Semcac Car Repair Pre-Application Packet & Instructions

Semcac Staff Only

Date Received_____ Staff_____ Date Reviewed_____ Staff_____

Appointment Scheduled Date_____ Time_____

Date Called Client_____ Staff_____ Staff_____

Additional Requested Information:

Filling out this application does not guarantee assistance.

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

Car Repair Required Verification Checklist of necessary documents:

*****Applications will not be accepted if they are not complete.**
Assistance can be provided to households every 3rd Year. EXAMPLE: A Household that received assistance in 2025 would not be eligible again until 2028.

_____ 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
_____ Verification of enrollment in MFIP, WIC, or SNAP

***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.*

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.**

2. When all forms are completed, **please return ALL REQUIRED VERIFICATIONS** (listed above) to your local Semcac Field Office. Applications can be dropped off or emailed. A release of information is required for the repair shop the estimate is from.

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 been approved by a Semcac case worker. Making a payment towards an amount over $1000 does not guarantee assistance. ****

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.

Please call your local Semcac Field Service Staff with any questions

Dodge County Semcac Office
105 S. Mantorville Ave
PO Box 36
Kasson, MN 55944
Phone: (507) 634-4350

Office Hours: 8:30am-4pm

Steele County Semcac Office
209 E Main St.
Ste A
Owatonna, MN 55060
Phone: (507)-451-7134
owatonnacc@semcac.org
Office hours: Mon-Wed. 9am-3pm

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 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.

Repair Shop:	**Phone Number:**	**Address:**
Approved Repair shops for Steele County:		
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:		
Kasson Car Care	507-634-2277	508 1st Ave SW / Kasson
Approved Repair shops for Waseca County:		
George's Cars	507-835-4500	1381 S State St / Waseca
Tesch's Auto Service	507-835-4610	321 W Elm Ave / Waseca

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 no information is provided your application will be denied.

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

How many in the household have income? _____ (Please fill out the chart below)
*Verifications will need to be provided.

Name	Gross Monthly Income	Pay Rate Per Hour

Semcac
Community Action Agency
People Are Our Business

A Community Action Agency Serving Southeast Minnesota Since 1966!

204 South Elm, PO Box 549, Rushford, MN 55971-0549
Phone: 507-864-7741 Fax: 507-864-2440
Visit: www.semcac.org Email: semcac@semcac.org

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 or indicated end date _____ per participant request.

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)