



## **4 Steps to Apply for Assistance**

- 1) Print the application or pick one up at Turning Points
  - 2) Fill out the application completely
  - 3) Gather ALL required documents
  - 4) Bring your application and all documents to Turning Points, where you will meet same day with a case manager.
- Applications can be dropped off Monday through Friday between 8:30am-4:00pm at Turning Points.
  - You must be available to meet with the case manager when you drop off your application, or your application will not be taken.
  - Applications must have ALL required documents, or they will not be accepted.
  - If you are unable to drop off your application and documents due to work hours or disability, please mail your completed application and copies of ALL documents to 701 17<sup>th</sup> Ave W. Bradenton, FL 34205

If you have questions about completing the application, please call us at 941-747-1509 and ask for Case Manager on duty.



## Application Documentation Checklist

### **These documents are required no matter what you are applying for:**

#### **Identification**

- Copy of Current Photo ID for all household members age 18 and older
- Copy of Social Security Cards for all household members, all ages
- Copy of Birth Certificates for all children under the age of 18 living in the home

**Proof of All Household Income** – *Provide copies for every person earning income in the home. If you don't get some of these forms of income, don't worry. Bring proof for all forms of income you do receive.*

- Pay stubs or letter from employer for the last 3 months
- Unemployment Compensation
- TANF Cash Assistance
- Copy of SSI/SSA/SSD Benefits
- Child Support (print out or letter)
- Worker's Compensation Benefits
- Statement from Financial Institutions (Bank/Credit Union, Chime, Cash App, etc)
- Retirement Income
- Food Stamps (SNAP) benefit letter
- Veteran's Benefits
- Alimony (court letter or statement)
- I have no income

\*3 most recent month's statements needed

### **If applying for rental assistance, also provide these items:**

- Current, Signed lease (Your name must be on the lease)
- Proof you are behind in your rent that can be:
  - 3-Day late notice
  - Rental History/Ledger from the Landlord
- Landlord Form (provided by Turning Points and completed by your landlord)
- W-9 (provided by Turning Points and completed by your landlord)

### **If applying for utility assistance, also provide these documents:**

- Current, Signed lease (Your name must be on the lease)
- Utility Bill(s) (Your name must be on the bill, and must be for the same address as the lease)

### **If applying for Auto Repair Assistance, also provide these documents:**

- 2 Estimates for Repair indicating that these repairs will make the vehicle operational
- Proof of Valid Insurance
- Vehicle(car) registration
- Driver's License

**You must include all documentation at time your packet is submitted.**

Additional Documentation may be required at the discretion of the Case Manager based on your unique situation.

# TURNING POINTS CLIENT INTAKE FORM- TDP



Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant Name: \_\_\_\_\_

Primary Language: English Spanish Other: \_\_\_\_\_

Secondary Language: English Spanish Other: \_\_\_\_\_

What are you applying for (Check all that apply)?

First Month's Rent Overdue Rent Lot Rent Utilities Other: \_\_\_\_\_

Amount Owed? \$ \_\_\_\_\_

Do you own your home or trailer Yes No

Are you Homeless? Yes No

Where are you staying? \_\_\_\_\_

Do you live in Manatee County? Yes No

How long have you lived in Manatee County? \_\_\_\_\_

Have you received a 3-day notice from your landlord? Yes No

When did you last pay rent? \_\_\_\_\_

Do you have a lease? Yes No

Is your name on the lease? Yes No

*\*Written lease in your name is required to be eligible for rental and utility assistance.*

**Please choose the primary cause of your need for assistance today from the options below (select one):**

- Abuse or violence in my home  Alcohol or substance abuse problems  COVID-19
- Asked to leave or evicted  Lost a job or my hours were cut back  Financial crisis
- Aged out of foster care  Discharged from jail or prison  Disabling condition
- Mental Health Condition  Problems with Friends or Family
- Unable to Pay Rent, Mortgage, or Utilities  Other \_\_\_\_\_

# TURNING POINTS CLIENT INTAKE FORM- TDP



## GENERAL INFORMATION:

Applicant Name: \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Co-Applicant Name: \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Children Full-Time in Household: \_\_\_\_\_ Number of Adults Full-Time in Household: \_\_\_\_\_

Current Address \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (Cell/ Home/ Other) Email: \_\_\_\_\_

Are you Employed?  Yes  No Employer?: \_\_\_\_\_

Employer Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Other Income/Resources (Complete all that apply)

SSI/SSD \$ \_\_\_\_\_ /Month Child Support \$ \_\_\_\_\_ /Month TANF (Cash) \$ \_\_\_\_\_ /Month

SNAP (Food Stamps) \$ \_\_\_\_\_ /Month Other \$ \_\_\_\_\_ /Month

Are you a Veteran?  Yes  No Did you Serve on Active Duty?  Yes  No

Do you have your DD214?  Yes  No

## DEMOGRAPHIC INFORMATION:

Gender:  Male  Female Transgender:  Male to Female  Female to Male  Gender Non-Conforming

Primary Race:  Black  White  Native American  Asian Other: \_\_\_\_\_

Ethnicity:  Hispanic  Non-Hispanic Do you have a disability?  Yes  No

Marital Status:  Single  Married  Separated  Divorced  Widow

## HOUSING INFORMATION: (Not needed for car repair)

Do you receive HUD or Section 8 Housing Assistance?  Yes  No

Lease Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Rent Paid:  Monthly  Weekly

Lease Term:  1 Year  6 months  Monthly Other: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ How much is rent? \$ \_\_\_\_\_

When did you last pay rent? \_\_\_\_\_ Amount Owed? \$ \_\_\_\_\_



## HOUSEHOLD COMPOSITION FORM

Please list everyone who lives in the household

						Office Use Only		
<u>LEGAL FULL NAME</u>	<u>SOCIAL SECURITY NUMBER</u>	<u>DATE OF BIRTH</u>	<u>GENDER</u>	<u>RELATIONSHIP TO HEAD OF HOUSEHOLD</u>	<u>AGE</u>	SS Entire household	BC Under 18 yrs	Photo ID 18+ yrs
				SELF		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Manatee County Government Release of Information

Turning Points receives funding from Manatee County Government for various programs. As a client of Turning Points, your signature below certifies that you understand the following statements:

1. I understand that the County’s Representative may request access to any or all Turning Points records related to the delivery of County funded programs and/or the delivery of services for the purposes of evaluating or monitoring the program or delivery of service to the client, and that I consent to the release of records for these purposes on behalf of myself and my household.
2. I understand that to the extent the records are provided to the County, they may become public records and may, subject to any applicable state or federal exemptions, be inspected or copied by third persons.

By signing below, I certify that I understand and consent to the above statements. This consent will remain in place for a period of one (1) year from the date indicated below. I understand that I may revoke this consent in writing at any time.

Printed Name: \_\_\_\_\_

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

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

## Divulgación de Información al Gobierno del Condado de Manatee

Turning Points recibe fondos del gobierno del condado de Manatee para varios programas. Como cliente de Turning Points, su firma a continuación certifica que comprende las siguientes declaraciones:

1. Entiendo que el Representante del Condado puede solicitar acceso a cualquiera o todos los registros de Turning Points relacionados con la entrega de programas financiados por el Condado y/o la entrega de servicios con el fin de evaluar o monitorear el programa o la entrega del servicio al cliente, y que doy mi consentimiento para la divulgación de registros para estos fines en mi nombre y el de mi familia.
2. Entiendo que, en la medida en que los registros se proporcionen al Condado, pueden convertirse en registros públicos y, sujeto a las exenciones estatales o federales aplicables, pueden ser inspeccionados o copiados por terceros.

Al firmar a continuación, certifico que entiendo y acepto las declaraciones anteriores. Este consentimiento permanecerá vigente durante un período de un (1) año a partir de la fecha que se indica a continuación. Entiendo que puedo revocar este consentimiento por escrito en cualquier momento.

Nombre: \_\_\_\_\_

Firma: \_\_\_\_\_

Fecha: \_\_\_\_\_



**RELEASE OF INFORMATION**

**Authorization to Use or Disclose Personal Information including Protected Health Information (PHI)**

Name:	Social Security Number:	Date of Birth:
Name of Provider Agency:		

**I authorize the use or disclosure of personal information, including protected health information, about the individual named above.**

I am:  the individual named above  
 a personal representative because the person is a minor, incapacitated, or deceased

\_\_\_\_\_ participates in the Sarasota/Manatee Continuum of Care (FL-500) coordinated entry system (Oneby1) and/or the Community Services Information System (CSIS). These systems include organizations that provide homeless and housing assistance and supportive services. As part of CSIS and the Oneby1 system, agencies agree to share information about individuals and families with other agencies in order to coordinate services and help a household find and/or keep housing as quickly as possible.

The information to be disclosed may include personal information contained within the Community Services Information System, records from providers detailing my medical conditions and including information on disabilities, mental health, drug abuse, alcoholism, sickle cell anemia, human immunodeficiency virus (HIV) infection, AIDS, and other communicable disease test results and diagnoses. Information contained within the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT), the Service Prioritization Decision Assistance Tool (SPDAT), other assessment forms, and other information collected as part of case management, case planning and case conferencing will be shared in CSIS and as it relates to the coordination of services for housing placement and stability.

**Important Rights and Other Required Statements You Should Know**

You can revoke this authorization at any time by writing to the Suncoast Partnership to End Homelessness, Inc., 1750 17<sup>th</sup> Street / K-1, Sarasota, FL 34234. If you revoke this authorization, it will not apply to information that has already been used or disclosed.

You have a right to a copy of this authorization once you have signed it. Please keep a copy for your records, or you may ask us for a copy at any time by writing to Suncoast Partnership to End Homelessness, Inc. 1750 17<sup>th</sup> Street / K-1 Sarasota, Florida 34234.

If you have any questions about anything on this form, or how to fill it out, we can help. Please call the Suncoast Partnership at 941-955-8987.

This authorization will expire two (2) years from the date this document was signed by the individual or personal representative below.

**By signing this authorization, I am attesting that I understand: (Initial each line)**

\_\_\_\_\_The reason I am being asked to release information.

\_\_\_\_\_My protected health information, including, but not limited to, mental health, drug & alcohol, HIV/AIDS information can be shared with partner providers and CSIS participating organizations. I understand that agencies participating may change from time to time and that a copy of the current list of agencies is available upon request from the Suncoast Partnership by calling 941-955-8987.

\_\_\_\_\_The CSIS operates over the internet and uses many security protections to ensure the complete confidentiality of my records.

\_\_\_\_\_Signing this authorization is voluntary, and I do not have to agree to authorize any use or disclosure. I understand that the ability to receive services or support is not conditioned upon authorizing this disclosure. However, by not giving authorization to share information, I may not be able to access housing help as quickly as possible and that some services that result from a coordination of activities between providers may be limited in availability. Some agencies require certain questions to be answered in order to determine eligibility for their projects.\*

\_\_\_\_\_The providers that have access to my protected health information are prohibited from re-disclosing information outside of the terms of his release of information form, without my written authorization except as permitted by federal or state law.

Signature \_\_\_\_\_ Date (required) \_\_\_\_\_

**Dependent(s) that the Legal Guardian Authorizes to Participate in the SMCSIS:**

Name \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ Name \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

Name \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ Name \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

Name \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ Name \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

**Signature of Personal Representative (if applicable)**

Signature \_\_\_\_\_ Date (required) \_\_\_\_\_

Please describe your relationship to the individual and/or your legal authority to act on behalf of the individual in making decisions related to healthcare and services. You may be asked to provide us with the relevant legal document giving you this authority.

Relationship to the individual (required): \_\_\_\_\_

**Signature of Witness**

Signature \_\_\_\_\_ Date (required) \_\_\_\_\_

\*Agencies may have additional requirements that must be agreed upon by the participant. If applicable, these requirements will be listed on page 3.





701 17<sup>th</sup> Ave W, Bradenton, FL 34205  
Office: (941) 747-1509 Fax: (941) 567-6149  
www.tpmanatee.org

## Turning Points Landlord Information and Agreement Form

Applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Co-Applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address of Residence to Be Rented: \_\_\_\_\_  
\_\_\_\_\_  
(Must Be in Manatee County)

Number of Bedrooms: \_\_\_\_\_ Baths: \_\_\_\_\_ Occupants-Adults: \_\_\_\_\_ Children: \_\_\_\_\_

What is included in the rent? (Check All That Apply)

Electric  Water/Sewer/Trash  Gas  Cable/TV  Washer/Dryer  Other: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Email: \_\_\_\_\_

Landlord Phone: \_\_\_\_\_ Landlord Fax: \_\_\_\_\_

Landlord Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Landlord Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

**IF MOVE IN:** What is required?

Prorated 1<sup>st</sup> Month's Rent: \$ \_\_\_\_\_ Deposit: \$ \_\_\_\_\_ Last: \$ \_\_\_\_\_ **Total Move in cost:** \$ \_\_\_\_\_

Term of Lease: \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_

**Tenant and Landlord:** This form is in conjunction with an application for rental assistance from Turning Points. The parties agree that while the agreement is solely between the Landlord and Tenant, that if the tenant received a security deposit from Turning Points, upon termination of the lease, Tenant directs the landlord to return the unused portion of the security deposit directly to Turning Points.

**The Landlord attests, by signing below, that the unit is classified as: (Check One)**

A Legal Apartment  A Properly Zoned Multi-Unit or Villa  A Single Family Home occupied only by the tenant  
 Trailer

And that the rental unit has no outstanding code violations within the County or City and that all modifications or repairs requiring a permit, if any, have been properly permitted, inspected, and approved by the City or County.

Landlord's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

