RED RIVER VALLEY Community Action

Creating Better Communities

Potential Cooling Assistance Client:

Red River Valley Community Action is in the process of accepting applications for the Residential Cooling Program in the Northeast section of North Dakota, which includes the counties of Grand Forks, Nelson, Pembina, and Walsh.

Funding is limited and eligibility of each applicant will be based on the following criteria:

1. You **must** meet income and asset guidelines of the LIHEAP Heating Assistance Program and provide a copy of the LIHEAP Heating Assistance Data Sheet which can be obtained from County Social Services.
2. Clients who did not apply for heating assistance because they live in subsidized housing, may apply for a cooling device. The County Social Services worker processes a LIHEAP Heating Assistance application to determine income and asset eligibility and send a free-form letter to RRVCA.

This information can be faxed to 701-746-0406 or mailed to RRVCA, 1013 North 5th Street, Grand Forks, ND 58203 Attn: Kathie or Jessica.

3. If you are under 60 years of age, #4 on the application must be completed and signed by your physician, a public health nurse, nurse practitioner, or physician's assistant. The medical provider must identify the medical condition that causes a need for cooling. If you are 60 or older, disregard #4 on the application as a medical provider's signature is not required.

You will be prioritized for assistance according to income and the immediacy of need.

If you have any questions regarding this program or the application, please contact our office at 701-746-5431 or toll free at 800-450-1823.

EQUAL HOUSING OPPORTUNITY

Low-Income Residential Cooling Program
Certification of Medical Need for Cooling Assistance

Red River Valley Community Action Region IV
1013 N 5 Street
Grand Forks ND 58203
(701) 746-5431 or Toll Free 1-800-450-1823

Client # ☐ OWN ☐ RENT

Assistance under the Low Income Residential Cooling Program can only be granted to households whose income and assets are within the guidelines of the Heating Assistance component, as described in Section H-1 and H-2 of the North Dakota State LIHEAP Plan of Operation and can provide documentation of an existing medical need for a cooled living space.

To certify a medical need for cooling, an applicant must provide the following:

1. Head of Household

Name

Address

Telephone	Social Security Number

2. Person or persons for whom the medical need is being certified

Name

Date of Birth	Relationship (to head of household)	Social Security Number

3. Release of Information

As an applicant for assistance under the Low Income Residential Cooling Program, I authorize persons having custody or knowledge of information relating to me to furnish requested information, to include but not limited to medical and other confidential information, to the North Dakota State Department of Health and Consolidated Laboratories, the Community Action Program, or the authorized agents of either, for the purpose of determining eligibility for cooling assistance.

Signature of Applicant Person for whom medical need is being certified. Signature of guardian or parent if applicant under 18 years of age.	Date

4. Certification by medical doctor, public health nurse, nurse practitioner, or physician's assistant

Medical condition(s)/diagnosis(es) requiring a cooled living space:

Acceptable conditions include – confinement to bed, needing assistance of visiting nurses, mental problems, seizure disorder, heart or vascular problems, pulmonary condition, kidney disease, prior heatstroke, or individuals on a fluid-restrictive diet or taking medications that interfere with the body heat regulatory system, such as neuroleptics (e.g. antipsycotics and major tranquilizers), or medications with anticholinergic effects (e.g. tricyclic antidepressants, antihistamines, some antiparkinsonian agents, and some over-the-counter sleep medications). Other medical reasons may be considered, but require an explanation as to why the individual is at increased risk of heat-related illness. An assertion that cooling is required because of "advanced age or disability" without other contributing factors is not sufficient to establish medical need.

5. Signature of medical official certifying medical need for cooling space

Name (Print or Type)	Title
Signature	Date
Clinic Name	Address

NORTH DAKOTA
LIHEAP COOLING ASSISTANCE PROGRAM RENTAL AGREEMENT

This AGREEMENT is made on _____ (month)_____(day),_____(year) between:

_____(hereinafter LANDLORD)

_____(hereinafter TENANT)

_____(hereinafter AGENCY)

The parties listed above in this DOE Cooling Assistance Program Rental Agreement ("THE AGREEMENT") for good and valuable consideration agree that the cooling assistance improvements are subject to the following conditions.

1. The LANDLORD and TENANT consent and agree that the improvements/services shall be done by the AGENCY or its' representatives to the property located at_____ (hereinafter PREMISES).

2. The LANDLORD and TENANT will permit employees of the AGENCY or its representatives to enter upon the PREMISES as required to perform air conditioner work and the inspection of the work upon completion.

3. The AGENCY agrees to provide cooling services/improvements, subject to material limitations defined by North Dakota Weatherization Program requirements and limitations, and the professional discretion of the Community Action Weatherization Coordinator, to the property of the LANDLORD that is occupied by the TENANT.

4. In consideration of the cooling services/improvements provided by the AGENCY, the LANDLORD agrees to the following:

   a. Other Agreements

      The terms of this Agreement will be incorporated into any other Agreement between the LANDLORD and TENANT, and if there is any conflict between this Agreement and the provisions of such other Agreement, the provisions of this Agreement shall govern.

   b. Repairs

      The LANDLORD agrees to make the repairs/improvements to the PREMISIS, specified on Attachment A before cooling improvements/services are provided by the AGENCY.

   c. Termination of Tenancy

      The LANDLORD agrees that for the term of this Agreement there shall be no termination of TENANT's tenancy except for one of the following reasons:

      1) The TENANT fails to pay rent to which the LANDLORD is legally entitled.

      2) The TENANT is causing substantial damage to the PREMISES, causing or permitting a nuisance to exist, or is interfering with the safety or comfort of the occupants of the same or adjoining PREMISES.

      3) The TENANT has been convicted of using the PREMISES to commit a felony.

      4) The TENANT has violated a covenant of tenancy or lease.

      5) The TENANT has refused the LANDLORD reasonable access to make inspection or repairs.

5. Right of Ownership

   Upon termination of the TENANT's tenancy, the TENANT shall maintain ownership to any room air conditioner and associated accessories required for its' operation, installed on the premises as part of the cooling assistance provided by the AGENCY. The LANDLORD shall maintain ownership in any improvements to the physical structure and any cooling device existing at the time assistance is provided and any subsequent improvements resulting from the assistance.

6. Failure on the part of the LANDLORD to follow the terms of this agreement may result in the cost of cooling assistance improvements installed to be reimbursed by the LANDLORD to the AGENCY.

7. This Agreement shall begin on_____ (month),_____(day), _____ (year) and expire twelve months from the date the cooling improvements/services are completed. (The completion date is defined as the date on which the final inspection was completed by the AGENCY. That date will be recorded in the Tenant file and the AGENCY will inform all parties to this agreement of the completion date).

LANDLORD	DATE	ADDRESS
TENANT	DATE	ADDRESS
AUTHORIZED AGENT OF AGENCY	DATE	ADDRESS

Red River Valley Community Action
1013 N 5th St., Grand Forks, ND 58203
(701) 746-5431 - (701) 746-0406 Fax - 1-800-450-1823 Toll Free

Date:

* Items are Required to be Answered

Services: Check all that apply

- ☐ Commodities
- ☐ Energy Share
- ☐ Emergency Services
- ☐ Food Pantry
- ☐ Home Rehab
- ☐ Rent Assistance
- ☐ Security Deposit
- ☐ Self Reliance
- ☐ Shelter
- ☐ Veterans Services
- ☐ Weatherization
- ☐ Other

Personal Information for Head of Household (HOH)*

First Name | **MI** | **Last Name**

Address

City | **State** | **Zip Code** | **County**

Date of Birth*

Social Security #*

Gender *

- ☐ Male
- ☐ Female
- ☐ Other:

Disabled*

- ☐ Yes
- ☐ No

Ethnicity*

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

Telephone*

Home

Cell

Race*

- ☐ American Indian or Alaska Native
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Asian
- ☐ Biracial/Multi-racial
- ☐ Black or African American
- ☐ White
- ☐ Other

Education*

- ☐ 0-8
- ☐ 9-12 (non-grad)
- ☐ GED
- ☐ High School Grad
- ☐ 12+ Grad
- ☐ College Degree

Health Insurance*

- ☐ None
- ☐ Private
- ☐ VA
- ☐ Medicare
- ☐ Medicaid
- ☐ Other

Food Stamps

- ☐ Yes
- ☐ No

If Yes - Amount*

Veteran*

- ☐ Yes
- ☐ No

Income Sources*

		Additional Income	Additional Income
Name			
Source(Wages, SSI, etc.)			
Pay Per Hour			
Hours per Week			
Total Monthly Income			

(Sources of income could be Employment, Unemployment, Social Security, SSI/SSDI, Child Support, TANF, Pension)

Household Type - Required*

- ☐ Female Single Parent
- ☐ Male Single Parent
- ☐ Two Parent Household
- ☐ Two Adults NO Children
- ☐ Single
- ☐ Other:

 # in Household

Marital Status

- ☐ Single
- ☐ Divorced
- ☐ Widowed
- ☐ Married
- ☐ Separated
- ☐ Domestic Partnership

Housing Status*

- ☐ Own
- ☐ Renter
- ☐ Homeless

Fuel Assistance (LIHEAP)

- ☐ Yes
- ☐ No

Rent/House Payment

Amount

Housing Assistance

- ☐ Yes
- ☐ No

Years at Residence

Housing Type

- ☐ House
- ☐ Apartment
- ☐ Duplex
- ☐ Mobile Home

Energy Source:

- ☐ Oil
- ☐ Natural Gas
- ☐ Propane
- ☐ Electric
- ☐ Other

Signature

Date:

Email Address:

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If you wish to file a civil rights program complaint of discrimination, complete the USDA Program Discrimination form at http://www.ascr.usda.gov/complaint filing cust.html, or at any USDA office or call 1-866-632-9992 to request the form. You may also write a letter containing all of the information requested by mail at U.S. Deparment of Agriculture, Director, Office of Adjudication, 1400 Independence Ave SW, Washington, DC 20250-9410; by FAX 202-690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 1-800-877-8339 or 1-800-845-6136 (Spanish). USDA is an Equal Opportunity

Additional Household Members - PLEASE PRINT

Name			Name
Date of Birth			Date of Birth
Social Security Number			Social Security Number
Age			Age
Relationship to HOH			Relationship to HOH
Gender			Gender
Disabled - Yes or No			Disabled - Yes or No
Race			Race
Enthnicity			Enthnicity
Education			Education
Health Insurance - Type			Health Insurance - Type
Veteran - Yes or No			Veteran - Yes or No

Name			**Name**
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Education			Education
Health Insurance - Type			Health Insurance - Type
Veteran - Yes or No			Veteran - Yes or No