



# Housing Support Provider Application

*Entities interested in becoming a new Housing Support Provider in Clay County must complete this application and submit all required documentation to Clay County Social Services during the annual open enrollment period (September 1 – October 31), unless otherwise approved by the Housing Support Committee. Incomplete applications will not be reviewed.*

## SECTION 1 – APPLICANT INFORMATION

Provider/Agency Name \_\_\_\_\_

Primary Contact Person \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

EIN / Tax ID \_\_\_\_\_

MN DHS or MDH License Number *(if applicable)* \_\_\_\_\_

### Type of Setting *(check one)*

- Adult Foster Care
- Board & Lodge
- Supportive Housing
- Housing with Services Establishment
- Other \_\_\_\_\_

## **SECTION 2 – PROGRAM DESCRIPTION**

Attach a detailed narrative including the following:

- Description of the program’s scope and how it addresses housing or service gaps in Clay County
- Business model and summary of proposed services
- Target population(s) to be served (e.g., mental health, substance use disorder, disability, long-term homelessness, etc.)
- Anticipated number of residents / units available
- Proposed location(s), including address and photos of interior / exterior
- Expected staffing pattern and supervision structure
- Evidence-based practices used (e.g., Housing First, Harm Reduction, Trauma-Informed Care, Person-Center Practice)
- Sustainability plan for periods of low occupancy

## **SECTION 3 – PROVIDER QUALIFICATIONS**

Provide the following:

- Summary of provider qualifications and experience with similar populations
- Current organizational chart (if applicable)
- Resumes and/or bios of leadership and key program staff
- Copies of applicable state licenses, certifications, or registrations
- Copies of local permits or inspection certificates required by the city / township

## **SECTION 4 – REQUIRED DOCUMENTATION CHECKLIST**

- Proof of Liability Insurance meeting Clay County insurance requirements
- Proof of Workers’ Compensation Insurance (if employing staff)
- Certificates of completion for MN DHS Housing Support Orientation and Vulnerable Adult Mandated Reporting trainings
- Proof of background checks submitted for all staff, volunteers, and/or persons with direct or unsupervised client contact (include receipts and clearance notices)
- Copy of program license(s) or evidence of pending application with MDH or DHS
- Program house / facility rules and residency restrictions (including eviction criteria)
- Photos of interior and exterior of proposed location(s)
- Copy of lease, property title, or other proof of control of premises
- Fire / safety / health inspection documentation (if applicable)
- Completed Residential Information Form (if required by Clay County)
- Evidence of enrollment or intent to enroll with MN Health Care Programs (MHCP) for Supplemental Service Rate payments (if Rate 2 applies)

## SECTION 5 – CERTIFICATION & SIGNATURE

By signing below, the provider certifies that:

- All information provided is accurate and complete;
- The provider agrees to comply with all Clay County Housing Support policies, procedures, and applicable state statutes;
- The provider understands that submission of this application does not guarantee approval;
- The provider agrees to participate in a site visit, present to the Housing Support Committee, and completion of all pre-contracting requirements prior to approval.

**Authorized Representative Signature** \_\_\_\_\_

**Printed Name and Title** \_\_\_\_\_

**Date** \_\_\_\_\_

### **Submit Completed Applications to**

Clay County Social Services – Housing Support Program  
Attention: Karen Amundson, Financial Assistance Supervisor  
715 N. 11th Street, Moorhead MN 56560  
 karen.amundson@claycountymn.gov

 218-299-7159

**Authored By:** \_\_\_ Clay County Housing Support Committee \_\_\_\_\_

**Date approved/updated:** \_\_\_ January 1, 2026 \_\_\_\_\_