



Hearth Connection is looking for people who have long histories of homelessness who are interested in receiving support to find and keep housing. Participants will work with local organizations that are part of a supportive housing network. These organizations will help participants find and keep affordable housing and meet other personal goals.

To apply, you must be homeless either:

- Continuously for a year or more, or
- At least four times in the past three years

Homeless means:

- Living on the streets, in shelter or other places not meant for human habitation,
- Living in an institution or transitional housing, but homeless before you entered, or
- “Couch-hopping” or “doubling-up” with friends or family for limited periods of time, moving from one place to another

Space in the program is limited, so counties will make decisions about who will participate based on:

- Your residency in one of the counties that is involved in this project
- Your history of homelessness
- Your use of other programs and services
- Your need for help to find and maintain housing

In addition, the Northeast project has a special focus on helping Native Americans experiencing long-term homelessness.

If you are interested and think you are eligible for this program:

- Read **1-Notice of Privacy Practices**
- Sign **2-Authorization to Share Information**
- Complete **3-Application**
- A person helping you should complete **4-Summary**
- Fax **2, 3 and 4** to the contact person for your county using **5-Fax Cover Sheet**

You and the person helping you complete this application will be contacted if your eligibility is approved and if there is an opening. At that point, we will arrange for someone to meet with you to find out what you want and need and to talk about how we might be able to help.

You do not need to participate unless you decide this program is right for you. Our goal is to help you meet your goals in a way that works for you.

# 1

## NOTICE OF PRIVACY PRACTICES

**This notice describes how medical information and other private information about you may be used and disclosed and how you can get access to this information. Please review it carefully. You have privacy rights under state and federal laws.**

### **What information will Hearth Connection collect about you?**

- Information about you and your family requested on this application
- You and your family's mental health, substance abuse and health history
- You and your family's income and asset information
- You and your family's use of federal, state, county, and private services, including health care, social services, welfare, mental health, chemical dependency, public safety, corrections, education, employment and housing
- Your Section 8 housing application, if you have one

### **In addition to asking you for information, Hearth Connection will be asking other agencies for information about you. Who will we get information from?**

The staff at the following agencies that contribute to the services or evaluation of this program:

- The county/reservation where you live, \_\_\_\_\_
- Minnesota Department of Human Services
- Other agencies that have provided services to you
- The supportive service provider that will work with you in this program

### **Why does Hearth Connection need this information?**

- To make sure you are eligible for this program
- To make sure we don't confuse you with someone with the same or similar name
- To help us work with you to get housing
- To refer you to other programs that might be helpful to you
- To operate and improve this program, including the services provided to you
- To evaluate this program to find ways to improve other programs

### **Once Hearth Connection has information about you, who else might see it?**

- The county/reservation where you live, \_\_\_\_\_
- Minnesota Department of Human Services
- The supportive service provider that will work with you in this program
- The Minnesota Housing Finance Agency and the U.S. Department of Housing and Urban Development to determine if you are eligible for housing funds they provide, and to let them know how funds they provide for you are used
- Wilder Research Center, for the Homeless Management Information System (HMIS), and for research on services provided to homeless people, but information identifying you would never appear in research reports
- Other agencies, if allowed or required by law

**In addition, when will Hearth Connection share this information with others?**

- If you ask us to release this information to others
- In an emergency, if we must communicate your condition to a family member or another appropriate person
- If a court orders it
- If we are required to report child or vulnerable adult abuse
- If Hearth Connection's records are examined for an audit
- To administer and evaluate the program

**Do you have to answer the questions we ask?**

No. But we need the information to enroll you in this program and to provide the right services to you. If you do not want us to have the information, we may not be able to provide the most appropriate services for you. We need your social security number in order to give you some kinds of financial help [required by federal regulations 45 CFR 205.52 (2001)]. We also need your social security number to check information you give us through matching programs that are part of an income eligibility verification system [5 U.S.C. 552a(o)(1)(D)]. You do not have to give us this number:

For persons in your home who are not applying for assistance;

If you have religious objections;

If you are from another country, in U.S. on a temporary basis and do not have permission from U.S. Citizenship (USCIS) to live in the U.S. permanently or are living in the U.S. without the knowledge or approval of the USCIS.

**What other rights do you have to the information we have about you?**

- You may ask if we have any information about you and get copies. You may have to pay for the copies. We will give you a copy of your signed consent form. If you do not understand the information, you may ask to have it explained to you.
- You may give other people permission to see and have copies of private data about you, including protected health information (referred to below, collectively, as “protected information”).
- If we have collected protected information about you, we may use it only for the purposes that we have listed in this notice.
- You may question the accuracy of any information we have about you.
- You have the right to ask us to share your protected health 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. You must make this request in writing. If we find that your request is reasonable, we will grant it.
- You can ask us to restrict uses or disclosures of your protected health information. Your request must be in writing. You must explain what information you want to restrict from being disclosed and to whom you want these restrictions to apply. You can request to end these restrictions at any time by calling or by writing to us. We are not required to agree to your restrictions.
- You have the right to receive a record of the people or organizations that we have given your protected information.

**How can you contact Hearth Connection?**

You can call the Executive Director of Hearth Connection at (612) 724-0100. You can send a fax to (612) 724-0104. Or you can send mail to:

Executive Director  
Hearth Connection  
Suite 130, 2801 21st Avenue South  
Minneapolis, MN 55407

**What if you believe the information we have about you is wrong?**

Send your concerns in writing to the Executive Director of Hearth Connection, telling us why the information is not accurate or complete. You may send your own explanation of the facts you disagree with. Your explanation will be attached any time that information is shared with another agency.

**How can you obtain additional information?**

If you would like to request the information described above, or if you would like more information about Hearth Connection's privacy practices, or Hearth Connection's use of information about you, or if you would like a copy of any revised notice of Hearth Connection's privacy practices, contact the Executive Director of Hearth Connection.

**What if you believe your privacy rights have been violated?**

You may complain if you believe your privacy rights have been violated. You cannot be denied service or treated badly for making a complaint. If you believe that your rights have been violated by Hearth Connection, you may send a written complaint to the Executive Director of Hearth Connection.

If you believe that the organization that is offering you supportive services in this program, a county, the Minnesota Department of Human Services, or Hearth Connection has violated your medical privacy, you may complain directly to that organization or to:

Office of Civil Rights  
U.S. Department of Health and Human Services  
233 N. Michigan Ave., Suite 240  
Chicago, IL 60602  
(312) 886-2359, FAX: (312) 886-1807, TDD: (312) 353-5693

**What rights do you have regarding the Homeless Management Information System?**

- If you do not want your name, social security number, or date of birth entered in HMIS, tell the intake worker. This agency will not refuse to help you for denying this.
- You have the right to a copy of the information about you that is kept in Minnesota's Homeless Management Information System (HMIS) for as long as it is kept there (except for information that may be kept from you in certain legal proceedings).
- You have the right to correct mistakes if HMIS information is wrong or incomplete.
- You have the right to complain if you believe Minnesota's Homeless Management Information System violated your privacy rights. To make a complaint you can write to:

Minnesota Coalition for the Homeless  
HMIS Grievance  
122 West Franklin Avenue, Suite 306  
Minneapolis, MN 55404

# 2

## AUTHORIZATION TO SHARE INFORMATION

I understand my rights and have had all my questions answered. I know that private information about me, including health information, is protected under state and federal privacy laws. I know that information cannot be released without my written authorization unless the law allows or requires it. I understand that I may take back this authorization at any time, but that if I do so that will not affect information already received or released by Hearth Connection.

I understand this authorization for release of information expires one year from the date I sign it. I understand I will be asked to sign a release once per year to evaluate this program and to make sure appropriate services are provided to me. If I refuse to sign or cancel this release I will not become ineligible for the services I currently receive. I understand that those who receive my records under this release may share it with others. I also understand that once the information is shared with others, it is no longer protected by this authorization. I understand that if I have questions about the information on me or about Hearth Connection's privacy practices, or if I want to make a request for information or a complaint, I can contact the Executive Director of Hearth Connection at (612) 724-0100, Suite 130, 2801 21st Avenue South, Minneapolis, MN 55407.

### Authorization for release of information to Hearth Connection

I authorize the county/reservation where I live, \_\_\_\_\_, the Minnesota Department of Human Services, the organization that would be offering me supportive services in this program, if I am accepted, and the agency working with me on this application, \_\_\_\_\_, to release the following information about me/my family to Hearth Connection: my/our mental health, substance abuse and health history (including counseling notes); income and asset information; and information about services we have received including health care, social services, welfare, mental health, chemical dependency, public safety, corrections, education, employment and housing.

### Authorization for release of information by Hearth Connection to others

I authorize Hearth Connection to share with the county/reservation where I live, \_\_\_\_\_, the Minnesota Department of Human Services, Wilder Research Center for Minnesota's HMIS, the organization that would be offering me supportive services in this program, if I am accepted, and the agency working with me on this application, \_\_\_\_\_, the following information about me and my family: our mental health, substance abuse and health history (including counseling notes); income and asset information; and information about services we have received including health care, social services, welfare, mental health, chemical dependency, public safety, corrections, education, employment and housing. I also authorize release of that information to the Minnesota Housing Finance Agency and the U.S. Department of Housing and Urban Development to determine if I am eligible for housing assistance they provide, and to let them know how any funds provided are used.

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Applicant Signature

Date

# 3

## APPLICATION

Your Name	Date of Birth	Gender	MAXIS or Social Security #

### Check the box which best describes you:

- ☐ A family with children: One or two adults living with dependent children
- ☐ A couple: Two adults with no children living with them
- ☐ A single adult: An individual over the age of 21
- ☐ An unaccompanied youth: An individual age 21 or under not living with parents or guardians

### Check your county of residence. (Only people from these counties are eligible to apply.)

#### Metropolitan Area

- ☐ Anoka County
- ☐ Carver County
- ☐ Dakota County
- ☐ Hennepin County
- ☐ Ramsey County
- ☐ Scott County
- ☐ Washington County

#### Northeastern Minnesota

- ☐ Aitkin County
- ☐ Carlton County
- ☐ Cook County
- ☐ Itasca County
- ☐ Koochiching County
- ☐ Lake County
- ☐ St. Louis County
- ☐ Bois Forte Reservation
- ☐ Fond Du Lac Reservation
- ☐ Grand Portage Reservation

#### Southern Minnesota

- ☐ Blue Earth County
- ☐ Brown County
- ☐ Dodge County
- ☐ Freeborn County
- ☐ Le Sueur County
- ☐ Nicollet County
- ☐ Olmsted County
- ☐ Rice County
- ☐ Sibley County
- ☐ Steele County
- ☐ Waseca County
- ☐ Watonwan County

### Current address (including name of program if appropriate):

Is there a city/county/reservation in Minnesota where you want to return or settle? If so, where?

What is the best way to contact you?

**Check the box that describes your length of homelessness:**

- ☐ Homeless continuously for one year or longer
- ☐ Homeless at least four times in the last three years
- ☐ Homeless two times in the last three years
- ☐ None of the above

**How many times were you homeless up to age 18?** \_\_\_\_\_

**Overall, how long were you homeless up to age 18?** \_\_\_\_\_ Years or \_\_\_\_\_ Months

**If you are an adult, how many times have you been homeless since age 18?** \_\_\_\_\_

**Overall, how long have you been homeless since age 18?** \_\_\_\_\_ Years or \_\_\_\_\_ Months

**Check the box that best describes where you live now:**

- ☐ Streets / Outdoors
- ☐ Emergency Shelter
- ☐ Permanent housing for formerly homeless persons
- ☐ Substance abuse treatment facility or detox center
- ☐ Jail, prison or juvenile detention facility
- ☐ Transitional housing for homeless persons
- ☐ Psychiatric hospital or other psychiatric facility
- ☐ Hospital (non-psychiatric)
- ☐ Room, apartment, or house that you rent
- ☐ Apartment or house that you own
- ☐ Staying or living in a family member's room, apartment, or house
- ☐ Staying or living in a friend's room, apartment, or house
- ☐ Hotel or motel paid for without emergency shelter voucher
- ☐ Foster care home or foster care group home
- ☐ Place not meant for habitation
- ☐ Other (if selected, please specify): \_\_\_\_\_

**What is the Zip Code for where you live now?** \_\_\_\_\_

**How long have you lived there?**

- ☐ One week or less
- ☐ More than one week, but less than one month
- ☐ One to three months
- ☐ More than three months, but less than one year
- ☐ One year or longer

<b>Name of Others Living with You</b>	<b>Relationship to You</b>	<b>Date of Birth</b>	<b>Gender</b>	<b>MAXIS or Social Security #</b>

**If you have children who do not live with you, where do they live now?**



# 4

## SUMMARY

To be filled out by the person helping with this application

Print Applicant  
Name

To determine eligibility for this program a written statement from a social service, health or behavioral health professional documenting that the applicant meets the State of Minnesota's long-term homeless definition is required. For program eligibility purposes, the definition of long-term homelessness is:

**Households experiencing long-term homelessness:** Means persons including individuals, unaccompanied youth and families with children lacking a permanent place to live continuously for a year or more or at least four times in the past three years. Any period of institutionalization or incarceration shall be excluded when determining the length of time a household has been homeless.

**Extent of Applicant's Homelessness (check one):**

- ☐ Not currently homeless (not eligible)
- ☐ First time homeless and less than one year homeless (not eligible)
- ☐ Second or third time homeless in three years (at-risk, if family or unaccompanied youth)
- ☐ Long-Term Homeless continuously for one year or longer
- ☐ Long-Term Homeless at least four times in the last three years

**I hereby verify the Applicant:**

- ☐ Meets the definition of long-term homelessness or
- ☐ Does not meet the definition of long-term homelessness
- ☐ I have reviewed the privacy rights with this person.

Print Name and Title of Professional:

Signature of Professional:

Date:

Telephone Number:

Fax:

Email:

Company/Agency Name & Address:

## How long have you known the applicant?

**Housing and Homeless History.** Please complete the following table, starting with the applicant's current living situation, and going backwards in time. The time periods can be approximate.

Living Situation (select code from list below)	Approximate Time Period	Reason for Leaving (select code from list below)
		Not applicable
a. Non-Housing (street, park, car, bus station, etc.) b. Emergency Shelter c. Transitional housing for homeless persons d. Psychiatric facility e. Substance abuse treatment facility f. Hospital g. Jail/prison h. Domestic violence situation i. Living with relatives/friends j. Rental housing k. Other (please specify)		a. Left for a housing opportunity before completing program b. Completed program c. Non-payment of rent/occupancy charge d. Non-compliance with project e. Criminal activity/destruction of property/violence f. Reached maximum time allowed in project g. Needs could not be met by project h. Disagreement with rules/persons i. Death j. Other (please specify) k. Unknown/disappeared

**Please provide a summary of your work with the applicant.** Discuss why you think the applicant should be prioritized for participation, including the barriers to stable housing. You may attach additional documentation.

FAX complete referral to the representative of the county/reservation where the applicant currently lives. Please make a copy for the applicant if he/she would like one.

# 5

## FAX COVER SHEET

Circle the name of the contact person for the county or reservation where the applicant currently lives. FAX sections 2-Authorization to Release Information, 3-Application and 4-Summary.

Region	County/Reservation	Contact	FAX	Phone
Metro	Anoka	Barb Wold	763-323-6046	763-422-7392
	Carver	Chad Bacon	952-442-3093	952-442-3084
	Dakota	Steve Thronson	651-554-6043	651-554-6407
	Hennepin	Judy Knight	612-348-4572	612-348-8504
	Ramsey	Alice Lee	651-225-9625	651-225-9358
	Scott	Lorie Reller	952-496-8430	952-496-8570
	Washington	Tina O'Malley Bayonet	651-430-6639	651-430-6529
Northeast	Aitkin	Susan Cebelinski	218-927-7210	218-927-7215
	Carlton	Pam Brumfield	218-878-2845	218-879-4511
	Cook	Beth Tidwell	218-387-3020	218-387-3620
	Itasca	Becky Lauer	218-327-5547	218-327-2941
	Koochiching	Debbie Graves	218-283-7013	218-283-7072
	Lake	Dennis Henkel	218-834-8412	218-834-8415
	St. Louis	Bunny Husten	218-262-6049	218-262-6048
	Bois Forte	Lester Drift	218-757-0109	218-757-0111
	Fond Du Lac	Lisa Pollak	218-879-8378	218-878-2139
	Grand Portage	Roger Linehan	218-475-2455	218-475-2453
	Blue Earth	Don Broadwell	507-304-4387	507-304-4442
Southern	Brown	Lisa Langer	507-359-6542	507-359-6520
	Dodge	Jessica Westphal	507-635-6186	507-635-6170
	Freeborn	c/o Brian Buhmann	507-377-5498	507-377-5401
	Le Sueur	Colleen Stoffel	507-357-6122	507-357-8228
	Nicollet	Marna Schaub	507-386-2918	507-387-4514
	Olmsted	Brenda Otto	507 287-2371	507-287-7879
	Rice	Jamie Grohman	507-332-6247	507-332-5976
	Sibley	Linda Hoechst	507-237-4031	507-237-4012
	Steele	Kriss Robke	507-451-5947	507-444-7547
	Waseca	Sarah Ruley	507-837-5330	507-835-0560
	Watonwan	Richard Collins	507-375-7359	507-375-3291

From: \_\_\_\_\_

Date: \_\_\_\_\_

Number of Applications: \_\_\_\_\_

Number of Pages, including cover sheet: \_\_\_\_\_

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