

# BLUE EARTH COUNTY HOUSING SUPPORT APPLICATION

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Blue Earth County  
Government Center  
410 S 5<sup>th</sup> St.  
PO Box 3526  
Mankato, MN 56002

# MINNESOTA HOUSING SUPPORT PROGRAM

## APPLICATION

Program Name:

Program Address:

Total number of units in the home/building(s):

Total number of proposed Housing Support units for the home/building(s):

Targeted opening date for program:

Provider Entity Legal Name:

Provider Entity Main Corporate Address:

City, State, Zip:

Email:

Federal Tax ID#:

## TYPE OF ORGANIZATION (CHECK ONE)

Governmental Unit

For Profit

Non Profit

Proprietorship

Partnership

## HOUSING SUPPORT AGREEMENT CONTACT PERSON

Name:

Title:

Street Address:

City, State, Zip:

Phone:

Fax:

Email:

## SECTION 1: TARGET POPULATION

Describe characteristics of the target population you plan to serve (examples: persons diagnosed with a disability and types of disabilities you plan to serve, seniors, culturally specific populations, homeless or long-term homeless, being discharged from an institution, etc.):

## SECTION 2: TYPE OF FACILITY LICENSE

- Adult Foster Care License enrolled as a 245D provider -DHS  
Family license number:  
Corporate license number:
- Comprehensive Home Care License- MDH  
License number:
- Food and Beverage Establishment License- MDH  
License number:
- Housing with Services Registration- MDH  
Registration number:
- Lodging Establishment License-MDH  
License number:
- Housing Support – Long Term Homeless Provider

## SECTION 3: HOUSING SUPPORT FUNDS

Do you intend to use only Housing Support funding to run your program?  Yes /  No  
If no, what other funding sources have you sustained or plan to apply for?

Will you accept self-pay from participants?  Yes /  No

If the program provider does not own the actual housing unit(s), describe the program and financial relationship the provider and the owner/landlord have. How will both parties work together to assure tenants have stable housing? Include any agreements between both parties for communication or problem-solving.

Was any county, state, or federal funds used for capital costs (purchase, renovation) of the house:  Yes /  No  
If yes, list all source(s), amounts and date(s) awarded, use separate attachment if needed:

## SECTION 4: HOUSING DESCRIPTION AND REQUIREMENTS

- What kind of living arrangement will the program offer? (check all that apply)
- Individuals will have a complete unit, including private bathroom and kitchen
  - More than one individual will share a kitchen and/or bathroom
  - More than one individual will share a bedroom

Will residents have a lease in their name? *If yes, please attach a copy of the programs lease.*  Yes /  No

Will residents have to sign house rules/tenancy requirements that can lead to loss of housing beyond those of a standard landlord-tenant lease? *Attach house rules and/or tenancy requirements.*  Yes /  No

Describe your admission process (admission criteria, screening out tenants) *Attach a copy of the programs admission/screening process.*

Are there time limits on the length of time a person can live in the housing program?  Yes /  No  
If yes, what are the time limits?

Do you provide services beyond the requirements of Housing Support?  Yes /  No  
If yes, please describe additional services:

Are there sobriety rule requirements?  Yes /  No  
If yes, describe in detail (i.e. minimum length of sobriety prior to admission, no alcohol in building, may drink off site, eviction policies related to breaking sobriety requirements):

Describe the voluntary and involuntary discharge from the program. *Attach a copy of the programs discharge policy and a copy of resident requirements that could result in eviction.*

Voluntary (resident chooses to move):

Involuntary (provider decides a resident needs to move):

## SECTION 5: ORGANIZATION OVERVIEW

Describe the organizations mission and values as it relates to the services provided:

Describe the organizations experience as it relates to housing, services, and target population:

Describe the required education and experience of staff at the program:

Background checks are required on all staff who have direct contact with recipients. Describe your organizations background check process:

## SECTION 6: RELATIONSHIP TO BLUE EARTH COUNTY

Please check all of the following that apply, describe as needed:

Do you have a current Housing Support Agreement with BEC for a different site?  Yes /  No

Are you currently licensed in BEC as a foster care provider?  Yes /  No

Do you provide contracted services with BEC?  Yes /  No

Do you have licensed programs that do not have a Housing Support Agreement?  Yes /  No

Describe the program without a Housing Support Agreement:

Do you have Housing Support Agreements in other counties?  Yes /  No

If yes, please list which counties and contact person:

## ACKNOWLEDGMENT

By signing below, the organization has reviewed and understands the following requirements found in the Blue Earth County Provider Guide to Housing Support:

- Completing an application is not a guarantee the vendor will be approved for a Blue Earth County Housing Support Agreement. Blue Earth County reserves the right to gather additional information not asked on the application. Incomplete applications will not be considered.
  
- Housing Support Agreements may be terminated with or without cause by Blue Earth County or the provider with two calendar months prior notice. Minnesota Department of Human Services has the right to suspend or terminate the Housing Support agreement immediately when it is determined the health or welfare of the housing or Housing Support participant is endangered, or when there is reasonable cause to believe that the provider has breached a material term of the agreement.
  
- The “Group Residential Housing Rate” or the “Housing Rate” will be used for shelter, fuel, food, utilities, household supplies, maintenance of the building and other costs necessary to provide room and board.
  
- A portion of the “Housing Rate” must provide three nutritional meals a day on site. The provider must inform participants they are eligible for Food Support upon discharge from the Housing Support site.
  
- The provider must maintain all necessary licenses through the appropriate licensing authority. The provider will submit a list of residency requirements that could result in eviction. Review Minnesota Landlord/Tenant Rights.
  
- Background checks are required for all employees and volunteers who have direct contact (provide face-to-face care, training, supervision, counseling, consultation, or medication assistance) with recipients, or who have unsupervised access to recipients, their personal property, or their private data.
  
- All staff members, who have direct contact with participants, have skills and knowledge acquired through one or more of the following:
  - A course of study in a health or human services-related field leading to a bachelor of arts, bachelor of science, or associate’s degree; or
  - One year experience with the target population served (can include being a member of the target population served); or
  - Experience as a Minnesota Department of Human Services certified peer specialist; or
  - Meets requirements of unlicensed personnel in licensed home care settings.
  
- Provider and staff are required to complete two online DHS trainings: Vulnerable Adult Mandated Reporting and Housing Support Orientation.
  
- Staff are required to have valid driver’s license if transporting clients.

*The applicant affirms that, to the best of its knowledge, this proposal does not present a conflict of interest with any party or entity, which may be affected by the terms of a potential forthcoming Housing Support Agreement. The applicant agrees that, should any conflict or potential conflict of interest become known, it will immediately notify the county of the conflict or potential conflict, and will advise the county whether it will or will not resign from the other engagement or representation.*

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(printed name, title)

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(signature)

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(date)