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. 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.
3. A Case Manager will review your Pre-application and notify you of a decision via phone, e-mail, mail, or in person.
4. 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 cannot begin until after you have had this appointment.**
5. 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

**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
105 S Mantorville Ave
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: _______________________________________________________________________

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.

<table>
<thead>
<tr>
<th>Adult/Childs Name</th>
<th>Relation to Head of Household</th>
<th>DOB</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>SELF</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Gross Monthly Income</th>
<th>Pay Rate Per Hour</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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:

<table>
<thead>
<tr>
<th>Repair Shop</th>
<th>Phone Number:</th>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Owatonna Auto Clinic</td>
<td>507-414-2886</td>
<td>902 Hoffman Dr NW / Owatonna</td>
</tr>
<tr>
<td>Tim’s Auto Service</td>
<td>507-455-9050</td>
<td>123 E Front St / Owatonna</td>
</tr>
</tbody>
</table>

Approved Repair shops for Dodge County:

<table>
<thead>
<tr>
<th>Repair Shop</th>
<th>Phone Number:</th>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kasson Car Care</td>
<td>507-634-2277</td>
<td>508 1st Ave SW / Kasson</td>
</tr>
<tr>
<td>Lowells Auto Sales</td>
<td>507-374-2651</td>
<td>12 Highway St E / Dodge Center</td>
</tr>
</tbody>
</table>

Approved Repair shops for Waseca County:

<table>
<thead>
<tr>
<th>Repair Shop</th>
<th>Phone Number:</th>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>George’s Cars</td>
<td>507-835-4500</td>
<td>1381 S State St / Waseca</td>
</tr>
<tr>
<td>Tesch’s Auto Service</td>
<td>507-835-4610</td>
<td>321 W Elm Ave / Waseca</td>
</tr>
</tbody>
</table>
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 Wtih

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