

MFIP/DWP/SNAP Program Application

Fill out, circle or check as indicate.
Shaded areas are for staff use only.



The Workforce Development Board
of Southeast Minnesota

Social Security Number ____/____/____ Application Date ____/____/____

Last Name _____ First Name _____ MI _____

Street Address _____ City _____ State _____ Zip Code _____

Mailing Address _____ City _____ State _____ Zip Code _____

County _____ Primary Phone (____) _____ - _____ Secondary Phone (____) _____ - _____

Email _____ Circle Preferred Method of Contact: Phone Email Text Mail

Birth Date ____/____/____ Age _____

Gender (Circle One) Female / Male

Ethnicity: Hispanic or Latino--(Circle One)
Yes-----Person of Cuban, Mexican, Puerto Rican, South or Central American, Or other Spanish culture in origin, regardless of race.

No-----Person NOT of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture in origin, regardless of race.

Race (Check All That Apply)
____ American Indian or Alaska Native
____ Asian
____ Black or African American
____ Hawaiian native or Pacific Islander
____ White

Immigrant or Refugee ____ Yes ____ No

Country of Origin: _____

Limited English Language Proficiency ____ Yes ____ No

Primary Language _____

Right To Work
____ Citizen ____ Right to Work ____ No

Alien Registration Card ID Number _____
____ Permanent ____ Expiration Date ____/____/____

Labor Force Status
____ Employed Full Time
____ Employed Part Time
____ Employed, Received Term Notice/Military Separation
____ Not Employed and Previously Not Self-Employed
____ Not Employed and Previously Self-Employed – Farm
____ Not Employed and Previously Self-Employed; Non-Farm

Hourly Wage of Last Job _____

Unemployment Insurance Benefit Status
____ Eligible – Not Claimant
____ Eligible – Claimant
____ Exhaustee
____ Ineligible – Labor Force Attachment
____ Not Eligible/Applicable

Number of Weeks Unemployed Out of the Last 52 _____

Veteran Status (Check One)
____ Not a Veteran
____ Spouse of a Veteran
____ Veteran
____ Veteran <180 Days of Active Service

Highest Level of Education (Check One)
____ No Education Grades Completed
____ 1st – 11th Grade – Specify Grade _____
____ 12th Grade completed-No Diploma
____ GED
____ High School Diploma
____ 1 Year College/Technical or Vocational
____ 2 Years College/Technical or Vocational
____ 3 Years College/Technical or Vocational
____ Bachelor's Degree or Equivalent
____ Education Beyond Bachelor's Degree
____ Attained Certificate of Attendance/Completion
____ Attained Associates Diploma or Degree
____ Attained Other Post Secondary Degree or Certification

Under age 20 with NO High School Diploma
____ Yes ____ No

Education Status at Time of Application
____ Not Attending; High School Dropout
____ Not Attending; High School Graduate/GED
____ Student, Alternative School
____ Student Attending Post High School
____ Student High School or Less

English Reading Skills Grade Level _____

Math Skills Grade Level _____

Family Status
____ Not A Family Member(you are responsible only for yourself)
____ Other Family Member(individual living with family member)
____ Parent in a One Parent Family(supporting a child/children)
____ Parent in a Two Parent Family(sharing support of child/children)

Eligible Family Size _____

TANF/MFIP Recipient ____ Yes ____ No

SNAP Recipient ____ Yes ____ No

General Assistance Recipient ____ Yes ____ No

Disability Status (Check One)
____ Not disabled
____ Yes, and disability is an employment barrier
____ Yes, and disability is not an employment barrier

Homeless ____ Yes ____ No

Offender Status ____ Yes ____ No

Recovering Chemically Dependent ____ Yes ____ No

Emergency Contact Information

Emergency Contact Name:

Relationship:

Cell Phone:

Day Phone:

Evening Phone:

Household Information

List all members of household and relationship to you

Name	Relationship to You	Birthdate	Living in Home	Disability
			Yes/No	Yes/No
			Yes/No	Yes/No
			Yes/No	Yes/No
			Yes/No	Yes/No
			Yes/No	Yes/No
			Yes/No	Yes/No

Employment Information (Past 12 Months of Work History)

Dates Employed	Employer Name & Address	Job Title	Wages	Hours Per Week	Reason for Leaving

I certify that the information provided is true to the best of my knowledge. I am aware that the information I have provided is subject to review and verification and I may be required to provide documents to support this application. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for perjury. I allow release of this information in accordance with the "use of data" statement.

Applicant Signature

Date

Staff Signature

Date

Applicant Information Form MFIP _____ SNAP _____ DWP _____ FOR MFIP - # Months Used _____

Personal Information:

_____ Today's Date: _____
Last Name First Name

Transition and Employment Goals

Transportation

How do you get around? Public transportation Drive own car Drive family/other car Other transportation

How well does this work for you? _____

Do you have good alternative transportation/back up plan? Yes No

What is it? _____

How long does it take you to get to work, or job club, job search class? _____

How many miles would you drive one way to get to work? _____ Are you willing to move for a job? Yes No

Is public transportation available where you live? Yes No If yes, is it available when you need it? Yes No

Do you own a reliable car? Yes No

What is the Make? _____ Model? _____ Year? _____

Does the car have current license plates/tabs? Yes No

Do you have insurance coverage on it right now? Yes No

Do you have a valid Minnesota driver's license? Yes No

If no, do you have a valid license from another state? Yes No

Do you have a Minnesota State ID? Yes No

Children/Childcare

What do you do for childcare? _____

Are you receiving childcare assistance? Yes No If no, have you applied for childcare assistance? Yes No

For children under 12, what do you do for childcare for summer vacation, holidays, snow days, illness or when the provider can't take children for a day? What is your back up plan?

Child's Name	School Attended	Times in School

Education

List any diplomas, certifications or professional licenses you hold: _____

Are you currently enrolled in School? Yes No If yes, name of school: _____ Program: _____

Do you have any outstanding student loans or are you in default on any student loans? Yes No

Did you like school? Yes No

Have you ever had an Individual Education Plan (IEP)? Yes No

If you did not finish your education, what kept you from doing so? _____

Are you interested in training or education? Yes No

Living Arrangements/Housing

Do you rent or own? _____

How much is your monthly house payment or rent? \$ _____

If renting, are you currently receiving Section 8? Yes No If no, have you applied for Section 8? Yes No

Are you currently living in subsidized housing? Yes No If no, have you applied? Yes No

Do you like where you live? Yes No How long have you been there? _____

How many times have you moved in the last year? _____

Do you have any concerns about having a place to live? Yes No

If yes, what are your concerns? _____

Do you share housing with anyone? Yes No If yes, with whom? _____

How much of the housing costs do you pay? \$ _____

Are you current with you rent and utilities? Yes No

Have you applied for Energy Assistance? Yes No

Have you ever been evicted? Yes No If yes, when and why? _____

Social Support

Do you have family, friends, agencies that are able to offer support? (Financial support, Rides, Daycare, etc.)? Yes No

Who are they? Family Friends Agencies _____ Other _____

How well do you get along with your family? _____

Do you have someone who you can talk to or confide in? _____

Is there anyone who is not supportive of your working, or who causes problems so you can not go to work? Yes No

Do you regularly attend any groups or organizations? _____

Family

How are your children doing in school? _____ Do they attend regularly? _____

Are they making progress? Yes No Besides school, how are they doing overall? _____

Are any of your children having behavior problems at school or at home? Yes No

Do you ever miss work due to your child's behavior? Yes No

Do your children have any problems with things like gangs, drugs, illegal activities, or pregnancy? Yes No

Do you have a child with special needs? Yes No

Is someone receiving home care services or waived services? Yes No

Is there anything else you want to share about your children? _____

Do any of your children in your home have income from a job? Yes No

Financial

Did you receive MFIP or DWP cash and Food Support for this month? Yes No How much? _____

Do you have Medical Assistance/health insurance? Yes No

Do you receive any other type of income like child support, Social Security, SSI, SSDI? Yes No

If yes, please list type of income _____ amount \$ _____ how often? _____

Are you required to pay child support? Yes No How much? _____

Do you have concerns about having enough money to buy food? Yes No

Do you feel you need help with budgeting money? Yes No

Job Readiness

Legal Issues

Are there any legal issues that prevent or limit you from working, or from performing the type of work you can do?

Yes No

Have you been charged with or convicted for a crime? Yes No

If yes, please list: _____

Are you going to court for any reason? Yes No

Are you currently on probation or parole? Yes No

If yes, name of probation officer: _____

If yes, what is the offense? _____

Do you have community service hours you need to complete? Yes No If yes, how many? _____

Have you lost a professional license or driver's license needed for your job? Yes No

Do you have divorce, custody or child support issues? Yes No

Living Environment

Do you feel safe in your neighborhood? Yes No If no, why not? _____

Do you feel safe at home? Yes No

If no, do you currently have a safety plan? Yes No If yes, are you able to follow it? Yes No

If you do not feel safe, do you currently have an Order for Protection (OFP) or DANCO against anyone? Yes No

Have you received services from a family violence advocacy group or shelter? Yes No If yes, when? _____

Do you have a social worker or case manager with the county? Yes No

Health/Disabilities

Do you have concerns about your health? Yes No

Do you or any of your family members have any medical conditions that affect your ability to work or look for work?

Yes No If yes, what is the injury or illness? _____

Are you under a doctor's care? Yes No If yes, who is your doctor? _____

Are you currently attending therapy or counseling? Yes No If yes, with who? _____

Is there any type of health care or counseling that you or your family members need but are not getting? Yes No

If yes, what is it? _____

If you have an injury or illness, is Worker's Compensation involved? Yes No

If you have work restrictions, documented by your doctor or therapist, what are your limitations?

Do you have a disability that you think effects your employment options? Yes No

Are you working with Vocational Rehabilitation Services (VRS) or another agency? Yes No

Have you applied for Social Security Disability or other disability benefits? Yes No

If yes, what is the approximate date of application? _____ Status? _____

Is anyone helping you with the SSI process? Yes No

Is anyone helping you with the Social Security Disability process? Yes No

Have you had problems with drugs or alcohol or been court ordered to attend treatment in the past few years? Yes No

Have you successfully completed treatment? Yes No

Have you lost a job or your driver's license because of alcohol or drug use? Yes No

Counseling

Are you or have you been in counseling to deal with any issues that may affect employment? Yes No

Are you currently in a treatment program attending aftercare, support groups? Yes No

Job Choice & Search

What is your current employment status? Employed Unemployed

If employed: Full-time Part-time Temporary

Employer _____ Job title _____

Hours per week _____ Hourly rate of pay _____ Start date _____

If unemployed: Have you worked in the last year? Yes No When were you last employed? _____

How many jobs have you held in the last six months? _____ Last three years? _____

If not employed full-time, what steps do you need to take to get a job or increase your hours?

Have you contacted any employers in the last week? Yes No If yes, who were those employers?

What shifts and hours can you work? _____

Do you have proof of eligibility to work in the US? Yes No

Do you have your Social Security Card? Yes No

What kind of work do you want to do? _____

Do you have computer skills? Yes No What are they? _____

How would you, or your past coworkers, describe you as a worker? _____

Job Keeping, Promotion, and Job Satisfaction (Review Work History)

Have you ever been promoted on the job? Yes No

Have you ever gotten a special award or recognition on the job? Yes No

Have you ever been fired? Yes No More than once? _____ If yes, what happened?

Do you get to work on time? Yes No

Have you had trouble getting along with coworkers or supervisors? Yes No

If yes, what about? _____

Which job did you like the most? _____ Why? _____

Which job did you like the least? _____ Why? _____

For office staff use only:

Budget Worksheet

Income	Current Income	
Employment		
MFIP/DWP/FSET Cash Grant		
Child Support		
Federal Income Tax Return		
State Income Tax Return		
Income Total	\$	
Expenses	Current Monthly Payment	Actual Amount Owed
Rent/Mortgage/Lot Rent		
Utilities: Gas Electric Garbage/Water		
Cable TV/Internet		
Telephone: Home Cell		
Car Payment		
Gasoline/Oil		
Other Transportation: Bus/Car Repair		
Car Insurance		
Entertainment/Recreational		
Childcare Co-Pay		
Pets		
Cleaning Supplies/Personal Care Items/ Clothing/Diapers/Laundry		
Cigarettes/Alcohol		
Furniture Payments		
Credit Card Debt		
Healthcare Bills: Dental/Medical/Vision, etc.		
Total Expenses:	\$	
Net Income (Income Minus Expenses):	\$	

Will there be a change in household income next month? (Child support, increase in wages, or hours)

Circle one: YES NO

Workforce Development, Inc. is an Equal Opportunity Employer/Service Provider.

Reasonable accommodations for people with disabilities can be provided, upon request, by calling 507.292.5180 or by using your preferred relay service.

Internet Use Limitation Policy

Workforce Development, Inc. (WDI) provides Internet access within the training facilities for instructional purposes only, and does not and cannot guarantee the validity of data on the Internet or network. The use of the Internet in the classroom for any other than classroom purpose is strictly prohibited. WDI regularly monitors Internet access in our training facilities.

Violation of this policy may lead to:

- Verbal reprimand documented in the learner's record;
- Suspension or expulsion from training;
- Legal action, including, but not limited to criminal prosecution under appropriate state and federal law.

Action taken as a result of policy violation is at the sole discretion of WDI. Use of the Workforce Development, Inc.'s Internet access is a privilege, not a right.

By signing below, the learner:

- Acknowledges WDI's Internet Use Limitation policy;
- Accepts full responsibility and liability for personal actions with regard to Internet use;
- Will not hold WDI responsible for any actions resulting from personal use of the Internet as part of the training or as a violation of the Internet Use Limitation policy.

Should you have questions regarding this policy, please contact Wanda Jensen at (507) 292-5166.

Participant's Name (Print or Type)

Date

Participant's Signature

Parent/Guardian Signature (If Applicable)

Date

Equal Opportunity Is the LAW

It is against the law for this recipient of Federal financial assistance to discriminate on the following bases:

- Against any individual in the United States, on the basis of race, national origin, color, religion, sex, age, disability, political affiliation or belief; and
- Against any beneficiary of programs financially assisted under Title I of the Workforce Investment Act of 1998 (WIA)/Workforce Innovation and Opportunity Act of 2014 (WIOA) on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any WIA/WIOA Title I-financially assisted program or activity.

This recipient must not discriminate in any of the following areas:

- Deciding who will be admitted, or have access, to any WIA/WIOA Title I-financially assisted program or activity;
- Providing opportunities in, or treating any person with regard to, such a program or activity; or
- Making employment decisions in the administration of, or in connection with, such a program or activity.

What to Do If You Believe You Have Experienced Discrimination

If you think you have been subjected to discrimination under a WIA/WIOA Title I financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either:

- The recipient's Equal Opportunity Officer (or the person whom the recipient has designated for this purpose); or

Inquiries

Local Equal Opportunity (EO) Officer

Wanda Jensen
Workforce Development, Inc.
2070 College View Rd. E.
Rochester, MN 55904
507.292.5166 (Voice)
507.292.5173 (FAX)

[WandaJensen](mailto:WandaJensen@workforcedevelopmentinc.org)

[@workforcedevelopmentinc.org](mailto:WandaJensen@workforcedevelopmentinc.org)

Inquiries

WIA/WIOA EO Officer

Susan Tulashie, DEED
Workforce Development Division
1st National Bank Building, E200
332 Minnesota Street
St. Paul, MN 55101-1351
651-259-7586 (Voice)
651-296-3900 (TTY)
651-215-3842 (FAX)

Susan.Tulashie@state.mn.us

Inquiries

State EO Officer

Karen Lilledahl, DEED
Diversity & Equal Opportunity
1st National Bank Building, E200
332 Minnesota Street
St. Paul, MN 55101-1351
651-259-7089 (Voice)
651-296-3900 (TTY)
651-297-5343 (FAX)

Karen.Lilledahl@state.mn.us

- The Director, The Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington DC 20210. Or Fax 202-693-6505 ATTENTION: Office of External Enforcement, Email: CRCExternalComplaints@dol.gov, Telephone: 202-693-6502, URL: www.dol.gov/oasam/programs/crc/

If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above).

If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for the recipient to issue that Notice before filing a complaint with CRC. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient).

If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

How We Use Your Personal Information

A partnership sponsored by the Minnesota Department of Employment and Economic Development (DEED) and

Workforce Development, Inc.

Please read the Notice below and the Equal Opportunity is the Law Notice on the reverse side. When you finish reading, initial the final two statements, print your name, sign your name, and date the bottom of this form.

When you receive services from state or federally funded programs, we will ask you for information about yourself. The data we are asking you to provide about yourself is considered private data by [Minnesota Statute 13.47 subdivision 2](#). In order to collect and use this data we must tell you why we need the data, how we intend to use it, and any outcomes you may experience if you supply the information or not. You may refuse to supply any or all of this information. You are not legally required to provide information about yourself. However, if you do not supply sufficient information about yourself, it may limit our ability to provide services to you. Your information may be shared with other government entities who have a legal right to this data including the U.S. Department of Labor, the Office of Higher Education, the Office of the Legislative Auditor, the State Auditor, employment and training service providers, and welfare agencies. Your information may also be shared by court order. For more information about [DEED Data Practices](#), visit <http://mn.gov/deed/about/what-guides-us/privacy>.

Types of personal information you might be asked to provide and why we need it:

- **Social Security Number (SSN):** Your SSN is requested to identify you as a unique individual, to find wage data, and to help us evaluate the performance of our programs;
- **Name, address, birth date, and contact information:** This is used to identify and contact you and to evaluate our performance;
- **Age, gender, ethnicity, race, disability, and economic status:** Demographic information is collected to help determine if you are eligible for additional assistance and to evaluate our performance;
- **Veteran status:** Veteran status is asked to determine if you are eligible for priority services and to evaluate our performance; and
- **Other personal information, such as school records, job skills and work history:** Education and work history is used to help plan your employment and training goals and to evaluate our performance.

Information about you will be used to:

- Decide if you are eligible for services, which services you are eligible for, and to coordinate services provided to you;
- Help you obtain employment by sharing work and education history with prospective employers; and
- Improve public services by analyzing data about our performance.

____ I have read the above Notice. I understand that information may be shared with other service provider agencies in accordance with the Minnesota Government Data Practices Act.

____ I have read the Equal Opportunity is the Law Notice (found on the reverse side). I understand that I have the right to file a complaint of discrimination.

Name (Print)

Signature (if under 18, signature of Parent/Guardian)

Date



Employment Services

Responsibilities, Rights and Consent

Employment plan

I understand that a Minnesota Family Investment Program (MFIP) or Diversionary Work Program (DWP) Employment Plan is required and that Family Stabilization Services (FSS) is a part of the MFIP/DWP program. I have read my plan and know that I must complete the activities in the plan to help me reach my goals.

I understand that I must:

- Tell my job counselor as soon as possible when something stops me from following through with my plan. We will meet to revise my agreement if this happens.
- Tell my job counselor about any changes to my employment status within ten (10) working days
- Tell my job counselor if I plan to move to another county
- Make satisfactory progress and follow through with the plan
- Attend all scheduled meetings.

I understand that my not making satisfactory progress and following through with my plan will result in the following actions:

DWP Participants

- My help with basic needs like shelter and utilities and personal needs may stop.
- My help with child care and transportation may stop.

MFIP Participants

- My MFIP grant may go down by 10% or more of the MFIP standard of need. *(It may close if I have six sanctions.)*
- My rent and/or utilities may be vendored.
- My help with child care and transportation may go down or stop.

Dispute resolution

If you have a disagreement with your counselor, there are two ways to settle the disagreement:

- **Conciliation** means an informal meeting where you and your counselor try to reach a mutual agreement about how to settle the disagreement. The counselor's supervisor must review the outcome of this meeting.
- **Fair Hearing** means a legal process where an appeals referee settles the disagreement. If the referee does not decide in your favor a sanction and/or loss of support services could result.

I can request Conciliation when:

- I disagree with my job counselor about whether I have good cause for not participating
- I disagree with the contents or meaning of my Employment Plan
- My job counselor sends me an MFIP Notice of Intent to Sanction (DHS-3175).

I can request a Fair Hearing when:

- I disagree with my job counselor about whether I have good cause for not participating
- I believe the action of the agency or county adversely affects me
- I do not reach agreement with my job counselor in Conciliation
- My job counselor sends me a Notice of Intent to Sanction and I do not want Conciliation
- The county sends me a Notice of Adverse Action.

Requesting dispute resolution

I can request Conciliation from the employment services agency by telephone, in writing or in person. If I get a Notice of Intent to Sanction or a 10-day notice to close my case, I must request conciliation within 10 days of the mailing date of the notice.

I can request a Fair Hearing by writing the county agency or the State Appeals Office at the Minnesota Department of Human Services, PO Box 64941, St. Paul, MN 55164-0941. I must mail the request within 30 days of getting the Notice of Adverse Action. If I cannot send the request within 30 days *and have good cause*, I can have up to 90 days to send the request. I have the right to bring an attorney to the fair hearing. I can also call Legal Aid for help:

- Hennepin (612) 334-5970
- Ramsey (651) 222-4731
- All other Minnesota counties..... (888) 354-5522

Data privacy

The information in my employment services files is private. The employment services office may share this information with other people in employment services agencies, and the county or state human services department. The information may also be shared with certain others if authorized by law. For example, if I were to move or be assigned to a new worker, my worker may share information from my file with the next employment services agency, the county or the State of Minnesota.

I understand the person or agency that gets my information may pass it on to others. If my information is passed on to others, this authorization may no longer protect it. I know I can stop this authorization with written notice at any time, but that this written notice will not affect information the agency has already shared. I understand I have to complete this form to get MFIP/DWP benefits.

This authorization to use or share information in my employment services file will stop when my MFIP/DWP case is closed.

Your right to file a complaint

If you feel the county or the Minnesota Department of Human Services treated you differently in the handling of your public assistance application or benefits because of race, color, national origin, political beliefs, religion, creed, sex, sexual orientation, public assistance status, age or disability, including access to government buildings, you may file a complaint with your county agency or any of the following agencies.

Minnesota Department of Human Services
 Office for Equal Opportunity
 PO Box 64997
 St. Paul, Minnesota 55164-0997
 (651) 431-3040 (Voice)
 (866) 786-3945 (TTY)

Minnesota Department of Human Rights
 190 East 5th Street, Suite 700
 St. Paul, Minnesota 55101
 (800) 657-3704 (Voice)
 (651) 296-1283 (TTY)

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

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

I have discussed this information with my Employment Services counselor. I understand my responsibilities and rights and I agree to follow them.

CAREGIVER	JOB COUNSELOR
DATE	DATE

Minnesota Department of Human Services Notice of Privacy Practices

(Effective Date: August 2011)

This notice tells how medical and other 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?

- 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 make reports, do research, do audits, and evaluate our programs
- To investigate reports of people who may lie about the help they need
- To decide about out-of-home care and in-home care for you or your children
- To collect money from other agencies, like insurance companies, if they should pay for your care
- To decide if you or your family need protective services
- To collect money from the state or federal government for help we give you.

Why do we ask you for your Social Security number?

We need your Social Security number (SSN) 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 SSN to verify identity and prevent duplication of state and federal benefits. Additionally, your SSN 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 SSN:

- For persons in your home who are not applying for coverage
- If you have religious objections
- If you are not a U.S. citizen and are applying for Emergency Medical Assistance only
- If you are from another country, in the U.S. on a temporary basis and do not have permission from the

U.S. Citizenship and Immigration Services (USCIS) to live in the U.S. permanently

- If you are living in the U.S. without the knowledge or approval of the USCIS.

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.

We may disclose your health information to a record locator service. This can help health care providers find health plans and other health care providers that have health information about you. The health care provider can then get that information to help make better decisions about your treatment. If you prefer not to be included in the record locator service, you may “opt out” by contacting the Community Health Information Collaborative (CHIC) service desk at (877) 411-CHIC (toll free), 218-625-5515 (voice), 218-625-5518 (fax).

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

- You and people you have given permission to may see and copy medical or other 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 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. 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.
- You have the right to get a record of some of the people or organizations with whom we have shared your information. This record was started on April 14, 2003. You must ask for a copy of this record in writing to our Privacy Official.
- 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 medical and other 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](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?

You may complain if you believe your privacy rights have been violated. You cannot be denied service or treated badly because you have made a complaint. If you believe that your medical privacy was violated by your doctor or clinic, a health insurer, a health plan, or a pharmacy, you may send a written complaint either to the county agency, the organization or to the federal civil rights office at:

U.S. Department of Health and Human Services
Office for Civil Rights, Region V
233 N. Michigan Avenue, Suite 240
Chicago, IL 60601
(312) 886-2359 (Voice) or
toll free (800) 368-1019 or (866) 282-0659
(312) 353-5693 (TTY)
(312) 886-1807 (Fax)

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 at the address above or to:

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



Minnesota Department of Human Services

Family Violence Referral

Purpose:

This form tells victims of domestic abuse how to get help.

Help for Domestic Abuse:

- If you, or someone in your home is a victim of domestic abuse **the county can help you.**
If you want to know more or want to stop abuse you can talk to your worker or contact:

AGENCY	TELEPHONE NUMBER	
ADDRESS		
CITY	STATE	ZIP CODE

- **Some of the Minnesota Family Investment Program (MFIP) rules do not apply to domestic abuse victims.** You must tell us about the abuse and have a special employment plan that includes activities to help keep your family safe. Please talk to your worker or an advocate if you want to know about this. If your plan is approved, you will be excused from some of the rules.
- If you have used 60 months of MFIP you may be able to get more months. Please talk to your worker or an advocate if you want to know about this.
- You can also call the **National Domestic Violence Hot Line at (800) 799-7233** or **Legal Aid at (888) 354-5522.**

Non-citizens:

If you are not a United States citizen, but are married to a United States citizen or a legal permanent resident, and you are a victim of domestic abuse you may be able to get help to get permanent residency. Tell your worker if you think you are one of these people. If you qualify, your worker will tell you how to get legal help.

Contact the agency below for help getting permanent residence status.

AGENCY	TELEPHONE NUMBER	
ADDRESS		
CITY	STATE	ZIP CODE

Attention. If you want free help translating this information, ask your worker or call the number below for your language.

ملاحظة: إذا أردت مساعدة مجانية في ترجمة هذه المعلومات، فاسأل مساعدك في مكتب الخدمة الاجتماعية أو اتصل على الرقم 1-800-358-0377.

កំណត់សំគាល់ បើអ្នកចង់បានជំនួយបកប្រែព័ត៌មាននេះដោយមិនគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿងរបស់អ្នក ឬ ទូរស័ព្ទទៅលេខ 1-888-468-3787 ។

Pažnja. Ako vam je potrebna besplatna pomoć za prevod ove informacije, pitajte vašeg radnika ili nazovite 1-888-234-3785.

Ceeb toom. Yog koj xav tau kev pab txhais cov xov no rau koj dawb, nug koj tus neeg lis dej num (worker) lossis hu 1-888-486-8377.

ໂປຼດຊາບ. ຖ້າທ່ານກຳລັງຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປຂໍ້ຄວາມດັ່ງກ່າວນີ້ພຣີ, ຈົ່ງຖາມນຳພນັກງານຊ່ວຍວຽກຂອງທ່ານຫຼືໂທໂທລີທາຕາມເລກໂທ 1-888-487-8251.

Hubaddhu. Yoo akka odeeffannoon kun sii hiikamu gargaarsa tolaa feeta ta'e, hojjataa kee gaafaddhu ykn lakkoofsa kana bilbili 1-888-234-3798.

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

Ogow. Haddii aad dooneyso in lagaa kaalmeeyo tarjamadda macluumaadkani oo lacag la'aan ah, weydii hawl-wadeenkaaga ama wac lambarkan 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para traducir esta información, consulte a su trabajador o llame al 1-888-428-3438.

Chú Ý. Nếu quý vị cần dịch thông tin này miễn phí, xin gọi nhân-viên xã-hội của quý vị hoặc gọi số 1-888-554-8759.

LB2-0001 (10-09)

ADA5 (5-09)

This information is available in alternative formats to individuals with disabilities by calling your county worker. TTY users can call through Minnesota Relay at (800) 627-3529. For Speech-to-Speech, call (877) 627-3848. For additional assistance with legal rights and protections for equal access to human services programs, contact your agency's ADA coordinator.