



**WINONA COUNTY RE-ENTRY ASSISTANCE PROGRAM
WRAP CARES ACT APPLICATION FORM
Revised 8.20.20**

Who qualifies for WRAP CARES Funding? Adults who are involved in the criminal justice system, are residents of Winona or have been incarcerated in the Winona County Jail and who need funding to get them or keep them out of the Winona County Jail (which reduces the risk of COVID-19 for both jail inmates and jail staff). **FUNDING MAY NOT BE USED TO PAY FOR BAIL.**

Your Name: _____ **Birthdate:** _____

Permanent Address: _____
Street City State ZIP

Phone: _____ **E-mail Address:** _____

Criminal Justice Involvement (Check all that apply):

- I am currently on probation. My probation agent's name is: _____.
- I am currently subject to a release order due to a criminal charge in Court File No.: _____
- I am currently incarcerated.
- I have been incarcerated since March 15, 2020. List dates of incarceration since that time: _____.

Residency: I am a resident of _____ County Minnesota and have been a resident for _____ months.

I request assistance with the following expense(s) (check all that apply):

- Housing/rent or other shelter expenses. Check all that apply:
 - I am required to have a verifiable address as a condition of probation or release or my sentence and if I do not have one, I could be picked up on a probation violation warrant or violation of release conditions.
 - I am homeless.
 - I have housing-related expenses (heat/electric or water) for which I need assistance.
 - Other: specify your housing situation: _____
- Other expenses that would allow me to be released from or stay out of jail
 - I am required to be on a drug patch as a condition of release or probation or my sentence.
 - I am required to be on GPS as a condition of release or probation or my sentence.
 - I am required to complete a chemical dependency evaluation diagnostic assessment (mental health assessment) domestic violence assessment as a condition or release or probation or my sentence.
 - Other: specify: _____

Amount Requested:\$ _____ **Payable to:** _____

Verification of Need (check one): I certify that I have a need for help to fund the above expense(s) because I am not employed or I am employed or receiving disability or unemployment but do not have the funds to pay for the above expense(s).

Other Funding: _____ (initial here). I verify that I have not received any other CARES Act funding for the request I am making on this form and allow WRAP to verify this information with other agencies providing emergency assistance. I understand that I will be asked to reimburse Winona County if funds are duplicated.

Documentation & Payment Terms: _____ (initial here) I agree to provide documentation of my need for funding, which may include a copy of a lease agreement, a W-9 form for my landlord, a bill, etc. and sign a receipt for funding received. I understand that any payments will be made directly to the creditor (person who is owed the money).

Signed: _____

Dated: _____

Printed Name: _____

*Individuals with a past history of non-compliance with release conditions may be excluded from funding.