials, county attorney, attorney general, other law enforcement officials, child support officials, and child protection and fraud investigators
- Human services offices, including child support enforcement offices
- Governmental agencies in other states administering public benefits programs
- Health care providers, including mental health agencies and drug and alcohol treatment facilities
- Health care insurers, health care agencies, managed care organizations and others who pay for your care

- Guardians, conservators or persons with power of attorney
- Coroners and medical investigators if you die and they investigate your death
- Credit bureaus, creditors or collection agencies if you do not pay fees you owe to us for services
- Anyone else to whom the law says we must or can give the information.

What are your rights regarding the information we have about you?

- You and people you have given permission to may see and copy private information we have about you. You may have to pay for the copies.
- You may question if the information we have about you is correct. Send your concerns in writing. Tell us why the information is wrong or not complete. Send your own explanation of the information you do not agree with. We will attach your explanation any time information is shared with another agency.
- You have the right to ask us in writing to share information with you in a certain way or in a certain place. For example, you may ask us to send health information to your work address instead of your home address. If we find that your request is reasonable, we will grant it.
- You have the right to ask us to limit or restrict the way that we use or disclose your information, but we are not required to agree to this request.
- If you do not understand the information, ask your worker to explain it to you. You can ask the Minnesota Department of Human Services for another copy of this notice.

What are our responsibilities?

- We must protect the privacy of your private information according to the terms of this notice.
- We may not use your information for reasons other than the reasons listed on this form or share your information with individuals and agencies other than those listed on this form unless you tell us in writing that we can.
- We must follow the terms of this notice, but we may change our privacy policy because privacy laws change. We will put changes to our privacy rules on our website at: <http://edocs.dhs.state.mn.us/lfserver/Public/DHS-3979-ENG>

What privacy rights do children have?

If you are under 18, when parental consent for medical treatment is not required, information will not be shown to parents unless the health care provider believes not sharing the information would risk your health. Parents may see other information about you and let others see this information, unless you have asked that this information not be shared with your parents. You must ask for this in writing and say what information you do not want to share and why. If the agency agrees that sharing the information is not in your best interest, the information will not be shared with your parents. If the agency does not agree, the information may be shared with your parents if they ask for it.

What if you believe your privacy rights have been violated?

If you think that the Minnesota Department of Human Services has violated your privacy rights, you may send a written complaint to the U.S. Department of Health and Human Services to the address below:

Minnesota Department of Human Services
 Attn: Privacy Official
 PO Box 64998
 St. Paul, MN 55164-0998

Client Responsibilities and Rights

Note: Cash on an Electronic Benefit Transfer (EBT) card is provided to help families meet their basic needs, including: food, shelter, clothing, utilities and transportation. These funds are provided until families can support themselves. It is illegal for an EBT user to buy or attempt to buy tobacco products or alcohol with the EBT card. If you do, it is fraud and you will be removed from the program. Do not use an EBT card at a gambling establishment or retail establishment, which provides adult-orientated entertainment in which performers disrobe or perform in an unclothed state for entertainment.

Your responsibilities

- **If you receive cash assistance and/or child care assistance,** you must report changes which may affect your benefits to the county agency within 10 days after the change has occurred. If you receive Supplemental Nutrition Assistance Program (SNAP) benefits, report changes by the 10th of the month following the month of the change. Each program may have different requirements for reporting changes. Talk to your caseworker about what you must report.
- You may be required to report changes in:
- **Employment** – starting or stopping a job or business; change in hours, earnings or expenses
 - **Income** – receipt or change in child support, Social Security, veteran benefits, unemployment insurance, inheritance or insurance benefits
 - **Property** – purchase, sale or transfer of a house, car or other items of value, or if you receive an 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.
 - **Citizenship or immigration status**
 - **Address**
 - **Housing costs and/or 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:** If you change child care 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 provide.** To obtain some forms of information we must have your signed consent. If you don't allow the county to confirm your information, you might not receive assistance.
- **If you give us information you know is untrue, withhold information or do not report as required, or we discover your information is untrue,** you may be investigated for fraud. **This may result in you being disqualified from receiving benefits, charged criminally, or both.**
- **The state or federal quality control agency** may randomly choose your case for review. They will review statements you provided and will check to see if your eligibility was figured correctly. The state may seek information from other sources and will inform 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 MFIP, DWP, and/or child care assistance, you must cooperate with child support enforcement for all children in your household. You have the right to claim "good cause" for not cooperating with child support enforcement. You must assign your 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 receive child support directly from the noncustodial parent, you must report it to your worker.

For Cash and Supplemental Nutrition Assistance Program (SNAP) benefits:

- **Each time you use your Electronic Benefits Transfer (EBT) card or sign your check**, you state that you have informed the county agency about any changes in your situation which may affect your benefits.
- **Each time your EBT card is used** we assume you have received your cash or SNAP benefits, unless you reported your card lost or stolen to the county agency.

For Child Care Assistance:

- **You may be required to pay a co-payment fee to your child care provider.** If you do not pay the fee, your child care assistance will be terminated until fees are paid in full or satisfactory payment agreements have been made with the county and your child care provider.
- **You may be required to pay additional costs** when your child care provider charges a rate that is more than the maximum rate in your county.
- **You must document** the immigration or citizenship status of the children in your family for whom you are applying for child care assistance.

Note: If you sign the application as an authorized representative of a person who is requesting or receiving assistance, you are agreeing to assume all of the responsibilities listed above on behalf of that person.

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 stop.
- **You have the right to know why, if we have not processed your application within:**
 - 30 days for cash, SNAP and child care assistance
 - 60 days for cash related to disability.
- **You have the right to know the rules of the program you are applying for** and for the agency to tell you how your benefit amount was figured.
- **You have the right to choose where and with whom you live.**

- **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 assistance 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, PO 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. You may represent yourself at the hearing, or you may have someone (an attorney, relative, friend or another person) speak for you.

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.

Appeal rights

- **Appeal rights.** An appeal is a legal process where a human services judge reviews a decision made by the agency. You may appeal a decision if:

- You feel the agency did not act on your request for assistance.
- You do not agree with the action taken.

You may represent yourself at the hearing, or you may have someone (an attorney, relative, friend or another person) speak for you.

- **For emergency help**, when your case is about an emergency and you need a faster decision on your appeal, you can ask for an emergency hearing in your appeal request. You can also request it by calling the Department of Human Services Appeals Division.
- **For cash, child care and health care**, you may appeal **within 30 days** from the date you received this notice by sending a written appeal request saying you do not agree with the decision. You can send this letter to the agency, or directly to the Appeals Division. If you show good cause for not appealing your cash, child care and health care **within 30 days**, the agency can accept your appeal for **up to 90 days** from the date of the notice. Good cause is when you have a good reason for not appealing on time. The Appeals Division will decide if your reason is a good cause reason. You can ask to meet informally with agency staff to try to solve the problem, but this meeting will not delay or replace your right to an appeal.
- **For the Supplemental Nutrition Assistance Program**, you may appeal **within 90 days** by writing or calling the agency or the Appeals Division.
- Submit your appeal request:
 - **Online:** <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-0033-ENG>
 - **Write:** Minnesota Department of Human Services Appeals Division
P.O. Box 64941
St. Paul, MN 55164-0941
 - **Fax:** 651-431-7523
 - **Call:** Metro: 651-431-3600
Greater Minnesota: 800-657-3510
or use your preferred relay service
- **If you want to keep receiving your benefits until the hearing**, you must appeal within 10 days of the date on the agency's notice of action letter or before the proposed action takes place in order to keep benefits in place. For most programs, if you file your appeal on time, you will get your benefits until the Appeals Division decides your appeal. If you lose your appeal, you may have to pay back the benefits you got while your appeal was pending. You can ask the agency to end your benefits until the decision. If you end your benefits and then win your appeal, you will be paid back for benefits that you should have received or, for child care assistance, your provider will be reimbursed for eligible costs that you paid or incurred. Ask your agency worker to explain how the timing of your appeal could affect your present or future assistance.
- **You have the right to reapply** at any time if your benefits stop.
- **Access to free legal services.** You may be able to get legal advice or help with an appeal from your local legal aid office. To find your local legal aid office, visit www.LawHelpMN.org or call 888-354-5522.

Notice About Income and Eligibility Verification System and Work Reporting System

Read this if you are asking for or get:

- Cash Assistance:
 - Diversionary Work Program
 - Minnesota Family Investment Program
 - Refugee Cash Assistance
 - Minnesota Supplemental Aid
 - General Assistance
 - Emergency Assistance
- Supplemental Nutrition Assistance Program
- Minnesota Health Care Programs

What is the Income and Eligibility Verification System (IEVS)?

The government has a way to check income. It is the "Income and Eligibility Verification System" (IEVS).

The law has us check your income with other agencies. We have to check income for all who ask for or get cash assistance, Supplemental Nutrition Assistance Program (SNAP) benefits or Medical Assistance (MA). This includes your children.

We need Social Security Numbers (SSN) for anyone wanting help. If you have no SSN, you must apply for one. Apply with your county human services agency. You must report all SSNs to your worker.

What facts will we get? How will we use them?

We check with other agencies about your income, assets and health insurance. If you didn't tell us about all of your income or assets, we will refigure your aid. Your aid might go lower or stop. If you get aid you should not be getting, we may use these facts in civil or criminal lawsuits.

We will tell you if facts from other agencies are not the same as the facts you gave us. We will tell you what facts we got, the kind of income or assets, and the amount. We give you 10 days to respond in writing to prove if our facts are wrong.

We will ask you to show proof of income, assets, or health insurance you did not report or that we could not verify. You may need to give us permission to check the facts with the source of data. We will tell you what happens if you do not sign for permission or do not help us.

Agencies we get information from

We must trade facts with these agencies:

- United States Social Security Administration (SSA) - We get records of self-employment earnings, retirement income, survivor's benefits, disability payments, Social Security (RSDI), Supplemental Security Income (SSI).
- United States Internal Revenue Service (IRS) - We get records of unearned income (like interest and dividends).
- Minnesota Department of Employment and Economic Development (DEED) - We get records of wages and pay and facts on Unemployment Insurance.
- Minnesota Office of Child Support Division
- Agencies in other states that manage:
 - Unemployment Insurance
 - Cash assistance
 - Medical Assistance (MA)
 - SNAP
 - Child support
 - SSI state supplements

These agencies have the right to get certain facts from us about you. They have to use those facts for programs like RSDI, child support, cash assistance, SNAP, MA, Unemployment Insurance, and SSI.

What is the Work Reporting System?

Minnesota employers must tell us when they hire someone. This information is used by the Child Support Program. We also use this information to see if a new employee is getting help from any of the programs listed above.

How do we use it?

If the employee is getting help from any of these programs, the county worker gets a notice. If the client did not report the new job, the county worker will contact the client. The county worker may ask the client to show proof about the job. The client may need to give the county permission to check the facts with the employer. If a client does not help us check the information, they will lose benefits.

The law limits who gets facts about you

The law limits the facts about you that we get from other agencies and the facts we give them. Contracts with the Minnesota Department of Human Services and those agencies also protect you. Only those agencies, the state, and the county agency where you apply for and get program benefits can use the facts about you. No one else can get the facts about you without your written permission.

Your duty to report

You **must report** all of your income and assets.

- **If you receive cash assistance**, report any changes within 10 days of the change, **or**, if you report on a Household Report Form (DHS-2120), complete the form and return it by the 8th of the month.
- **If you receive SNAP**, report required changes by the 10th of the month following the month of the change. For example, if a change happens in March, you must report the change by April 10.

You **must** still report all of your income, assets and other information on redetermination forms we send you.

You **must** help the county agency check your income, assets and health insurance. IEVS is one way of proving your income, assets and health insurance amounts.

What if you do not help

You must help us check your income, assets and health insurance to get cash assistance, SNAP and MA. **If you don't, you and your family will not get help.**

Legal Authority

IEVS - 7 CFR, parts 271, 272, 273, 275; 42 CFR, parts 431, 435; 45 CFR, parts 205, 206, 233

Work Reporting - Minnesota Statutes Section 256.998, Subd. 10

Civil Rights Notice

Discrimination is against the law. The Minnesota Department of Human Services (DHS) does not discriminate on the basis of any of the following:

- race
- national origin
- religion
- public assistance status
- age
- sex
- color
- creed
- sexual orientation
- marital status
- disability
- political beliefs

Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by a human services agency.

Contact **DHS** directly only if you have a discrimination complaint:

Civil Rights Coordinator
Minnesota Department of Human Services
Equal Opportunity and Access Division
P.O. Box 64997
St. Paul, MN 55164-0997
651-431-3040 (voice) or use your preferred relay service

Minnesota Department of Human Rights (MDHR)

In Minnesota, you have the right to file a complaint with the MDHR if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- disability

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights
Freeman Building, 625 North Robert Street
St. Paul, MN 55155
651-539-1100 (voice)
1-800-657-3704 (toll free)
711 or 1-800-627-3529 (MN Relay)
651-296-9042 (fax)
Info.MDHR@state.mn.us (email)

U.S. Department of Health and Human Services' Office for Civil Rights (OCR)

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- age
- disability
- sex
- religion

Contact the **OCR** directly to file a complaint:

Director, U.S. Department of Health and Human Services' Office for Civil Rights
200 Independence Avenue SW, Room 509F
HHH Building
Washington, DC 20201
1-800-368-1019 (voice)
1-800-537-7697 (TDD)
Complaint Portal:
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

In accordance with Federal civil rights law and **U.S. Department of Agriculture (USDA)** civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 1-800-877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 1-866- 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, DC 20250-9410;
- (2) fax: 202-690-7442; or
- (3) email: program.intake@usda.gov

This institution is an equal opportunity provider.

LANDLORDS, GET READY

Are you a landlord with tenants who are behind on their rent?

RentHelpMN may be able to help them get caught up on owed rent and utilities. Here's what you can do to get ready.

ALERT: Spread the word to your tenants

- Print the RentHelpMN 'Renters, Get Ready' document and provide it to your tenants who are behind on their rent.
- Meet with your tenants to discuss the program. Landlords cannot apply to the program directly but can encourage tenants to apply.
- Make sure your tenants know they can request three months of future rent in addition to assistance with their missed payments.

ASSIST: Help your tenants be prepared to apply

- Provide tenants a copy of their current lease. If possible, email the tenant a scan of these documents. The tenant will have to upload their lease to the online application portal.
- Provide a ledger or rent due statement. It's particularly helpful if it is broken out by month. Make an internet-connected computer and scanner available to tenant applicants or make a copier available for tenants who will mail in a paper application.
- If the tenant has income-qualified for other affordable housing or low-income assistance, share a copy of the eligibility determination letter with the tenant dated January 1, 2020 or later.
- Provide tenants with the business name and address you will use for payment information.

PREPARE: Get your portion of the documentation ready

- If you are a management company with multiple properties, develop and distribute guidance on what address and contact information property managers should share with tenants to use.

When a tenant has completed the application, landlords will receive a request to upload several documents. Have these ready to upload:

- Download and fill in a W-9 for the property owner.
- Locate your direct deposit or ACH payment information and a copy of a canceled check.

Important: Larger management companies should coordinate and designate someone in the corporate office to set up and connect landlord accounts to avoid duplicate applications.



RentHelpMN is coming soon. Please check renthelpmn.org or call **211** for updated information.

RENTERS, GET READY

Do you need help paying your rent or utilities?

RentHelpMN is coming soon and may be able to help. Here's how to get ready to apply.

Am I eligible?

- Are you a renter living in Minnesota?
- Are you qualified for unemployment insurance? OR, Have you been negatively impacted by COVID-19 in any way?
- Do you know the annual income for all adults in your household? (Must meet income limits, see below)
- Do you have past-due rent?

If you answered yes to all four questions, you will be eligible to apply when the program opens.

What do I need to apply?

Gather these documents ahead of time to make it easier to complete your application. You can upload cell phone pictures or scanned copies, or call 211 if you need assistance.

- Your landlord's name, address and contact information** - We will need to contact your landlord to send payment and confirm it's your main address.
- Copy of your lease or rental agreement** - If you are not on a lease, a document from your landlord or the property owner showing the amount you pay and/or the amount you owe for rent. We can provide a form if needed.
- Past-due rent statement (or ledger)** - If you are behind on your rent, try to get a ledger or statement from your landlord showing how much and for which months you still owe rent.
- A list of who lives in your household** - This program includes everyone living there the day you apply. In addition to adults and children in a family, that may include non-custodial children, people not on the lease, family members you care for in your home, unborn children and others living with you now. Unrelated adults (roommates) who live together are considered a household. Note that all adults in the household must share their income information.
- Income Documentation:**
 - 2020 Taxable Income (1040s, 1099s or W2s)
 - Pay Stubs or other payment verification (two months)
- A form of identification for the head of household** - We will need to confirm that you are who you say you are with state-issued, Tribal or other international identification.

Call 211 if you do not have the required income documentation.

What about my utility bills?

To request help with utility bills or other expenses, have these ready.

- A utility bill (tenant-paid gas, electric, heat, energy, water or sewer, or other expenses)
- A past-due notice from a utility company

What costs will be covered?

- **RentHelpMN** will help with rent and utility bills for up to 15 months starting from April 1, 2020, with a possible extension based on need. **RentHelpMN** can cover past-due electricity, gas, home energy services, water, sewer and trash removal but does not cover phone or internet services.

Can I apply if I have received other COVID-related rental assistance?

- Applicants who have received other COVID-related rental assistance are still eligible for the **RentHelpMN** program. **RentHelpMN** cannot cover rent or utilities already paid by another program.

How do I find out if my income qualifies?

- **Your income may include:** Wages from jobs, self-employment, child support, alimony, unemployment insurance, stimulus checks, Social Security Income (SSI), pensions, retirement account distributions, investment income received or business income.

Income eligibility is based on 80% of the median income in your area, and it varies by county and number of people in the household. For example, a 1-person household would qualify with an income below \$40,700 if they live in Aitkin County, or below \$54,950 if they live in the Metro Twin Cities. A 4-person household would qualify with an income below \$58,100 in Aitkin County or below \$78,500 in the Metro.

Your income is likely to qualify if you receive other benefits available only to low-income Minnesotans such as Food Stamps (SNAP), MFIP and GA, or if you live in affordable housing and your income has not increased significantly since you qualified.

- **2020 Taxable Income:** If all the adults (18+) in the household have filed taxes for 2020, either together or individually, all you need are the 1040 Forms. If you have earning statements for 2020 such as W-2s, 1099s, or other tax forms but have not filed yet, have those ready.
- **Pay Stubs:** You can use two months of pay stubs or other pay documents to show your income. Pay stubs might be particularly helpful if someone has moved out recently and reduced your family income, or if you have seen a dramatic drop in your income due to the COVID-19 pandemic.
- **Self-Certification:** In limited circumstances you may be able to self-certify. This might be an option for young adults in the house with no work history, for adults who have received income only in cash, or cases where a place of employment has closed, and you cannot get documentation. If you have a case worker who knows your family's income situation, we may be able to accept a letter from them.

If you do not have these documents, you may still be able to apply. Call 211 for assistance.



RentHelpMN is coming soon. Please check renthelpmn.org or call **211** for updated information.

Merit System Primary Functions

1. Provide human resource consultation, technical assistance and training to county agency managers and supervisors in a variety of areas, including, but not limited to: classification, organizational structure, employee relations/disciplinary actions, county policies, affirmative action/equal opportunity, hiring of merit system exempt directors, and human resources issues related to human services, or social services board structure.
2. Develop personnel rules and policies that comply with federal and state employment laws and merit system principles.
3. Develop new selection processes and revise existing ones in compliance with federal testing guidelines.
4. Develop and maintain a position classification plan and conduct individual job audits and classification studies.
5. Conduct salary surveys and maintain a compensation plan for employees not covered by bargaining agreements.
6. Maintain an employee database and monitor personnel actions to ensure compliance with rules and laws.
7. Maintain an online applicant database, assuring that data presented to both applicants and county users is accurate and timely.
8. Provide assistance to both applicants and county users in the use of the online database interface. Assist county staff in assessing the information presented by the online requisition system and modify system to best fit customer needs.
9. Respond to general questions of employees and applicants concerning a variety of issues, such as job classification, promotional opportunities, vacancies, testing information, disciplinary actions and rights under rules and laws. Respond to applicant appeals and questions concerning exam scores.
10. Coordinate the administration of online tests for qualified applicants.
11. Score exams, establish eligible lists and refer eligible lists.
12. Maintain eligible lists, update information, and remove individuals who are no longer available for employment, who have expired from the list, or who have been appointed to county positions.
13. Make arrangements for disciplinary appeal hearings for veterans and employees not covered by collective bargaining agreements, answer questions of attorneys representing management and appellants, do research as assigned by the Merit System Council, and draft findings for the Council.

Merit System Principles

(5 CFR PART 900)

The quality of public service can be improved by the development of systems of personnel administration consistent with such merit principles as . . .

1. Recruiting, selecting, and advancing employees on the basis of their relative ability, knowledge, and skills, including open consideration of qualified applicants for initial appointment.
2. Providing equitable and adequate compensation.
3. Training employees, as needed, to assure high quality performance.
4. Retaining employees on the basis of the adequacy of their performance, correcting inadequate performance, and separating employees whose inadequate performance cannot be corrected.
5. Assuring fair treatment of applicants and employees in all aspects of personnel administration without regard to race, color, religion, sex (including pregnancy and gender identity), national origin, age (as defined by the [Age Discrimination in Employment Act of 1967](#), as amended), disability, genetic information (including family medical history), marital status, political affiliation, sexual orientation, status as parent, labor organization affiliation or nonaffiliation in accordance with chapter 71 of title V, or any other non-merit-based factor, or retaliation for exercising rights with respect to the categories enumerated above, where retaliation rights are available, and with proper regard for their privacy and constitutional rights as citizens. This “fair treatment” principle includes compliance with the Federal equal employment opportunity and nondiscrimination laws.
6. Assuring that employees are protected against coercion for partisan political purpose and are prohibited from using their official authority for the purpose of interfering with or affecting the result of an election or nomination for office.

Minnesota Merit System (MMS)

As a condition of receiving federal funds, all county human services agencies must operate under a merit system of personnel administration that meets federal requirements.

Background Information

- Federal merit system requirements are contained in [42 USC §4701-4728](#), [5 CFR Part 900](#) and in federal laws governing human services programs such as [42 U.S.C. #1396a](#) - State plans for medical assistance.
- The Minnesota Merit System has existed since 1940, after the Social Security Act passed.
- From 1940 to 1985, the U.S. Civil Service Commission (which is now the [U.S. Office of Personnel Management](#) or OPM) was responsible for reviewing personnel systems to ensure compliance with federal standards.
- In 1985, merit system standards were amended to delegate this responsibility to the Minnesota Department of Human Services (DHS) for county agencies receiving federal human service program money/grants.
- Under [Minn. Stat. § 256.012](#), counties that are provided the federally mandated services by MMS pay a fee.
- SFY 21 budget = \$800,000 (serving 53 counties)
- Counties that fund MMS find that it is more cost-effective to join together and split the cost of operating MMS (counties can claim federal reimbursement on amount paid in for MMS services).
- Thirty-four of the metropolitan area and larger greater Minnesota counties operate their own merit systems that meet federal requirements.*

*Effective January 1, 2021, counties/agencies with their own personnel merit systems include: Anoka, Becker, Beltrami, Benton, Blue Earth, Carver, Crow Wing, Dakota, Hennepin, Itasca, McLeod, Meeker, Mille Lacs, Minnesota Prairie County Alliance (Steele, Dodge and Waseca Counties), Morrison, Nicollet, Olmsted, Otter Tail, Ramsey, Rice, Scott, Sherburne, Southwest Health and Human Services (Lincoln, Lyon, Murray, Pipestone, Redwood and Rock Counties), Stearns, St. Louis, Washington and Wright.

- There is a certification process for counties requesting establishment of their own merit systems, and approval by DHS must occur before the county may operate its own system. Subdivision 2 (b) of [256.012](#)

provides that "the county may withdraw after the Commissioner has certified that its personnel system meets federal merit system requirements." The process for certification of a county's merit system was developed with representatives from AMC, MACSSA and DHS senior management.

Services Provided

Recruitment and assessment/testing of applicants for county jobs

- Maintain an online applicant database—applicants may apply to all of the counties served with one application.
- Develop and administer job-related exams/assessment tools to applicants.
- Review applicant qualifications.
- Refer qualified candidates to counties.
- Provide advice and training to counties on effective legal hiring practices.

Development and maintenance of job classification and compensation plans

- Conduct job audits and classification studies.
- Advise counties on job classification and compensation issues.
- Perform job evaluation ratings of individual positions and entire job classifications to ensure that adequate and equitable compensation relationships are maintained in accordance with federal standards and the [Local Government Pay Equity Act](#).

Human resource consultation and training to county agency managers and supervisors

- Provide consultation on organizational structure and job design.
- Advise on employee performance management and discipline.
- Interpret and provide guidance on federal and state employment laws, rules, labor contract language, and personnel policies.
- Provide consultation and resources on equal opportunity and affirmative action.

Development and administration of personnel rules and policies

- Develop, administer and interpret MMS rules.
- Assist counties in developing policies, contract language, memorandums of understanding, etc.
- Review county policies to ensure compliance with state and federal employment laws and regulations.

Review personnel actions/practices to ensure compliance with merit principles, contracts, rules, and laws

- Maintain an employee database.

- Schedule and coordinate appeal hearings for veterans under [Minn. Stat. § 197.46](#) and employees not covered by collective bargaining agreements.

Number of County Health/Human Services Agencies Participating in MMS

- January 2015: 61 agencies, 70 counties
- January 2016: 60 agencies, 69 counties
- January 2017: 60 agencies, 69 counties
- January 2018: 59 agencies, 68 counties
- January 2019: 59 agencies, 68 counties
- January 2020: 57 agencies, 64 counties
- January 2021: 51 agencies, 53 counties

Activity Level (SFY 2020)

- Serving 53 counties effective January 1, 2021
- 2,898 employees
- 10,829 applicants
- 3,882 personnel actions
- 14,255 candidates referred to vacancies from eligible lists
- 590 appointments
- 134 new positions established

More information can be found on the Minnesota Merit System County Resources site at http://www.dhs.state.mn.us/main/id_010621.

Pennington County Human Services

SNAP Expedited & 30-Day Processing

July 2020 – September 2020

Achieved a 96% or higher timeliness rate

Melissa Miller

Melissa Miller
SNAP Quality Assurance Specialist

Laura Ellis

Laura Ellis
SNAP Quality Assurance Supervisor



**Pennington County
Pre-Petition Screening Team**

The Minnesota Commitment Act of 1982 directs the organization of Pre-Petition Screening teams to conduct investigations pursuant to judicial commitments alleging chemical dependency, mentally ill or intellectually disabled. Pennington County Human Services, under the authority of the Pennington County Board, is the designated Agency in Pennington County Responsible for coordinating Pre-Petition Screenings.

The Pennington County Board appoints the following individuals to serve on the Pennington County Pre-Petition Screening Team.

Mitch Anderson	Human Services
Judy Graff	Human Services
Amy Nelson	Human Services
Julie Sjostrand	Human Services
Marcie Wallace	Human Services
Donza Erickson	Human Services
Natalie Rountree	Human Services
Ray Kuznia	County Sheriff
Melissa Larson	Deputy Sheriff
Brittany Brimler	Sanford Health
Kayla Jore	Public Health

Authorized 05/07/2021

Pennington County Board Chair

Pennington County Performance Report

Cash Assistance and SNAP Timeliness Measures April 2021

Reporting Period:
Jan. 1, 2020 – Dec. 31, 2020



For more information contact:
Minnesota Department of Human Services
Human Services Performance Management System
DHS.HSPM@state.mn.us | (651) 431-5780

About the Cash Assistance and SNAP Timeliness Performance Report

Report Overview

This report for the Human Services Performance Management system (referred to as the Performance Management system) compares county performance to the thresholds established for the system. A threshold is defined as the minimum level of acceptable performance, below which counties will need to complete a Performance Improvement Plan (PIP) as part of the remedies process defined in statute. For counties below the threshold, an official PIP notification—with instructions for accessing PIP forms, PIP completion directions, and available technical assistance—will be provided with the report.

This report contains data on both the Expedited Supplemental Nutrition Assistance Program (SNAP) measure and the cash assistance and SNAP application timeliness measure including:

- The county's Jan. 1, 2020 – Dec. 31, 2020 performance
- Performance data trends for recent years
- A performance comparison to other counties in the same Minnesota Association of County Social Services Administrators (MACSSA) region

Supplemental information about the Performance Management system can be found on CountyLink, www.dhs.state.mn.us/HSPM, including:

- A description of how performance is assessed for counties with 20 or fewer people or events in a measure
- A description of how race and ethnicity data are reported
- Information about the Performance Management system's history, outcomes, mission, vision, and Council

About the Performance Data by Race and Ethnicity

Overview of Performance Data by Race and Ethnicity

This report provides performance data for counties grouped by race and ethnicity where there were 30 or more people of a group included in the denominator. The data is that of the case applicant; other household members may have a different race and/or ethnicity that is not reported here.

Hispanic or Latino ethnicity is reported separately from race. People are counted once by Hispanic ethnicity and again with their reported race so groups added together exceed the total number of applications.

MAXIS data includes immigrant subgroups, but this report does not include these metrics. Instead, the major racial and ethnic groups are included to reduce the occurrence of small number exclusions. More detailed data about performance by immigrant subgroups may be available upon request. If you would like to request a more detailed report on your county's performance by race and ethnicity, please submit a request to DHS.HSPM@state.mn.us.

Purpose

The racial and ethnic data is included in this report for informational and planning purposes. We encourage you to review this data to identify opportunities for improvement. As the Performance Management reports evolve, we intend to add additional demographic data to help counties better understand their performance and improve outcomes for all Minnesotans. The racial and ethnic group data included in this report does not give a complete picture of county performance, the communities being served, nor systemic inequities. The Performance Management system is not currently using this data to assess a county's need for PIPs.

No Data Available

Counties with low numbers (fewer than 30) for all but one racial and ethnic group do not have a graph of performance for these groups available in this report.

Economic Supports

- Economic Supports training: <https://mn.gov/dhs/partners-and-providers/training-conferences/economic-supports-cash-food/>
- Economic Supports news, initiatives, and reports: <https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/economic-supports-cash-food/>
- Economic Supports policies and procedures: <https://mn.gov/dhs/partners-and-providers/policies-procedures/economic-supports-cash-food/>

SNAP

- Supplemental Nutrition Assistance Program (SNAP) Resources: https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_141151

Contacts

- **Lori Bona**, Minnesota's SNAP payment accuracy coordinator, 651-431-3950, lori.bona@state.mn.us
- **Melissa Miller**, SNAP Quality Assurance Specialist, 651-431-4538, Melissa.Miller@state.mn.us
- **Kinini Jegeno**, Webi (web intelligence) coordinator, 651-431-3979, kinini.jegeno@state.mn.us
- **Erika Martin**, Research Unit supervisor, Economic Assistance and Employment Supports Division, 651-431-3978, erika.martin@state.mn.us

Percent of SNAP and Cash Assistance Applications Processed Timely

What is this measure?

This measure looks at the difference between the application date and the date of the first issuance made for each program approved on the application. The included programs are regular SNAP, Minnesota Family Investment Program, Diversionary Work Program, Refugee Cash Assistance, Minnesota Supplemental Aid, General Assistance, and Group Residential Housing. Applications made the day before a weekend or state-recognized holiday take into account the non-working days. Denials are not included.

Why is this measure important?

Cash and food assistance are a way to help people meet their basic needs. Timely processing of applications is one measure of how well counties are able to help people meet their basic needs.

What affects performance on this measure?

- Service factors that may influence this measure include the complexity of program rules and eligibility requirements, agency case management models, aging technology and systems that are not integrated (MAXIS, MMIS, etc.), the quality and timeliness of information sharing between service areas, such as employment services, child care assistance, child support and child welfare services, location of offices and number of offices
- Staff factors that may influence this measure include staff training, the number of staff, agency culture, staffing structure, availability of translators, and staff to participant ratios
- Participant factors that may influence this measure include literacy levels, availability to participate in an interview, access to a telephone, housing stability, ability to provide documentation, access to transportation, and complicated reporting requirements
- Environmental or external factors that may influence this measure include the local economy and increased applications during economic downturns

Percent of SNAP and Cash Assistance Applications Processed Timely

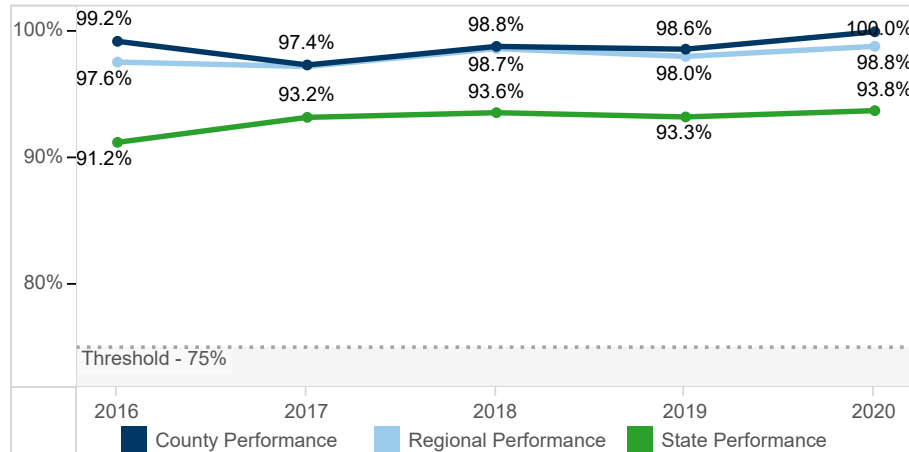
Pennington County Performance by Year

	2016	2017	2018	2019	2020
County Performance	99.2%	97.4%	98.8%	98.6%	100.0%
Denominator	264	304	258	217	219

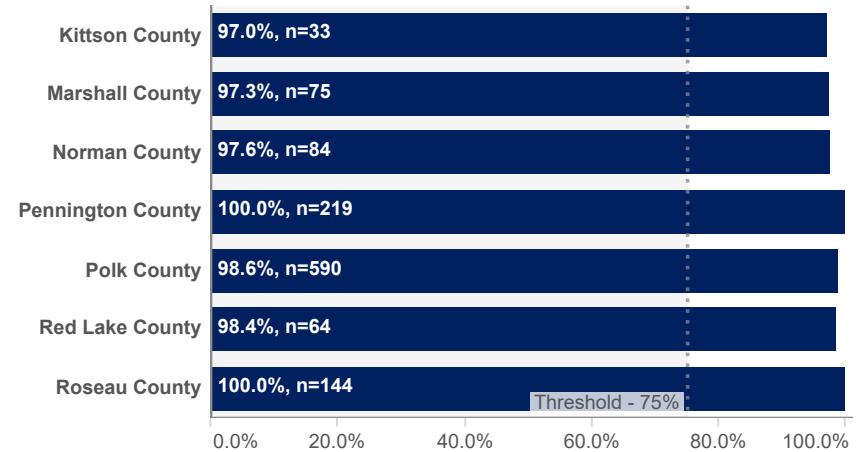
**Pennington County
PIP Decision**

**No PIP Required - Performance is equal to or above
the threshold of 75%.**

County, State and Regional Performance Trends



2020 Performance for MACSAA Region 1



No Data Available

Counties with low numbers (fewer than 30) for all but one racial or ethnic group do not have a graph of performance by racial and ethnic group available in this report. Additional information may be available upon request, please contact DHS.HSPM@state.mn.us for additional information.

**The dotted line on each graph indicates the measure threshold of 75%.*

Percent of Expedited SNAP Applications Processed within One Business Day

What is this measure?

The difference between the application date and the date the first benefit payment is issued for expedited SNAP applications. It compares total approved expedited SNAP applications in a month to those processed within one business day. Applications submitted on a Friday or the day before a state-recognized holiday are considered timely if payment was issued on the first working day following the weekend or holiday. The measure does not include denied applications.

Why is this measure important?

SNAP applicants are given expedited service when they have little to no other resources available to pay for food and, therefore, need basic safety net programs to overcome a crisis. Efficient and timely processing of these applications help ensure that people's basic need for food is met.

What affects performance on this measure?

- Service factors that may influence this measure include program complexity and changing policy, a complicated application, and challenges associated with online ApplyMN applications
- Staff factors that may influence this measure include staff training levels, staff-to-participant ratios, staff knowledge of policies, high turnover, and competition for resources between programs
- Participant factors that may influence this measure include participant completion of the mandatory interview, the number of migrant and seasonal farm workers making applications, delays due to incomplete applications, availability of advocates to assist with completing applications, and difficulty obtaining required documentation
- Environmental or external factors that may influence this measure include balancing error reduction with timeliness, emphasis on fraud that may result in conflicts between access and timeliness of service, increased applications during economic downturns, and availability of community resources such as food shelves, and natural disasters that result in increased applications

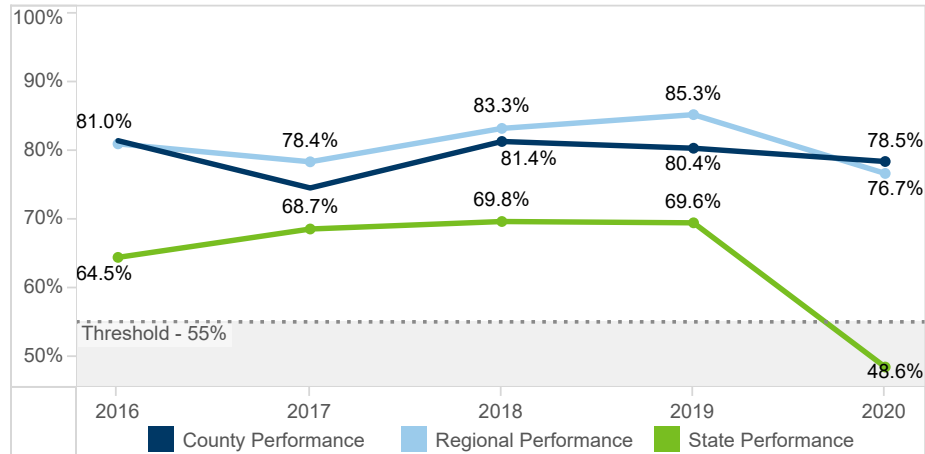
Percent of Expedited SNAP Applications Processed within One Business Day

Pennington County Performance by Year

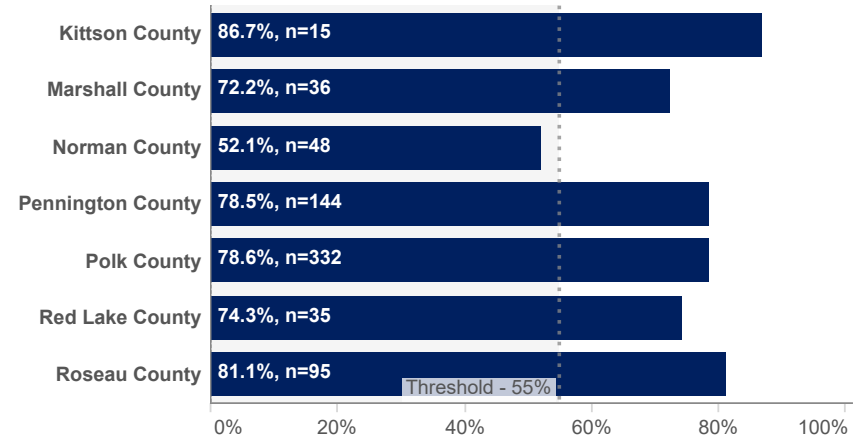
	2016	2017	2018	2019	2020
County Performance	81.5%	74.6%	81.4%	80.4%	78.5%
Denominator	227	201	188	199	144

**Pennington County
PIP Decision**
No PIP Required – Performance is equal to or above the threshold of 55%.

County, State and Regional Performance Trends



2020 Performance for MACSSA Region 1



No Data Available

Counties with low numbers (fewer than 30) for all but one racial or ethnic group do not have a graph of performance by racial and ethnic group available in this report. Additional information may be available upon request, please contact DHS.HSPM@state.mn.us for additional information.

*The dotted line on each graph indicates the measure threshold of 55%.



Resident Application

Please complete this application and email to: brothersblss@yahoo.com

Date: _____

Full Name: _____

Date of Birth: _____

Present Address: _____

Phone Number: _____

Mental Health Diagnosis: _____

Number of days sober (Minimum of 30 days required prior to admission): _____

Are you able to independently manage your medications? Yes / No

Are you currently on probation/parole? Yes / No

Agent Name/Contact: _____

Case Manager/Contact: _____

Do you have difficulties living with multiple people? Yes / No

If Yes, please explain _____

Please identify and list 2 goals that you would like to achieve in the next 6 months:

Please briefly explain why you feel Brothers Board and Lodge meets your needs?

You must complete the DHS [Combined Application Form](#) & the [GRH Professional Statement of Need Form](#) for room and board funding

Thank You! We will follow up upon application review.



Resident Bill of Rights and Services provided by Brothers Board and Lodge

You have the right to participate in social, religious, and community activities that do not interfere with the rights of other residents within the facility.

You have the right to reside and receive services in the facility with reasonable accommodations of your needs and preferences, except, when your health or safety or that of other residents would be endangered.

You have the right to receive services from an outside provider. You have the right to purchase goods or services not included in the per diem rate from a supplier of your choice unless otherwise provided by law.

You have the right to have a health care directive and to formulate an advanced directive.

You have the right to designate an unrelated person to have status of your next of kin with respect to making a health care decision.

If you are unconscious, comatose, or unable to communicate—the facility must make reasonable efforts to notify a family member or an individual you have designated. The family member has the right to participate in your treatment planning, as required by state law.

You have the right to refuse to follow the facility rules. If you refuse to follow the rules, you will be informed of the likely consequences of your decision. You have the right to discuss with staff members of Brothers Board and Lodge and your Case Manager.

You have the right to communicate with persons inside and outside of the facility during reasonable hours.

You have the right to refuse the services provided by Brothers Board and Lodge. The services include; providing food for three meals per day, a bed, and a dresser for your belongings. You have the right to bring in your own bedding and clothing. Other items allowed are indicated in the house rules which you sign upon admission.

You have the right to request certain food choices. A request does not mean automatic approval.

The facility must consult with you when there is an accident involving injury to you, a significant change in your physical, mental, or psychological status, or a decision to transfer you or discharge you from the facility. The facility must also contact your Case Manager, Probation officer, and/or Emergency Contact.