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  
NDCPD  
500 University Ave W.  
Memorial Hall Room 203  
Minot, ND 58707  
Phone: 701-858-3405  
Fax: 701-858-3483  
Email: Cheryl.merck@minotstateu.edu

**Shanna Hanson** – NE Region – Grand Forks, CHRS  
NDCPD  
1014 Cherry St  
Grand Forks, ND 58201  
Phone: 701-215-2520  
Email: shanna.hanson@minotstateu.edu

**Jane Wiedewitsch** – SE Region - Fargo, CHRS  
NDCPD  
3015 23rd Ave S., Unit G  
Fargo, ND 58103  
Phone: 701-367-2573  
Fax: 701-280-2662  
Email: jane.wiedewitsch@minotstateu.edu

**Karen Pearson** – SW Region – Mandan, CHRS  
NDCPD  
3013 Belgian Bend SE  
Mandan, ND 58554  
Phone: 701-471-7827  
Email: Karen.j.pearson@minotstateu.edu

**Vicki Troftgruben** - SHF, Minot  
Phone: 701-858-3490  
Toll Free: 800-233-1737  
Fax: 701-858-3483  
Email: Vicki.troftgruben@minotstateu.edu
Money Follows the Person (MFP) Housing Database Questionnaire

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________________________________________________________