



Money Follows the Person (MFP) Housing Database Questionnaire

The MFP Housing team is tasked with finding decent, safe, affordable and accessible housing for persons that are MFP qualified and wish to transition out of institutions or nursing facilities and back into the community in the least restrictive setting possible. The MFP Housing Initiative team includes a State Housing Facilitator (SHF) and four Consumer Housing Resource Specialists (CHRS), one located within each quadrant of the state: Minot, Grand Forks, Fargo and Bismarck.

As part of the housing initiative, the MFP team has developed a database inventory of existing housing options throughout North Dakota. We would like to include information on any rental properties you may manage or own. Your information will be made accessible to the MFP Housing team, human service personnel and the general public. These listings will be found on our website at www.ndcpd.org/mfp. If you have any questions or concerns, please contact your regional CHRS. You may return this form to the CHRS via email, fax or mail.

Cheryl Merck – NW Region - Minot, CHRS
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Jane Wiedewitsch – SE Region - Fargo, CHRS
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Karen Pearson – SW Region – Mandan, CHRS
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Mandan, ND 58554
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Agency:

- Name _____
- Address _____
- City, State & Zip Code _____
- Phone Number _____

Agency Contacts:

- Contact Name _____
- Title _____
- Phone Number _____

Background Checks, Credit Rating & Application:

- Does your agency conduct criminal background checks? ____ Yes, ____ No
- Does your agency conduct credit rating checks? ____ Yes, ____ No
- Does your agency have an application fee? ____ Yes, ____ No

Housing:

- Name of Housing Unit _____
- Address _____
- City & State _____
- Zip Code _____
- County _____
- Housing Type - Please Check One: ____ Apartment, ____ House, ____ Adult Foster Care, ____ Townhouse, ____ Duplex, ____ Extended Stay, ____ Motel Room, ____ Mobile Home
- Complex Type – Please Check One: ____ Single Unit, ____ Multi-Unit
- Total Number of Units Per Building _____

- Level of Accessibility – Please Check All That Apply: ___ electric door, ___ front knobs on stove, ___ lower cabinets, ___ wheel-in shower, ___ grab bars in the bathroom, or any other accessible features: _____
- Ease of Access – Please Check All That Apply: ___ elevator, ___ ground floor, ___ ramp
- Number of Bedrooms _____
- Number of Bathrooms _____
- Rental Affordability - Please Check All That Apply: ___ low income, ___ moderate, ___ market rate, ___ subsidized, ___ market rate & subsidized, ___ low income & market rate
- Affordability Comment _____
- Pets Allowed ___ yes, ___ no
- Pet Restrictions? _____
- Smoking Allowed ___ yes, ___ no

Housing Manager Contacts:

- Name _____
- Phone Number _____
- Email Address _____

Is there any information you do not want the general population to have access to, but would like our housing team to have? If so, please list which fields. _____

Any additional information, contacts, or housing units that are planned but not yet occupied please feel free to include below. Thank you for your participation in our housing database project. If you have any questions or concerns, please feel free to contact a member of the MFP Housing Program team.

Form completed by _____

Date _____