



# Car Care Program Application Checklist

Douglas and Pope County Residents Only

## Our Mission:

Promoting Independence by Providing Car Care

Please Submit the Following:

### For All Applicants

- Fill out application completely and sign
- Sign the attached release form and intake form
- Copy of driver's license and significant other's driver's license (showing current address and subject to verification through MNDRIVE)
- Proof of residency (6 months or more in Douglas or Pope County)
- Copy of current bank account balance (if you have accounts in your name)
- Copy of pay stubs for the last 30 days (if employed), First 2 pages of tax return (if self-employed), or proof of other income (SNAP, SSI, etc)
- Have a Douglas County Agency or church send a referral to the Douglas County Car Care Program explaining the need and compliance with their program.
- All applicants are expected to attend a class provided at the DCCCP office

### For Repair Requests (must be at least 18 years old)

- Copy of title of vehicle – vehicle must be registered in your name
- Copy of proof of insurance (This is a requirement)
- Sign Vehicle Repair Liability Waiver

---

### For Car Donation Requests (must be at least 21 years old)

Please note for car donation: After all the information is received, verified, and accepted, you will be put on a waiting list. Once a car is available you will be notified. Once you are notified, you will be responsible for obtaining car insurance. Proof of insurance will need to be provided to Douglas County Car Care Program.

APPLICATIONS WITH INCOMPLETE INFORMATION OR DOCUMENTATION AFTER 30 DAYS WILL BE REMOVED FROM THE WAITING LIST.

Car Care Program  
4353 County Road 82 SE  
Alexandria MN 56308

[www.carcareprogram.org](http://www.carcareprogram.org)

phone: 320-460-7911  
fax: 320-460-7910

**Page left blank intentionally**



# Car Care Program Application

Douglas and Pope County Residents Only

Request is for:  Vehicle Repair  Vehicle Donation

Full Name			Home Phone	Cell Phone
Address			Email	
City, State, ZIP			MN Driver's License # Valid? <input type="checkbox"/> Yes <input type="checkbox"/> No	
County	How long have you lived in this County?		Have you used our program in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when? _____ Type? <input type="checkbox"/> Donated <input type="checkbox"/> Repaired	
In City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Public Transportation Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Transportation Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	Preferred Language	Preferred written communication? <input type="checkbox"/> Email <input type="checkbox"/> US Mail

Marital Status? Single Married Widowed Divorced Separated Domestic Partnership

Are you homeless? Yes No

Are you a Female Head of Household? Yes No Are you able to drive a manual shift vehicle (Stick)? Yes No

(Definition: a married or unmarried female who maintains a household for a dependent, or non-dependent relative, and provides more than half of the dependent's financial support.)

Is anyone receiving financial assistance? Yes No If Yes, Type? MFIP/DWP SNAP MA WIC SSI Other

If yes, is anyone currently in sanction? Yes No Are you currently on probation? Yes No

Have you ever had your Driver's License Suspended/Revoked? Yes No

Are you currently Employed Looking for Work How many hours per week \_\_\_\_\_

## LIST ALL HOUSEHOLD MEMBERS, STARTING WITH YOURSELF

Full Name	Date of Birth	SSN	Sex	US Citizen Y/N	Race	Hispanic Y/N	Veteran Y/N	Disability Y/N	Mental Illness Y/N	Has Income Y/N

Race: A=Asian B=Black/African American I=American Indian/Alaska Native P=Native Hawaiian/Pacific Islander W=White/Caucasian M=Multi Race O=Other

## VEHICLES IN THE HOUSEHOLD

Year	Make	Model	Color	Mileage	Amount Owed

For Vehicle Repair, describe vehicle issues:

---



---



---

My signature acknowledges that the information provided is correct, true and complete.

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_



# Car Care Program Application

## Applicant Financial Information

### Employment Income

Employer	Phone	Date Started	Hourly Wage	Hours per week	Monthly Income

**Total from Employment** \_\_\_\_\_

### Other Income

Type	Who receives	Amount per Month
Unemployment		
MFIP/DWP		
Food Support/SNAP		
SSI/RSDI/SSDI		
Child Support		
Retirement or Veterans Benefits		

**Total other Income** \_\_\_\_\_

### Expenses

Type	Amount per Month
Housing	
Electric	
Propane/Fuel	
Phone	
Cable	
Car Insurance	
Food	
Credit Cards	
Child Care	
Loans	
Other	

**Total Monthly Expenses** \_\_\_\_\_



# Car Care Program

## Authorization for Release and Exchange of Information And Permission to Verify Application

I, \_\_\_\_\_, permit Car Care Program to share and verify the information to determine benefits I may be eligible for.

They can share information with:

- Douglas/Pope County Social Services
- West Central Minnesota Community Action, Inc.
- Workforce Center
- Horizon Public Health
- Love INC
- My employer \_\_\_\_\_
- Auto dealer \_\_\_\_\_
- Car insurance company \_\_\_\_\_
- Garage \_\_\_\_\_
- Other \_\_\_\_\_ (Must specify).

Data given by Douglas County, West Central Minnesota Community Action, Inc., and Rural Minnesota CEP, Inc. may include:

- Verification of sanction status
- The amount of eligibility I may be eligible for from their agency.

This data is private. The Douglas County Car Care Program and the other named agencies can only give this information if they have my permission in writing. They may give data without my permission if otherwise provided by state and federal law. I understand I may refuse to release this data. If I refuse, the Douglas County Car Care Program may be unable to help me resolve my crisis. Douglas County Car Care Program verifies the information provided on the application is correct, true and complete. The Douglas County Car Care Program verifies information through exchange of information with Douglas County agencies. The Douglas County Car Care Program will verify that there are no working vehicles in the household. **This verification will be done using DMV vehicle ownership information.**

**Clients will be ineligible if they are not in compliance with other agencies collaborating with the Douglas County Car Care Program.**

I hereby authorize the Douglas County Car Care Program to release and exchange information pertaining to my applications and eligibility for programs/services they administer for the purpose of evaluating my need for assistance. I authorize release and exchange of information requested for a car donation or car repair. This permission is good for one year from the date I sign it.

\_\_\_\_\_  
**Signature of person authorizing release**

\_\_\_\_\_  
**Date**

**Income Information:** Circle family size (total number in household including foster children) then, without changing rows, circle the amount listed to the right of the “family size” column that includes your total household income.

Family Size	Below Poverty Level	Above Poverty Level
1	\$29,160 or below	\$29,161 or above
2	\$39,440 or below	\$39,441 or above
3	\$49,720 or below	\$49,721 or above
4	\$60,000 or below	\$60,001 or above
5	\$70,280 or below	\$70,281 or above
6	\$80,560 or below	\$80,561 or above
7	\$90,840 or below	\$90,841 or above
8	\$101,120 or below	\$101,121 or above

More than 8	Talk to agency staff for help in determining income category for your household
-------------	---------------------------------------------------------------------------------

### HUD Definitions

**Female Head of Household:** a married or unmarried female who maintains a household for a dependent, or non-dependent relative, and provides more than half of the dependent’s financial support.

**Senior:** a person 62 years or older.

**Severely Disabled: If you**

- 1) use a wheel chair or another special aid for 6 months or longer; or,
- 2) are unable to perform one or more functional activities (seeing, hearing, having one’s speech understood, lifting and carrying, walking up a flight of stairs, and walking), or need assistance with activities of daily living (getting around inside the home, getting in or out of bed or a chair, bathing, dressing, eating or toileting) or instrumental activities of daily living (going outside the home, keeping track of money or bills, preparing meals, doing light housework and using the telephone); or
- 3) are prevented from working at a job or doing housework; or,
- 4) have a selected condition including autism, cerebral palsy, Alzheimer’s disease, senility, dementia or mental retardation; or,
- 5) are under 65 years of age and are covered by Medicare or receive Supplemental Security Income (SSI).

**Youth:** a person 18 years or younger.

#### **For Agency use only:**

(Participant does not complete)

**Income determination for households of more than 8 members:**

Per HUD, family sizes in excess of 8 persons are calculated by adding eight percent (8%) of the four-person income limits for each additional family member. So:

- 9-person household should be 140% of the 4-person limit;
- 10-person household should be 148% of the 4-person limit;
- 11-person household should be 156% of the 4-person limit;
- 12-person household should be 164% of the 4-person limit; and so on.

If conflicting information is provided on Survey form, please explain here:

---



---



---

*Warning: Section 1001 of Title 18 of US. Code makes it a criminal offense to make false statements or misrepresentations to any Department or Agency of the U.S. as to matters within its jurisdiction.*

All information you provide about you and your family household is considered private data as defined by the Minnesota Government Data Practices Act. We will use your private data only as it is required for the administration and management of this program.



# Car Care Program

## Transportation Referral

**(to be filled out by referring Agency)**

1. To refer a potential client, please complete this form and return it to Car Care Program.
2. Download Car Care Program eligibility guidelines and application from [www.carcareprogram.org](http://www.carcareprogram.org)
3. Have client complete application and attach requested documentation.
4. Assist client with application process if needed.

### Client Information

Client Name	Phone
Address	Email
City, State, ZIP	County

Client Signature Authorizing Agency Referral to Car Care Program      Date

\_\_\_\_\_

### Household Information

# of Adults	#of Dependents	Monthly Income

Check all that apply:

MFIP  MA  GA/MSA  SNAP  RSDI  SSI  Veteran/Military Benefits

Employed?  Yes  No    Hours per week: \_\_\_\_\_

Looking for employment?  Yes  No

### Referral Information

What resources does the client have to afford and maintain a vehicle?

Reason for referral?

Referred by	Agency
Title	Phone
Signature	Email



# Car Care Program

## Vehicle Repair Liability Waiver

### What you need to know about Car Care Program:

Douglas County Car Care Program is primarily made up of volunteers to help you with your transportation needs if they can be fixed within the time and budget allowable. If the cars are deemed non-repairable, the Car Care Shop Manager or Executive Director will communicate a go forward plan for your vehicle.

Douglas County Car Care Program cannot and will not assume any warranty work for the volunteers who will be fixing your vehicle.

Remember, the technicians are all volunteers. These people are volunteering as part of their faith-based need for us to help our brothers and sisters. Volunteers want to help and their only tip is a big thank you.

### Repair Liability Waiver

Initial:

\_\_\_ I understand that the cars are repaired by volunteers, most of whom are not professional automotive technicians, although at least one professional will be available for the volunteers to get advice from.

\_\_\_ I understand that the volunteers agree not to undertake any repair for which they believe they do not have the proper skills or tools.

\_\_\_ I agree that if I experience any problems with the repair work that has been done, I will immediately stop driving the car and telephone Douglas County Car Care Program, at 320-460-7911. If I obtain an answering machine, I will leave a message. I also agree that I will promptly bring the vehicle in for examination if I am requested to do so.

\_\_\_ If the vehicle is deemed unrepairable, the client will have a 7-day grace period to turn in or junk car with Car Care or pay for a tow back to the property.

RELEASE AND WAIVER. I HEREBY RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE ANY STAFF OR OWNERS....FOR ANY PERSONAL INJURY OR PROPERTY DAMAGE THAT IS CAUSED BY THE NEGLIGENCE BY ANY OTHER VOLUNTEER, ANY STAFF OR OWNERS BY SIGNING THIS AGREEMENT, I AGREE THAT IT IS MY INTENTION TO EXEMPT AND RELIEVE ANY STAFF OR OWNERS FROM LIABILITY FOR PERSONAL INJURY OR PROPERTY DAMAGE CAUSED BY THE NEGLIGENCE OF ANY STAFF OR OWNERS

I AGREE TO INDEMNIFY AND HOLD DOUGLAS COUNTY CAR CARE AND ANY STAFF OR OWNERS HARMLESS FROM ANY AND ALL CLAIMS, ACTIONS, SUITS, COSTS, EXPENSES, DAMAGES, AND LIABILITIES BROUGHT AS A RESULT OF MY INVOLVEMENT IN THE VOLUNTEER ACTIVITIES.

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

### Consent For Release Of Personal Information For Public Information Purposes

I, \_\_\_\_\_, DO hereby authorize Douglas County Car Care Program, Inc. the use of my name, words, and/or photograph in media promotion(s) of the Douglas County Car Care Program, Inc. services and their functions, activities, and programs.

I, \_\_\_\_\_, DO NOT authorize Douglas County Car Care Program, Inc. the use of my name, words, and/or photograph in media promotion(s) of the Douglas County Car Care Program, Inc. services and their functions, activities and programs.

I have been informed of the meaning of this release and that my signature on it amounts to a waiver of any claim I might assert against any official, employee, agent, or unit of Douglas County Car Care Program, Inc. arising from this release. This release shall bind my heirs and assigns.

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