



CARES Transportation Resources Application

Directions:

- Submit completed form to: GoDakota@co.dakota.mn.us
- Upon approval, recipient will receive either a Lyft code via email/text or a GoTo card via mail.
- Recipient will receive a follow up survey in late 2020 to learn more about how the resources were used.

Date: *

Personal Information:

Last Name: *		First Name: *		Middle Name:	
Street Address: *		Apt. #	City: *		State: *
				Zip Code: *	
Email Address:		Phone Number: *		Preferred Communication – you may choose multiple <input type="checkbox"/> Phone <input type="checkbox"/> Email	
County Service you are connected to: * <input type="checkbox"/> Social Services <input type="checkbox"/> Employment & Economic Assistance <input type="checkbox"/> Public Health <input type="checkbox"/> Community Corrections <input type="checkbox"/> Veteran's Services <input type="checkbox"/> Other: <input type="checkbox"/> None				County: *	
Date of Birth: *		Person Submitting form: *			
Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Multiple Races <input type="checkbox"/> Other <input type="checkbox"/> Decline to answer		Primary Language Spoken: <input type="checkbox"/> Amharic <input type="checkbox"/> Arabic <input type="checkbox"/> Chinese <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Hmong <input type="checkbox"/> Khmer, Cambodian <input type="checkbox"/> Laotian <input type="checkbox"/> Oromo <input type="checkbox"/> Somali <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other:		Will you need an interpreter for phone calls? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans/Non-Binary <input type="checkbox"/> Decline to Answer			
Disabling Condition: <input type="checkbox"/> Yes <input type="checkbox"/> No		Veteran Status: <input type="checkbox"/> Veteran <input type="checkbox"/> Non-Veteran			

Transportation Information

How has your household been impacted by COVID-19? (select 1 or more)

- Job loss, furlough, or lay off due to COVID-19
- Unable to work because self or a household member was diagnosed with COVID-19
- Reduction in work hours due to COVID-19
- Recommended not to use public transportation due to high risk health conditions
- Transportation that is usually used is not available (volunteer driver, drive self, etc.)
- Other:

How would transportation funds benefit you and your family?

Type of transportation assistance needed (select one):

- Lyft codes
- GoTo card for Metro Transit, MVTA, Transit Link or Metro Mobility

Tennessen Warning:

Dakota County collects private information about you, including information about your household, your housing situation, income and financial data, whether you have been impacted by COVID-19 and other data to see if you qualify for benefits under the Coronavirus Aid, Relief, and Economic Security (CARES) Act.

You are not legally required to provide the County with requested information, and there are no negative consequences for refusing to provide data, other than if you fail to provide certain requested information the County will not be able to determine if you are eligible for services or resources. Certain requested information is labeled as "optional" and not required to receive services.

This information will be accessed by County staff that require access to process your application for services, including from Employment and Economic Assistance, Social Services, Public Health and Veterans Services.

County staff may contact you to give you information about services and programs offered by the county.

Others who may have access to data about you include the Minnesota State Auditor, any entities or vendors that contract with the County to perform services, persons or entities with your written consent, persons authorized under a court order and other entities and persons as required under state or federal law.

If you have any questions about this notice, please reach out to agency staff or send an email to data.practices@co.dakota.mn.us.

*By checking this box, I acknowledge that I have read and understood the above Tennessen Warning.

Submit completed form to GoDakota@co.dakota.mn.us

For Office Use Only:

Service Approved: _____

Amount approved for: _____

Card Number/Code: _____

Date: _____