



Anishinaabe Endaad Program Application

This form is confidential and HIPAA compliant. Please complete the questions below so we can determine eligibility for our programs.

Do you have any restrictions regarding being around children/minors? *

Yes

No

Program Location(s) *

Women's North Minneapolis transitional housing

Men's South Minneapolis transitional housing

Men's sober housing, Mahnomen, MN (White Earth Reservation)

Men's sober housing, Waubun, MN (White Earth Reservation)

Other

Were you referred to the program? *

Yes

No

Agency

Referred by

First Name

Last Name

Referrals phone number

Area Code

Phone Number

Requested move in date *

Month Day Year

Demographics

Applicant's Name *

First Name

Middle Initial

Last Name

Mailing Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Veteran

Yes

No

Other

Applicant Email

example@example.com

Primary Phone Number *

Phone Number

Area Code

Who's number *

Okay to leave message? *

Yes

No

Other

Secondary Phone

Area Code

Phone Number

Who's number

Okay to leave message?

Yes

No

Other

Additional Phone

Area Code

Phone Number

Who's number

Okay to leave message?

Yes

No

Other

Social Security Number

Helps us check public assistance eligibility.

MA Number, if known.

Date of Birth *

Month Day Year

Age *

Gender *

- Male
- Two-spirit
- Female
- Intersex
- Transgender male / trans male
- Transgender female / trans female
- Nonbinary
- Other

Race (select all that apply) *

- White
- American Indian or Alaskan Native
- Black or African American
- Asian
- Native Hawaiian or Pacific Islander
- Other Race
- Declined to Specify

Enrolled Tribal Member? *

- Yes
- No
- Unsure

Enrolled Tribe *

Descendant of a Tribe? *

- Yes
- No
- Unsure

Also a descendant of another Tribe? *

- Yes
- No
- Unsure

Tribal Affiliation 1 *

Current Living Situation:

Tribal Affiliation 2

Currently Employed? *

- Yes
- No
- Other

Income / Assets

Please enter your income and assets for the past 30 days.

Employment History

Employer

State Date

Entry 1

Entry 2

Monthly Income

Monthly amount, or enter 0

Social Security (SSI / SSDI)

GA or MFIP

Employment

Tribal Payments

Unemployment

MSA

Veterans Benefits

Retirement / Pension

Other

Criminal History

Assets

Amount / Value, or enter 0

Checking / Savings

Money Market

Stocks, bonds, mutual funds

Trusts

Real Estate Interests

Personal property investments

Business ownership

Vehicle ownership

Other

Do you have any evictions on your record? *

Yes

No

Other

Most recent offense?

Do you have a criminal record? *

Yes

No

Other

Please explain *

Do you have barriers to finding housing? *

- Yes
- No
- Other

Are you on probation or supervised release? *

- Yes
- No
- Other

If yes, please explain *

Supervision County

Agents or release planner's name

First Name Last Name

Agents or release planner's Phone Number

Area Code Phone Number

Agents or release planner's email

example@example.com

Do you have any sex offenses? *

- Yes
- No
- Other

Do you have to notify the community? *

- Yes
- No
- Other

If yes, please explain *

Long-Term Homeless Verification

Residents must meet the Minnesota definition for long-term homelessness

Households Experiencing Long-Term Homelessness (Minnesota): Individuals who lack a permanent place to live continuously for a year or more, OR at least four (4) times in the past three (3) years. Any period of institutionalization or incarceration shall be excluded when determining the length of time an individual has been homeless.

- **Doubled Up/Couch Hopping:** Doubled up or couch hopping is considered an episode of homelessness if a person is doubled up with another household (and duration is less than one year) or couch hops as a temporary way to avoid living on the streets or an emergency shelter.
- **Transitional Housing:** Time spent in transitional housing (TH) is a neutral event. Housing history prior to or after transitional housing should be evaluated to determine if it meets the state’s LTH definition. For example, if a household was homeless eight (8) months prior to entering TH and four (4) months after existing TH, the household would meet the LTH definition.
- **Exclude institutions and incarceration:** Any period of institutionalization or incarceration shall be excluded when determining the length of time a household has been homeless.

Disability Information

Disabling condition *

- Substance Use Disorder
- Mental Health
- Developmental Disability

Learning Disability

Physical illness, injury, or incapacity (mobility concerns)

Other

During the past three (3) years have you been? *

Homeless continuously for one (1) year or more

Homeless four (4) or more times over the past 3-years

I do not qualify

Other

Do you require special care, assistance, or special accommodations? *

Yes

No

Other

If yes, please explain *

Contact(s) Information

Person Completing Form *

Self/Applicant

Friend/Family Member

Professional

Name

First Name

Last Name

Relationship

Phone 2

Area Code

Phone Number

Agency, if applicable.

Phone 1

Area Code

Phone Number

Fax Number

Area Code

Phone Number

Signature Page

With my signature below, I certify that the information provided on this application is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under Federal Law. I also understand that false statements or information are grounds for denial and termination of housing assistance and termination of tenancy. I understand that ANY changes to the application must be reported in writing to Anishinaabe Endaad property management within 10 days of the change.

Person Completing Form Email *

example@example.com

Tags

Todo

In Progress

Done