

Semcac Car Repair Pre-Application Packet & Instructions

Semcac Staff Only

Date Received _____ Staff _____ Date Reviewed _____ Staff _____
Date Called Client _____ Staff _____ Appointment Scheduled Date _____ Time _____
Staff _____
Additional Requested Information:

Filling out this application does not guarantee assistance.

Pre-Applications and all necessary documentation will be valid for two weeks.

Pre-Application Instructions:

1. Complete Semcac Car Repair Pre-Application (You must include information on ALL household members and include all children's ages). **You must have a child 18 or younger in the home. (The 18 year old child must still be going to school.)**
2. Complete a Release of Information for the repair shop the estimate is from. If you choose to get the estimates from a repair shop NOT listed, you are required to fill out a Release of Information for BOTH repair shops.
3. Complete Semcac Household Budget Form
4. **When all forms are completed please fax or drop your Pre-application off along with ALL REQUIRED VERIFICATIONS (listed below) to your local Semcac Field Office.**
5. A Case Manager will review your Pre-application and notify you of a decision via phone, e-mail, mail, or in person.
6. Once approval is determined, you will schedule an appointment with the Semcac Case Manager to complete your intake and voucher for the vendor. **Work on the vehicle can not begin until after you have had this appointment.****
7. Our program fund balances change daily, therefore assistance is not guaranteed until all program forms have been completed, required verifications are in, and you have met with a case manager.

Car Repair Required Verification Checklist of necessary documents:

*****Applications will not be accepted if they are not complete.**

- _____ One month of income verification
- _____ Estimate for necessary repair(s). You will need to provide two if you choose to get an estimate elsewhere. Estimates must be documented on the mechanics' letterhead.
- _____ Valid driver license
- _____ Valid car insurance
- _____ Social Security numbers for everyone in household
- _____ Other documentation as required by case manager to support case circumstances, or satisfy specific program requirements

****Semcac will not pay for sales tax or for work completed on a vehicle prior to completion of the intake and payment voucher for the chosen repair shop. Payment will be limited to the amount of what is noted on the voucher. Excess charges are the responsibility of the client. Semcac will not pay for any towing charges incurred.**

Please call your local Semcac Field Service Staff with any questions.

Dodge Semcac office
20 E. Veterans Memorial Hwy
P.O. Box 36
Kasson, MN 55944
Phone: (507) 634-4350
Fax: (507) 634-4351
Office hours: Mon-Thurs. 8:30am-4:00pm

Steele Semcac office
545 Dunnell Drive
Owatonna, MN 55060
Phone: (507) 451-7134
Fax: (507) 451-7210
Office hours: Mon- Thurs. 8:30am-4:00pm

Semcac Car Repair Assessment

Date _____

Household Information:

Household Composition: _____ Adults _____ Children

Client Name: _____

Phone Number: _____ Alternate Phone Number: _____

Address: _____

County: _____

Please fill out the chart below completely, if there are more members in your household that do not fit on the chart below, please attach another sheet of paper to your application with the additional household members information. If all information is not provided your application will be denied.

Adult/Childs Name	Relation to Head of Household	DOB	Age	Social Security Number
	SELF			

How many in the household have income? _____ (Please fill out the chart below)

Name	Gross Monthly Income	Type of Income (wages, SSI, MFIP)	Frequency of Pay (bi-weekly, weekly, monthly)	Date Started Receiving Income	Hours Worked in a Week (Avg.)	Pay Rate Per Hour

What agency referred you? _____

What car repair do you need? _____

Do you have an estimate from one of our preferred repair shops? Yes or No
If not, you must get an estimate from two repair shops.

Auto Repair Shop 1 _____ Amount \$ _____

Auto Repair Shop 2 _____ Amount \$ _____

Comments/Notes/Additional Information:

Household Budget Form

Please complete the budget based on your average **monthly** household income and expenses.

Client Name: _____ Date: _____

NET INCOME	\$ Amount	EXPENSES	\$ Amount	EXPENSES	\$ Amount
Head of Household		Rent/Mortgage		Gas-Car	
Spouse		Utilities		Smoking	
Children's		Phone		Eating Out	
Child Support		Garbage		Entertainment	
GA		Cable/Internet		Clothing	
SSI/SSDI/RSDI VA		Child Support		Loans(Friends/Family)	
MFIP		Loan/Credit Card		Outstanding Traffic Tickets	
Pension		Student Loan		Lawyer Fees	
Food Support		Medical Insurance		Levies/Garnishments/Liens	
Student Loans		Groceries		Diapers/Wipes	
Worker's Compensation		Child Care		Medical Bills inc Dental	
Unemployment		Prescriptions		Personal Care	
Family Support		Laundry		Car Payment/Loan	
		Car Insurance		Home/Renters Insurance	
		Cab Fare/Bus Tickets			

Total Income: _____

Total Expenses: _____

I, the undersigned, certify that the information furnished by me for this form is true and correct to the best of my knowledge. I give permission to Semcac to contact sources to verify income eligibility or discussion of additional programs for services. I understand this statement and realize all information is confidential.

_____/_____/_____
Applicant Signature Date

Budget Notes:



204 South Elm, PO Box 549, Rushford, MN 55971-0549

RELEASE OF INFORMATION

Today's Date: _____

I, _____
(First Name) (Middle Name) (Last Name)

(Address) (City) (State) (Zip)

Do hereby authorize Semcac to obtain and release information from the following agencies and/or individuals on

my behalf _____ or my minor child: _____
(Print Name) (Print Name)

From the individual or agency listed below:

- Send/Share Obtain From Talk/Exchange With

Information to be shared:

_____ Purpose _____

_____ Purpose _____

_____ Purpose _____

I understand that my records are protected under State and Federal law and cannot be shared without my written permission unless otherwise provided for in the regulations. I also understand that I do not have to agree to release this information and understand that I will not be denied assistance for refusing to agree to release the information, but it may affect how much the agency can help me.

I understand that I may cancel this permission at any time; however, this will not affect information released before I withdrew my consent. I also understand that this permission expires in one year from the date signed.

I understand that information disclosed to and received from the persons and organizations named above will only be shared with organization staff that needs information to provide me services.

Any release of private information is not allowed except as authorized above. (MN Statutes 13.05)

(Participant Signature)

(Date)

(Semcac Staff)

(Date)

Dodge County 634-4350 Fillmore County 765-2761 Freeborn County 373-1329 Houston County 725-3677 Mower County 433-5889 Steele County 451-7134 Winona County 452-8396

With additional programs in Goodhue, Olmsted, Rice and Wabasha Counties
Please remember Semcac programs in your financial and estate planning. Your legacy is a gift to the future.

An Equal Opportunity Employer



Community Action Agency Serving Southeast Minnesota Since 1966!

Community Action Agency 204 South Elm, PO Box 549, Rushford, MN 55971-0549
People Are Our Business

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(Address) (City) (State) (Zip)

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An Equal Opportunity Employer

Pre-application and all necessary documents are valid for 2 weeks.

Estimates must be done on letterhead from the repair shop and must include the name of the person completing the application.

Semcac will not pay for sales tax, work completed on a vehicle prior to completion of the intake and a voucher for the chosen repair shop, or towing costs.

If you choose a repair shop not included on this list, you MUST get matching estimates from two repair shops. The repair shop with the lesser of the two amounts will be the repair shop approved.

Any excess charges are the responsibility of the client.

Approved Repair shops for Steele County:

Repair Shop	Phone Number:	Address:
Owatonna Auto Clinic	507-414-2886	902 Hoffman Dr NW / Owatonna
Tim's Auto Service	507-455-9050	123 E Front St / Owatonna

Approved Repair shops for Dodge County:

Repair Shop	Phone Number:	Address:
Kasson Car Care	507-634-2277	508 1 st Ave SW / Kasson
Lowells Auto Sales	507-374-2651	12 Highway St E / Dodge Center

Approved Repair shops for Waseca County:

Repair Shop	Phone Number:	Address:
George's Cars	507-835-4500	1381 S State St / Waseca
Tesch's Auto Service	507-835-4610	321 W Elm Ave / Waseca