



PBV BRIEFING PACKET

If you need language assistance, reasonable accommodation, or alternative format for any aspect of this process, or if you need this notice in an alternative format, please contact 612-342-1581 or FamilyHomes@mplspha.org.
Hearing-impaired individuals needing accommodation may call TDD/TTY Minnesota Relay at 1-800-627-3529.

Haddii aad dooneyso in xagga luqadda lagaa caawiyo, ama aad adeeg kale u baahan tahay, ama hab kale laguugu soo gudbiyo nidaamkan ama ogeysiiskan hab kale laguugu soo diro, fadlan la xiriir 612-342-1581 or FamilyHomes@mplspha.org.
Dadka maqalku ku adag yahay ee doonaya in la caawiyo waxa ay soo wici karaan Minnesota Relay ee TDD/TTY ee 1-800-627-3529.



REQUEST FOR FREE INTERPRETATIVE SERVICES

I, _____, ask Minneapolis Public Housing Authority (MPHA) to provide free interpretative services to me. I represent that I do not speak English as my primary language and that I have a limited ability to read, write, speak or understand English. I understand that the interpreter may read or hear private information about me. The contract or MPHA Staff interpreter has agreed to keep information about me private in compliance with federal and state law.

Date: _____
Signature of Client

Language of Origin

English

This information is important, if you do not understand it, please call your MPHA representative, for free language assistance

Hmong

Yog koj tsi to taub txog cov nqi lust seem ceeb no, thov hu mus rau ntawm tsev luam qhov chaw ua hauj lwm MPHA peb yuav pab ntxhais rau nej

Somali

Halkan waxaa ku qoran war ama akhbaar aad u muhim ah, haddii aad fahmi kari weydo, fadlan ula tag wakiilka hay'adda MPHA, si aad tarjumaad bilaash ah uga hesho.

Oromo

Beeksifni kun hedduu barbaachisaa dha. Yaadni isaa hoo isiniif hin galle ta'e, bakka bu'aa "MPHA" (Bulchiinsa Mana Mootummaa Magaalaa Minneapolis) akka afaan isiniif hiikamu gargaarsa tolaa gaafadhaa.

Amharic (Ethiopian)

ይህ መረጃ በጣም አስፈላጊ ነው። ምን እንደሚል የማይገባዎ ከሆነ ከዩ MPHA (የሚንያፖሊስ የመንግስት የመኖሪያ ቤቶች ባለስልጣን) ወኪል ጋር ተገናኝተው በነጻ የሚሰጥ የቋንቋ[ማስተርጓሚ] እርዳታ እንዲሰጥዎ ይጠይቁ።

Laotian

ຖ້າຫາກວ່າທ່ານບໍ່ເຂົ້າໃຈໃນຂໍ້ຄວາມສໍາຄັນນີ້, ທ່ານຕ້ອງໄຫຼ່ໄປຫາທັງ ຫ້ອງການເຮືອນຫລວງ MPHA ຫວກເຮົາຈະຊ່ວຍອະທິບາຍໃຫ້ທ່ານ.

Spanish

Esta información es importante, si usted no lo entienda, por favor póngase en contacto con MPHA para asistencia lingüística gratuita.

Rev. Date 15.10.09

Reasonable Accommodation

Need for a Reasonable Accommodation and Nexus Between the Disability and Accommodation

A reasonable accommodation may include an exception to MPHA's rules, policies or procedures. While MPHA may accept the judgment of the person with the disability that an accommodation is needed, MPHA may require the person to show the need for an accommodation or to permit an inspection of the unit. Also, MPHA may investigate alternatives to the requested accommodation and/or alternative methods of providing the requested accommodation. MPHA will select an appropriate accommodation which is most convenient and cost effective for MPHA.

The person with the disability has the burden to show that there is a connection between the disability and the accommodation and a connection between the disability and the lease violation. The person must also show that the accommodation is likely to enable the person to comply with the lease or the program and that the person will accept the necessary assistance.

If you are a person with a disability and wish to request a reasonable accommodation, please contact your Eligibility Technician for assistance.

Are You a Victim of Housing Discrimination?

Fair Housing is Your Right!

If you have been denied your housing rights...you may have experienced unlawful discrimination.



U.S. Department of Housing and Urban Development

**WHERE TO MAIL YOUR FORM OR
INQUIRE ABOUT YOUR CLAIM**

**For Connecticut, Maine, Massachusetts,
New Hampshire, Rhode Island, and Vermont:
NEW ENGLAND OFFICE**

Fair Housing Hub
U.S. Dept. of Housing and Urban Development
Thomas P. O'Neill, Jr. Federal Building
10 Causeway Street, Room 321
Boston, MA 02222-1092
Telephone (617) 994-8320 or 1-800-827-5005
Fax (617) 565-7313 • TTY (617) 565-5453
E-mail: Complaints_office_01@hud.gov

**For New Jersey and New York:
NEW YORK/NEW JERSEY OFFICE**

Fair Housing Hub
U.S. Dept. of Housing and Urban Development
26 Federal Plaza, Room 3532
New York, NY 10278-0068
Telephone (212) 264-1290 or 1-800-496-4294
Fax (212) 264-9829 • TTY (212) 264-0927
E-mail: Complaints_office_02@hud.gov

**For Delaware, District of Columbia, Maryland,
Pennsylvania, Virginia, and West Virginia:
MID-ATLANTIC OFFICE**

Fair Housing Hub
U.S. Dept. of Housing and Urban Development
The Wanamaker Building
100 Penn Square East
Philadelphia, PA 19107
Telephone (215) 656-0663 or 1-888-799-2085
Fax (215) 656-3419 • TTY (215) 656-3450
E-mail: Complaints_office_03@hud.gov

**For Alabama, the Caribbean, Florida, Georgia, Kentucky, Missis-
sippi, North Carolina, South Carolina, and Tennessee:
SOUTHEAST/CARIBBEAN OFFICE**

Fair Housing Hub
U.S. Dept. of Housing and Urban Development
Five Points Plaza
40 Marietta Street, 16th Floor
Atlanta, GA 30303-2808
Telephone (404) 331-5140 or 1-800-440-8091
Fax (404) 331-1021 • TTY (404) 730-2654
E-mail: Complaints_office_04@hud.gov

**For Illinois, Indiana, Michigan, Minnesota,
Ohio, and Wisconsin:
MIDWEST OFFICE**

Fair Housing Hub
U.S. Dept. of Housing and Urban Development
Ralph H. Metcalfe Federal Building
77 West Jackson Boulevard, Room 2101
Chicago, IL 60604-3507
Telephone (312) 353-7776 or 1-800-765-9372
Fax (312) 886-2837 • TTY (312) 353-7143
E-mail: Complaints_office_05@hud.gov

**For Arkansas, Louisiana, New Mexico, Oklahoma, and Texas:
SOUTHWEST OFFICE**

Fair Housing Hub
U.S. Dept. of Housing and Urban Development
801 North Cherry, 27th Floor
Fort Worth, TX 76102
Telephone (817) 978-5900 or 1-888-560-8913
Fax (817) 978-5876 or 5851 • TTY (817) 978-5595
E-mail: Complaints_office_06@hud.gov

**For Iowa, Kansas, Missouri and Nebraska:
GREAT PLAINS OFFICE**

Fair Housing Hub
U.S. Dept. of Housing and Urban Development
Gateway Tower II
400 State Avenue, Room 200, 4th Floor
Kansas City, KS 66101-2406
Telephone (913) 551-6958 or 1-800-743-5323
Fax (913) 551-6856 • TTY (913) 551-6972
E-mail: Complaints_office_07@hud.gov

**For Colorado, Montana, North Dakota, South Dakota,
Utah, and Wyoming:
ROCKY MOUNTAINS OFFICE**

Fair Housing Hub
U.S. Dept. of Housing and Urban Development
1670 Broadway
Denver, CO 80202-4801
Telephone (303) 672-5437 or 1-800-877-7353
Fax (303) 672-5026 • TTY (303) 672-5248
E-mail: Complaints_office_08@hud.gov

**For Arizona, California, Hawaii, and Nevada:
PACIFIC/HAWAII OFFICE**

Fair Housing Hub
U.S. Dept. of Housing and Urban Development
600 Harrison Street, Third Floor
San Francisco, CA 94107-1300
Telephone (415) 489-6524 or 1-800-347-3739
Fax (415) 489-6558 • TTY (415) 436-6594
E-mail: Complaints_office_09@hud.gov

**For Alaska, Idaho, Oregon, and Washington:
NORTHWEST/ALASKA OFFICE**

Fair Housing Hub
U.S. Dept. of Housing and Urban Development
Seattle Federal Office Building
909 First Avenue, Room 205
Seattle, WA 98104-1000
Telephone (206) 220-5170 or 1-800-877-0246
Fax (206) 220-5447 • TTY (206) 220-5185
E-mail: Complaints_office_10@hud.gov

***If after contacting the local office nearest you, you still have ques-
tions – you may contact HUD further at:***

U.S. Dept. of Housing and Urban Development
Office of Fair Housing and Equal Opportunity
451 7th Street, S.W., Room 5204
Washington, DC 20410-2000
Telephone (202) 708-0836 or 1-800-669-9777
Fax (202) 708-1425 • TTY 1-800-927-9275

To file electronically, visit: www.hud.gov

PLACE
POSTAGE
HERE

MAIL TO:

Public Reporting Burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

The Department of Housing and Urban Development is authorized to collect this information by Title VIII of the Civil Rights Act of 1968, as amended by the Fair Housing Amendments Act of 1988, (P.L. 100-430); Title VI of the Civil Rights Act of 1964, (P.L. 88-352); Section 504 of the Rehabilitation Act of 1973, as amended, (P.L. 93-112); Section 109 of Title I- Housing and Community Development Act of 1974, as amended, (P.L. 97-35); Americans with Disabilities Act of 1990, (P.L. 101-336); and by the Age Discrimination Act of 1975, as amended, (42 U.S.C. 6103).

The information will be used to investigate and to process housing discrimination complaints. The information may be disclosed to the United States Department of Justice for its use in the filing of pattern and practice suits of housing discrimination or the prosecution of the person(s) who committed that discrimination where violence is involved; and to State or local fair housing agencies that administer substantially equivalent fair housing laws for complaint processing. Failure to provide some or all of the requested information will result in delay or denial of HUD assistance.

Disclosure of this information is voluntary.



HOUSING DISCRIMINATION INFORMATION

Departamento de Vivienda y Desarrollo Urbano Oficina de Derecho Equitativo a la Vivienda
U.S. Department of Housing and Urban Development Office of Fair Housing and Equal Opportunity

Instructions: (Please type or print) Read this form carefully. Try to answer all questions. If you do not know the answer or a question does not apply to you, leave the space blank. You have one year from the date of the alleged discrimination to file a complaint. Your form should be signed and dated.

Your Name

Your Address

City

State

Zip Code

Best time to call

Your Daytime Phone No

Evening Phone No

Who else can we call if we cannot reach you?

Contact's Name

Best Time to call

Daytime Phone No

Evening Phone No

Contact's Name

Best Time to call

Daytime Phone No

Evening Phone No

1 What happened to you?

How were you discriminated against?

For example: were you refused an opportunity to rent or buy housing? Denied a loan? Told that housing was not available when in fact it was? Treated differently from others seeking housing?

State briefly what happened.

HOUSING DISCRIMINATION INFORMATION

Departamento de Vivienda y Desarrollo Urbano Oficina de Derecho Equitativo a la Vivienda
U.S. Department of Housing and Urban Development Office of Fair Housing and Equal Opportunity

2 Why do you think you are a victim of housing discrimination?

Is it because of your:

· race · color · religion · sex · national origin · familial status (families with children under 18) · disability?

For example: were you denied housing because of your race? Were you denied a mortgage loan because of your religion? Or turned down for an apartment because you have children?

Briefly explain why you think your housing rights were denied and circle the factor(s) listed above that you believe apply.

3 Who do you believe discriminated against you?

For example: was it a landlord, owner, bank, real estate agent, broker, company, or organization?

Identify who you believe discriminated against you.

Name

Address

4 Where did the alleged act of discrimination occur?

For example: Was it at a rental unit? Single family home? Public or Assisted Housing? A Mobile Home?

Did it occur at a bank or other lending institution?

Provide the address.

Address

City

State

Zip Code

5 When did the last act of discrimination occur?

Enter the date

____ / ____ / ____

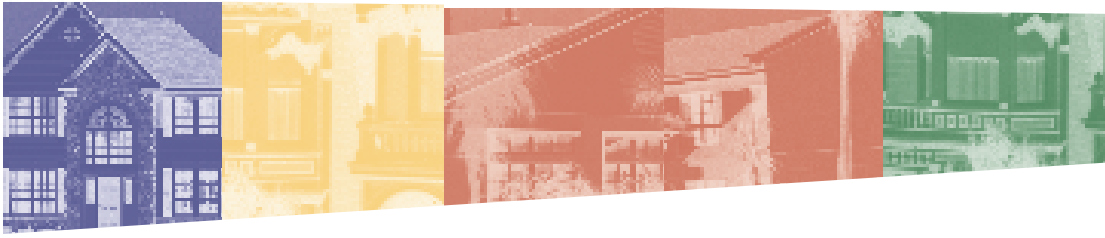
Is the alleged discrimination continuing or ongoing?

Yes No _____

Signature

Date

Send this form to HUD or to the fair housing agency nearest you. If you are unable to complete this form, you may call that office directly. See address and telephone listings on back page.



It is Unlawful to Discriminate in Housing Based on These Factors...

- Race
- Color
- National origin
- Religion
- Sex
- Familial status (families with children under the age of 18, or who are expecting a child)
- Handicap (if you or someone close to you has a disability)

If You Believe Your Rights Have Been Violated...

- HUD or a State or local fair housing agency is ready to help you file a complaint.
- After your information is received, HUD or a State or local fair housing agency will contact you to discuss the concerns you raise.

Detach here. Fold and close with glue or tape (no staples)

Keep this information for your records.

Date you mailed your information to HUD: _____/_____/_____

Address to which you sent the information:

Office _____

Telephone _____

Street _____

City _____

State _____

Zip Code _____

If you have not heard from HUD or a State or local fair housing agency within three weeks from the date you mailed this form, you may call to inquire about the status of your complaint. See address and telephone listings on back page.

ARE YOU A VICTIM OF HOUSING DISCRIMINATION?

“The American Dream of having a safe and decent place to call ‘home’ reflects our shared belief that in this nation, opportunity and success are within everyone’s reach.

Under our Fair Housing laws, every citizen is assured the opportunity to build a better life in the home or apartment of their choice — regardless of their race, color, religion, sex, national origin, family status or disability.”

Alphonso Jackson
Secretary

HOW DO YOU RECOGNIZE HOUSING DISCRIMINATION?

Under the Fair Housing Act, it is Against the Law to:

- Refuse to rent to you or sell you housing
- Tell you housing is unavailable when in fact it is available
- Show you apartments or homes only in certain neighborhoods
- Set different terms, conditions, or privileges for sale or rental of a dwelling
- Provide different housing services or facilities
- Advertise housing to preferred groups of people only
- Refuse to provide you with information regarding mortgage loans, deny you a mortgage loan, or impose different terms or conditions on a mortgage loan
- Deny you property insurance
- Conduct property appraisals in a discriminatory manner
- Refuse to make reasonable accommodations for persons with a disability if the accommodation may be necessary to afford such person a reasonable and equal opportunity to use and enjoy a dwelling.
- Fail to design and construct housing in an accessible manner
- Harass, coerce, intimidate, or interfere with anyone exercising or assisting someone else with his/her fair housing rights

**CERTIFICATION OF
DOMESTIC VIOLENCE,
DATING VIOLENCE,
SEXUAL ASSAULT, OR STALKING,
AND ALTERNATE DOCUMENTATION**

**U.S. Department of Housing
and Urban Development**

OMB Approval No. 2577-0286
Exp. 06/30/2017

Purpose of Form: The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

Use of This Optional Form: If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

Submission of Documentation: The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

Confidentiality: All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

**TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE,
DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**

1. Date the written request is received by victim: _____

2. Name of victim: _____

3. Your name (if different from victim's): _____

4. Name(s) of other family member(s) listed on the lease: _____

5. Residence of victim: _____

6. Name of the accused perpetrator (if known and can be safely disclosed): _____

7. Relationship of the accused perpetrator to the victim: _____

8. Date(s) and times(s) of incident(s) (if known): _____

10. Location of incident(s): _____

In your own words, briefly describe the incident(s):

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature _____ Signed on (Date) _____

Public Reporting Burden: The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.

Programs Providing Services to Battered Women and Their Children

Statewide

Program	City	County(s) Served	Business	Crisis
Battered Women's Legal Advocacy Project		Statewide	612-343-9842	800-313-2666
Brian Coyle Community Center: Immigrant Women's Advocacy Project	Minneapolis	Statewide	612-338-5282	
*Casa de Esperanza	St. Paul	Statewide	651-646-5553	651-772-1611
Centro Legal	St. Paul	Statewide	651-642-1890	
Day One		Statewide	866-223-1111	
Deborah's Place	Richfield	Statewide, primarily Twin Cities metro	612-716-9553	612-716-9553
Korean Family Enrichment Program	Minneapolis	Statewide	612-342-1344	
Minnesota Coalition for Battered Women	St. Paul	Statewide	651-646-6177	800-289-6177
Minnesota Network on Abuse In Later Life	St. Paul	Statewide	651-636-5311	
OutFront Minnesota	Minneapolis	Statewide	612-822-0127 ext. 101	800-800-0350
Praxis International	St. Paul	National, does not provide direct services	651-699-8000	

Twin Cities Metro Area: (Anoka, Carver, Dakota, Hennepin, Ramsey, Scott and Washington Counties)

Program	City	County(s) Served	Business	Crisis
African American Family Services	Minneapolis	Twin Cities Metro Area	612-813-0782	612-871-7878
*Alexandra House	Blaine	Anoka	763-780-2332	763-780-2330
*Asian Women United of Minnesota	St. Paul	Twin Cities Metro Area	651-646-2118	612-724-8823
Aurora Center	Minneapolis	University of Minnesota-Twin Cities	612-626-2929	612-626-9111
*B. Robert Lewis House	Eagan	Dakota	651-452-7288	800-336-7233
*B. Robert Lewis House	Hastings	Dakota	651-437-1291	800-336-7233
Battered Women's Justice Project	Minneapolis	Twin Cities Metro Area	612-824-8768	
Battered Women's Legal Advocacy Project	Minneapolis	Statewide	612-343-9842	800-313-2666
Breaking Free	St. Paul	Twin Cities Metro Area	651-645-6557	651-645-6557
Brian Coyle Community Center: Immigrant Women's Advocacy Project	Minneapolis	Statewide	612-338-5282	

Programs Providing Services to Battered Women and Their Children

Program	City	County(s) Served	Business	Crisis
*Casa de Esperanza	St. Paul	Twin Cities Metro Area and Statewide	651-646-5553	651-772-1611
Centro Legal	St. Paul	Statewide	651-642-1890	
Chrysalis Center for Women	Minneapolis	Twin Cities Metro Area	612-871-0118	
Community/University Health Care Center	Minneapolis	Twin Cities Metro Area	612-638-0700	612-639-6363
*Cornerstone Advocacy Services	Bloomington	Hennepin	952-884-0376	952-884-0330
CSD of MN Deaf Domestic Violence Program	St. Paul	Twin Cities Metro Area	651-487-8867 (TTY)	
Deborah's Place	Richfield	Statewide, primarily Twin Cities	612-716-9553	612-716-9553
Division of Indian Work Greater Minneapolis Council of Churches	Minneapolis	Minneapolis	612-722-8722	
Domestic Abuse Project	Minneapolis	Hennepin	612-874-7063	612-874-7063
Domestic Abuse Project :Little Earth Advocacy Office	Minneapolis	Hennepin	612-728-5874	612-874-7063
Domestic Abuse Project: Minneapolis City Hall Advocacy Office	Minneapolis	Hennepin	612-673-3526	612-874-7063
Domestic Abuse Project: North Point Outreach Advocacy Project	Minneapolis	Hennepin	612-529-7477	612-874-7063
Fairview Domestic Abuse Services: Fairview Ridges Hospital	Burnsville	All surrounding Areas	952-892-2505	
Fairview WomanKind-Fairview Southdale Hospital	Edina	Twin Cities Metro Area	952-924-5775	952-924-8200
Fairview WomanKind-Fairview University Hospital	Minneapolis	All surrounding Areas	612-672-2701	612-672-2700
Family & Children's Service-PRIDE Program	Minneapolis	Minneapolis, St. Paul	612-729-0340	612-728-2062
Freeport West, Inc.	Minneapolis	Twin Cities	612-824-3040	612-874-1936
Hennepin County Domestic Abuse Service Center	Minneapolis	Hennepin	612-348-5073	
Hennepin County Medical Center Domestic Violence Intervention Program	Minneapolis	Hennepin	612-873-2636	612-336-0850
*Home Free	Plymouth	Northwest Hennepin	763-559-9008	763-559-4945
Home Free Community Program	Plymouth	Northwest Hennepin	763-545-7080	763-559-4945
Immigrant Women's Advocacy Project	Minneapolis	Twin Cities Metro Area	612-338-5282	
International Self-Reliance Agency for Women	Minneapolis		612-692-8840	
Jewish Domestic Abuse Collaborative: Jewish Family Services of St. Paul	St. Paul	Twin Cities Metro Area	651-698-0767	
Korean Family Enrichment Program	Minneapolis	Statewide	612-342-1344	
Lighthouse Program- Ridgeview Medical Center	Waconia		952-442-2191	
Lighthouse Program-St.Francis Medical Center	Shakopee		952-403-2258	
Minnesota Coalition for Battered Women	St. Paul	Statewide	651-646-6177	800-289-6177

Programs Providing Services to Battered Women and Their Children

Program	City	County(s) Served	Business	Crisis
*Tubman Family Alliance Hill Home	Lake Elmo	Hennepin, Ramsey, and Washington	651-653-6305	612-825-0000
Tubman Family Alliance North Point Office	Minneapolis	Hennepin, Ramsey, and Washington	612-521-0240	612-825-0000
*Turningpoint for Victims of Domestic/Sexual Violence	River Falls, WI	Pierce and St. Croix Counties in Wisconsin	715-425-6751	800-345-5104
*Women of Nation's/ Eagle's Nest Shelter, Community Advocacy Program	St. Paul	Twin Cities Metro Area	651-251-1603	651-222-5836
*Women's Advocates	St. Paul	Twin Cities Metro Area	651-227-9966	651-227-8284

Northeast Minnesota: Aitkin, Carlton, Cook, Itasca, Koochiching, Lake, Pine and St. Louis Counties

Program	City	County(s) Served	Business	Crisis
Advocates Against Domestic Abuse		Aitkin, and portions of surrounding Area	218-927-2327	800-950-1242
Advocates for Family Peace	Grand Rapids	Itasca	218-326-0388	800-442-8565
*American Indian Community Housing Organization Dabinoo'igan Shelter	Duluth	All Areas	218-722-7225	218-722-2247
Bois Forte Victim Services	Nett Lake	Bois Forte Reservation	218-757-0111	866-362-2982
Cook County Attorney's Office General Crime Victim Services	Grand Marais	Cook	218-387-3669	
Domestic Abuse Intervention Project	Duluth	St. Louis and Carlton	218-722-2781	
Fond du Lac Reservation	Cloquet	Fond du Lac Reservation	218-879-1227	218-348-1817
Friends Against Abuse	International Falls	Koochiching	218-285-7220	866-778-6059
Grand Portage Reservation Tribal Council	Grand Portage	Grand Portage Reservation	218-475-2453	218-387-3030
North Shore Horizons	Two Harbors	Lake and Cook	218-834-5924	800-834-5923
Range Women's Advocates	Virginia	Northern St. Louis County (exclusive of Duluth area)	218-749-5054	800-345-5054
Rural Women's Advocates (Carlton County Sexual and Domestic Abuse Program)	Carlton	Carlton	218-384-8927	218-384-8927

Programs Providing Services to Battered Women and Their Children

Program	City	County(s) Served	Business	Crisis
*Safe Haven Shelter for Battered Women	Duluth	St. Louis County and surrounding area	218-728-6481	218-728-6481
Violence Prevention Center	Grand Marais	Cook	218-387-1262	218-387-1237

Northwest Minnesota: Becker, Beltrami, Cass, Clay, Clearwater, Hubbard, Kittson, Lake of the Woods, Mahnomen, Marshall, Norman, Pennington, Polk, Red Lake, and Roseau Counties

Program	City	County(s) Served	Business	Crisis
Community Resource Alliance	Detroit Lakes	White Earth Reservation and surrounding areas	218-844-5762	
Community Violence Intervention Center	Grand Forks, ND	East Grand Forks, MN, surrounding areas and Grand Forks County, ND	701-746-0405	701-746-8900
Crisis Resource Center	Baudette	Lake of the Woods	218-634-3233	218-634-3134
Down On Violence Everyday (DOVE) White Earth Tribal Victim Services	Nay-tahwaush	White Earth Reservation, Becker, Clearwater, Mahnomen	218-935-5554	800-543-0629
*Equay Wiigamig (Women's Shelter)	Red Lake	Red Lake Reservation, Beltrami	218-679-3443	800-943-8997
Family Advocacy Center of Northern Minnesota	Bemidji	14 counties and 3 reservations in northern Minnesota	218-333-6011	
Family Safety Network of Cass County	Walker	Cass	218-547-1636	800-324-8151
Headwaters Intervention Center	Park Rapids	Clearwater and Hubbard	218-732-7413	800-939-2199
Headwaters Intervention Center Family Crisis Center	Bagley	Clearwater and surrounding area	218-694-2831	888-551-6572
Lakes Crisis and Resource Center	Detroit Lakes	Becker	218-847-8572	218-847-7446
Leech Lake Family Violence Program	Cass Lake	Leech Lake Reservation, Beltrami, Cass and Itasca	218-335-8070	877-766-0977



How is your rent calculated

- MPHA will verify your gross income and benefits received (ex. Wages, Social Security, etc.) MINUS any deductions (disability, dependent deductions, etc.) to calculate 30% of your net income

- Example:

<u>Income</u>	<u>Amount</u>
Social Security	\$500.00 per month
Wages	\$800.00 per month
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	\$1300.00 monthly income x 12 months = \$15,600.00
	\$15,600.00 yearly income
Minus	-\$400.00 – disability deduction
	-\$480.00 – dependent deduction (1 minor child)
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	\$14,720.00 net yearly income

$$\text{\$14,720.00} \div 12 \text{ months} = \text{\$1,227.00} \times 30\% = \text{\$368.00}$$

MPHA HCV FAMILY OBLIGATIONS

When the family's unit is approved and the HAP contract is executed, the family must follow the rules listed below in order to continue participating in the Housing Choice Voucher program.

The family must:

- Supply information that the Minneapolis Public Housing Authority (MPHA) or HUD determines is necessary
- Provide evidence of citizenship or Eligible immigration status
- Provide Family income information – any increase or decrease must be reported in writing within thirty (30) days.
- Provide Family composition information– must notify Section 8 in writing within ten (10) days when there is a change.
- Provide Social Security cards for family members.
- Family members 18 years and older must sign and submit consent forms for obtaining information.
- Request permission from the MPHA for absences from the unit exceeding 30 days. An authorized absence may not exceed 90 days. Any family absent for more than 30 days without authorization will be terminated from the program.
- Allow the Minneapolis Public Housing Authority to inspect the unit at reasonable times and after reasonable notice.
- Notify the MPHA and the owner by proper written notice before the family moves out of the unit.
- Use the assisted unit for a residence by the family. The unit must be the family's only residence.
- Notify MPHA in writing within thirty (10) days of the birth, adoption or court awarded custody of a child.
- Request written approval from the MPHA within ten (10) days prior to adding any other family member as an occupant of the unit.
- Promptly notify the MPHA if any family member no longer resides in the unit.
- Promptly give the MPHA a copy of any owner eviction notice it receives.
- Be responsible for any Housing Quality Standard (HQS) breach caused by the family or its guests.

The family (including each family member) must not:

- Breach any repayment agreement for monies owed to any Public Housing Authority.
- Commit any serious or repeated violation of the lease, includes unpaid rent.
- Commit fraud, bribery, or any other corrupt or criminal act in connection with any Federal housing program.
- Own or have any interest in the unit receiving rental subsidy.
- Sublease or let the unit or assign the lease or transfer from the unit.
- Receive Section 8 tenant-based assistance while receiving any other housing subsidy, for the same unit or a different unit.
- Rent a unit that is owned by the parent, child, grandparent, grandchild, sister or brother of any member of the participant's family, unless approved by the MPHA as a reasonable accommodation.
- Engage in or threaten abusive or violent behavior toward Housing Authority personnel.
- Engage in abuse of alcohol in a way that threatens the health, safety or right to peaceful enjoyment of the other residents and persons residing in the immediate vicinity of the premises.

The family, guests or persons under the tenant's control must not:

- Engage in illegal use of a controlled substance that threatens the health and safety or right to peaceful enjoyment of the premises by other residents.
- Engage in drug-related or criminal activity.
- Cause the dwelling unit or premises to be damaged or worn beyond normal wear and tear.

The family is responsible for:

- Paying any utilities that are required by the lease.
- Providing and maintaining any appliances required by the lease.

Any information the family supplies must be true, complete, and verifiable

If you answer yes to any of the following questions, please ask your child's health care provider for a blood lead test

Y	N	Does your child live in or regularly visit a home or day care built before 1978?
Y	N	Does your child have a family member or playmate who has had lead exposure?
Y	N	Does your child chew or eat non-food items such as dirt, paint chips, chalk, crayons, or woodwork?
Y	N	Does anyone in the household have a job or hobby that uses lead?
Y	N	Is your child eligible for MinnesotaCare, or Medical Assistance?

Blood Lead Testing Information

Your health care provider can test your child's blood for lead.

Contact your local public health office for more information about how to keep your child lead-safe.

RESOURCES

More information on lead and how to safely make repairs in homes built before 1978:
<http://www.health.state.mn.us/lead>

For information on recalls of toys and other children's products, visit:
<http://www.cpsc.gov/Recalls/>



Lead & Healthy Homes Program
 Environmental Health Division
 P.O. Box 64975
 St. Paul, MN 55164-0975

For more information please contact us at:
 Phone: 651-201-4620
 Or visit our website at:
<http://www.health.state.mn.us/lead>

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Item # 53607

CHILDHOOD LEAD EXPOSURE

Are Your Kids at Risk?



WHAT IS LEAD?

Lead is a heavy metal that should not be found in the body. Lead in the body can cause serious health problems. The good news is that lead exposure can be prevented.

HOW DOES LEAD ENTER THE BODY?

Lead can pass from a mother to her baby during pregnancy. Toddlers and young children explore the world around them by putting objects into their mouths; this puts them at risk for swallowing lead dust.

There is NO safe blood lead level.

MOST COMMON SOURCES OF LEAD

Lead is no longer in gasoline or paint, but it may still be found in older homes built before 1978, especially in paint, dust, and soil.

Lead dust is currently the main source of lead exposure among children. Opening and closing windows painted with lead-based paint is a major source of lead dust. Children can breathe in or swallow the lead dust.



KEEPING KIDS SAFE

- If your home was built before 1978 and has chipped or peeling paint, make repairs using safe work practices. More information can be found on the MDH website
- Wash children's hands, pacifiers, and toys often to remove dust
- Regularly wet-wipe floors, window sills, and places where children play
- Have children play on grass instead of bare dirt
- Take off shoes when entering a home to avoid tracking in soil that may contain lead
- If you work with lead in your job or hobby, change clothes and shower before you go home

OTHER POSSIBLE SOURCES

Some imported candies and toys contain lead. For information on products that may contain lead, contact the Minnesota Department of Health (MDH) or the Consumer Product Safety Commission (CPSC).

Some imported pottery and handmade ceramics contain lead in the glaze. Only use pottery for cooking or storing food if you are sure it does not contain lead.

Some water pipes contain lead. When using tap water for drinking, cooking, or baby formula:

1. Run COLD water for at least 60 seconds before using
2. Then heat water as needed



POSSIBLE EFFECTS OF LEAD EXPOSURE

- Brain, kidney, & liver damage
- Slowed growth
- Decreased coordination
- Aggressive behavior
- Shortened attention span
- Lowered intelligence
- Reading or other learning problems

Children who were exposed to lead often look healthy.

The only way to know if you or your child has been exposed to lead is to have a blood lead test done.