

**Ho-Chunk Nation**  
**Emergency Assistance Program**

Before turning in the application, check that the application is complete and all required information is with application

**Application Check List**

Please Check (if applicable)

Page 5 complete. Signed, notarized and **initials in boxes**

Page 6 complete. Signed, notarized and **initials in boxes**

Page 7 complete. Signed, and notarized.

Page 8 complete

Page 9 complete with **ALL** household information and income for household

Page 10 complete with vendor information and applicant signature

Check stubs (required for **ALL** requests)

Letter of decision (required for **ALL** requests)

Disconnect bill or fuel statement (for Energy Assistance request)

Lease and Eviction (for housing Assistance request)

W9 (if required)

Budget Worksheets Completed (required if 2<sup>nd</sup> or more request)

**Application Complete?**

**If you are unemployed and are required to do Job Searches, you will be required to turn in one job search form a week for 4 weeks. If you do not complete all four job searches you will not be eligible for assistance until this has been complete.**

**DIVISION OF SOCIAL SERVICES**  
**EMERGENCY ASSISTANCE PROGRAM**

P.O. Box 40, Black River Falls, WI 54615

Phone (715)284.2622 x5104 • (888) 343.8190 x5104 • FAX (715) 284.9486

**POLICIES & PROCEDURES**

Emergency Assistance funds are limited to those families experiencing financial hardships and providing required documentation. All financial assistance will be paid directly to the vendors assisting tribal members in their time of need. Emergency Assistance will NOT be approved in situations where the individual/family has not demonstrated a good faith effort to rectify their outstanding financial obligations nor will the program assist when promises made by the tribal members are not upheld.

**THIS IS NOT AN ENTITLEMENT PROGRAM.** Emergency Assistance requests are reviewed on a first-come-first-served basis and available to Ho-Chunk members only. In order for the emergency to be considered for funding, the applicant must meet the criteria established by the program to ensure fairness and equity. Ho-Chunk Nation tribal members are allowed, if requirements are met, **ONE TIME assistance per household** within the current fiscal year. The Emergency Assistance Program has a maximum assistance amount of \$600.00.

The Emergency Assistance Program will assist, in the form of referrals to a variety of support programs and agencies, to empower Ho-Chunk Nation members to become self-sufficient. The Emergency Assistance Program will direct the applicant toward independent life skills by referring the applicant to the appropriate resource or service delivery programs, including employment programs through the 477, TERO and VA programs for approved applicants who are unemployed. **This includes mandatory budget counseling for each approved applicant.** The applicant must follow through with the programs to remain eligible for assistance and provide documentation to verify he/she has exhausted all other support programs. Failure to do so will result in the applicant reimbursing the program for provided assistance and no further assistance will be considered.

**Reimbursement Schedule:** First time applicants will be forgiven and will not be required to reimburse the program. **ALL** following fiscal year approved requests, after the first request, will require reimbursement to the program by the applicant. Tribal members who receive assistance a second time, will reimburse the program at 50% of the total amount of the second assistance plus a \$50.00 processing fee, a third request will reimburse at 75% plus the \$50.00 processing fee, fourth and subsequent requests will reimburse at 100% plus the \$50.00 processing fee. Until such reimbursements are satisfied, no subsequent requests will be approved. If any fraudulent information is provided by the applicant, full reimbursement will be required. Unauthorized charges or expenses will not be allowed and will be repaid in full. Any violation of the program will result in no further assistance from the Emergency Assistance Program. The program may also take all legal actions available to the full extent of the law.

The Emergency Assistance Program does not supersede other existing program guidelines throughout the Nation that are established and approved for specific service delivery providers.

### ASSISTANCE CLASSIFICATION

1. **Critical Illness**-Critical Illness and /or Terminal Illness are defined as emergency hospitalization and/or admittance to an intensive/critical care unit of a hospital. Assistance may be available for immediate family members only (example: mother, father, sister, brother, daughter, son & spouse) and limited to expenses the hospital cannot cover. Extended family member approval is on a case-by-case basis depending on availability of funds. Assistance for travel will only be paid outside a fifty-mile radius from the home address.
2. **Food Assistance** – Referrals will be made to area food pantries and the Ho-Chunk Nation Food Distribution Program. Assistance is limited.
3. **Energy Assistance** – The applicant must apply for assistance outside the Ho-Chunk Nation with other available programs (such as county energy assistance). Assistance may be available ONLY after all other means have been applied for **and** applicant provides proof of letter of decision (client benefit notice). The program can only assist when in disconnect status for the purpose of maintaining or restoring services. The Emergency Assistance Program will only assist when the account is in the applicant’s name. Applicants must have made at least a \$75.00 payment in the previous six (6) months to be eligible for assistance.

**THE PROGRAM WILL NOT “RESCUE” AN INDIVIDUAL WHO HAS BEEN NEGLIGENT IN MAKING AND ABIDING BY PAYMENT ARRANGMENTS WITH THE ENERGY/UTILTIY COMPANY. THE PROGRAM WILL NOT PAY FOR SERVICES THAT ARE INCURRED OR REQUESTED THAT DO NOT MEET THE GUIDELINES.**

4. **Temporary Lodging** – Assistance may be available for temporary homeless/jobless situations. Emergency Assistance will pay for lodging for up to one (1) week.
5. **Housing Assistance** – The program will assist applicant with permanent housing in the amount up to \$600.00 towards one month’s rent. A copy of the lease and eviction notice, if applicable, will be required for documentation, as well as the landlord’s name, address and phone number. **The Emergency Assistance Program will NOT assist with security deposit.**

**The program will NOT pay for legal fees, fines, personal or real estate taxes, vehicle purchases/payments/repairs, insurance premiums, television, cable, credit cards or any luxury items.**

## APPLICATION PROCESS

1. Only Ho-Chunk Nation enrolled members who are at least 18 years of age may apply for assistance.
2. The application is required to be on file in the Emergency Assistance office. Faxes will be accepted
3. Applications must be completed and returned to the Emergency Assistance office with **all** required documentation prior to a determination being made regarding application denial or approval. **All Household** information **required** on the application include:
  - Tribal Identification Number
  - Social Security Numbers of all household members
  - Household Income Verification for all household members: include copies of all sources of income, such as check stubs, SSI award letters or copies of checks, unemployment checks, etc.
4. Signed Release of Information forms are required to verify information provided, such as income, amount of request, denials, other payment resources, vendor information and verification that a per capita loan was used.
5. Individuals must first apply to other service programs outside the Nation (County services, etc.). **All** denials must be submitted with applications. **The Emergency Assistance Program is a payer of last resort.**
6. Applicants will be required to sign an agreement with the Emergency Assistance Program to confirm that they have read and understand the Terms of Agreement for assistance by the Emergency Assistance Program.
7. Each approved request **after** the first approved request will require a processing fee of \$50.00, when approved. The fee will be withheld along with the reimbursement from the next per capita distribution. If reimbursement is required, no further assistance will be considered until the debt is paid in full.
8. Please allow five (5) business days for a decision. Once determination has been made, the applicant and vendor will be notified. Written confirmation of the decision will be mailed to the applicant within fifteen (15) working days.
9. Applicants will be required to complete an Irrevocable Consent for Claim Against Per Capita form in favor of the Emergency Assistance Program to ensure reimbursement.

Note: Persons on federal programs must be aware that any financial assistance granted is considered "Reportable Income".

**★★ Checks will be issued directly to the vendor. Vendor Information insures bonafide usage of funds. ★★**

*Emergency Assistance program staff is required to work closely with other Tribal and non-Tribal programs to complete the determination process and appropriately utilize other sources of assistance.*

## NOTIFICATION TO CLIENT

The Ho-Chunk Nation Legislature authorizes the Emergency Assistance Program to offer financial assistance to Ho-Chunk members. Before the Emergency Assistance Program can provide assistance, it must obtain information about applicant and household members. Information provided will determine if the applicant qualifies for Emergency Assistance. The Emergency Assistance Program will document all information verified on the supporting documents.

Under the Privacy Act, 5 U.S.C. 552 (a) (1) (2), Emergency Assistance cannot disclose the information that is provided to the caseworker with the exception that Emergency Assistance can share this information with other Federal, State and Tribal offices and programs that have a legal or program responsibility to assist the applicant with services applied for. The information may also be disclosed to those agencies for which the applicant applies for a job or some other benefit or for law enforcement purposes. For any other person or program requesting information from a case file, a written consent must be obtained from the applicant. If the applicant believes some information is inaccurate, they must ask the caseworker about changing or clarifying the information in the case record.

Attached is the application for Emergency Assistance. It is the information used to determine the applicant's eligibility for assistance.

**ALL PROGRAM DECISIONS ARE FINAL.** When an application for Emergency Assistance is completed, a written decision, approved or denied, will be mailed to the applicant within fifteen (15) working days. If the applicant disagrees with the decision, they may request a review of the decision by submitting an appeal in writing to the Ho-Chunk Nation Department of Social Services Director. **ALL PROGRAM DECISIONS ARE FINAL AND MAY NOT BE APPEALED TO THE OFFICE OF THE PRESIDENT OR THE HO-CHUNK NATION LEGISLATURE.**

**IF THE APPLICANT INTENTIONALLY PROVIDES INACCURATE INFORMATION AND RECEIVES ASSISTANCE, THE IRREVOCABLE CONSENT FOR CLAIM AGAINST PER CAPITA WILL AUTOMATICALLY BECOME EFFECTIVE.**

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PROGRAM AGREEMENT

I, the undersigned Emergency Assistance recipient, agree to the following terms and conditions:

- The Emergency Assistance Program will send all funds directly to the vendor.
- Funds are designed for emergency situations only. Payment will be made promptly upon presentation of a **current** bill/invoice. The program must approve any additional funding for expenses.
- All requirements, conditions and procedures contained in the attached Emergency Assistance Program Policies and Procedures are made part of this agreement.

**FAILURE TO COMPLY WITH THE TERMS AND CONDITIONS OF THIS AGREEMENT WILL RESULT IN THE CANCELLATION OF ASSISTANCE FROM THE EMERGENCY ASSISTANCE PROGRAM. FURTHERMORE, THE UNDERSIGNED RECIPIENT WILL REPAY ALL UNAUTHORIZED FUNDS AND ASSISTANCE.** If the undersigned recipient does not repay, the Emergency Assistance Program will submit the signed Irrevocable Consent for Claim against Per Capita for reimbursement from the undersigned recipient's Per Capita payment.

I agree to reimburse the Emergency Assistance Program, according to the terms of the program's policies and procedures. I understand that the reimbursement will be held from my next Per Capita disbursement.

**Initial box** to verify you have read page 1, paragraph 4: Reimbursement Schedule

- 1<sup>st</sup> approved request *forgiven*,
- 2<sup>nd</sup> repayment of 50%,
- 3<sup>rd</sup> repayment of 75%,
- 4<sup>th</sup> and more, repayment of 100%

**Initial box** to verify you have read page 3, number 7: Processing fee. All assistance granted beginning with the 2<sup>nd</sup> approved request will require \$50 processing fee.

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
S.S. #

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
ENROLLMENT #

\_\_\_\_\_  
TODAY'S DATE

*Subscribed and sworn to before me*

*This* \_\_\_\_\_ *Day of* \_\_\_\_\_, 20 \_\_\_\_\_.

*Signature* \_\_\_\_\_

*My commission expires* \_\_\_\_\_

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**CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION**

I, \_\_\_\_\_ hereby authorize the Ho-Chunk Nation Department of Social Services (Emergency Assistance Program) to disclose to Ho-Chunk Nation Department of Treasury (per capita loan verification) and:

\_\_\_\_\_ (Name of person/organization to which disclosure is permitted, could include energy/utility Company, landlord, county social services)

Personal information and documents that will assist in processing my request for assistance, including financial data, present need for services, related history and records for case file, and social/case history through telephone or written consultation.

The purpose of this authorization is to enable the Emergency Assistance Program to: establish need, determine eligibility, verify statements, and process my request for assistance from the Ho-Chunk Nation Department of Social Services and/or any other programs for which I may qualify. I understand that my records are protected under federal regulations governing Confidentiality of Records and cannot be disclosed without written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent of action already taken in reliance on it. Unless revoked by me sooner, this consent will expire six (6) months from this date: \_\_\_\_\_ (today's date)

**Initial box** to verify you have read page 1, paragraph 3: in regards to mandatory budget counseling for all requests.

**Initial box** to verify you have taken out per capita loan or are barred from a loan.

\_\_\_\_\_  
SIGNATURE OF CLIENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED REPRESENTATIVE  
(FOR INCAPACITATED CLIENT)

\_\_\_\_\_  
DATE

*Subscribed and sworn to before me*

This \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_.

Signature \_\_\_\_\_

My commission expires \_\_\_\_\_

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**IRREVOCABLE CONSENT FOR CLAIM AGAINST PER CAPITA**

**WHEREAS**, I \_\_\_\_\_, am an enrolled Member of the Ho-Chunk Nation entitled to receipt of Per Capita Payments pursuant to the Nation’s Per Capita Distribution Ordinance and,

**WHEREAS**, the Ho-Chunk Nation has adopted a Claims Against Per Capita Ordinance allowing the Nation to retain from Per Capita Distributions, debts owed to the Nation and,

**WHEREAS**, it is my personal obligation to repay the monies loaned according to the Emergency Assistance Program Policies and Procedures and,

**WHEREAS**, I HEREBY IRREVOCABLY CONSENT to the Nation retaining the amount of assistance granted if I am found non-compliant to agreement and/or program guidelines, from my Per Capita distribution and,

**WHEREAS**, I recognize that such claim will become automatically effective without notice from the Emergency Assistance Program and,

**WHEREAS**, ANY MONIES remaining in my per capita share after this Claim and all other legitimate claims against my Per Capita distribution will be mailed directly to me at the address I provide to the Enrollment Department or through direct deposit.

**The undersigned recipient agrees to reimburse all assistance according to the Policies and Procedures of the Emergency Assistance Program. This form will be presented for reimbursement from the undersigned recipient’s per capita payment on \_\_\_\_\_ and will remain effective until fully repaid.**

HO-CHUNK NATION MEMBER \_\_\_\_\_  
ENROLLMENT # \_\_\_\_\_  
S.S. # \_\_\_\_\_

HCN EMERGENCY ASSISTANCE COORDINATOR \_\_\_\_\_

SIGNATURE OF CLIENT \_\_\_\_\_ DATE: \_\_\_\_\_

*Subscribed and sworn to before me*

*This \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_.*

*Signature \_\_\_\_\_*

*My commission expires \_\_\_\_\_*

Collection of your social security number is not prohibited by federal law and is a required data element for tracking applicant benefits granted by this program. Failure to provide this information and all other required information will result in delayed processing of your application and inability to determine benefit amounts.

### Section 1 – Applicant Information

MR.  MRS.  MS.

\_\_\_\_\_  
Last Name First Name M.I. Maiden

**MAILING ADDRESS**

\_\_\_\_\_  
Street City State Zip

**PRESENT ADDRESS**

(If Different)

\_\_\_\_\_  
Street City State Zip

Social Security # \_\_\_\_\_

**Tribal Identification**

\_\_\_\_\_

County of Residence \_\_\_\_\_

Tribal District:  I  II  III  IV  V

Place of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Other Contact \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Widow

Select All that apply  Veteran  Elder  Elite Elder  Disabled

**LOCATION OF VA RECORDS**

\_\_\_\_\_  
Street City State Zip

Yes  No High School Graduate

Yes  No Have you applied for a loan against your next per capita payment

Yes  No Have you applied for any current Ho-Chunk Nation employee loans

Yes  No Have you received assistance from the Ho-Chunk Nation within the last twelve months

Please explain 18-21 approved and denied requests and reasons and list all deductions from next per cap distribution:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all other outside resources you have applied for in the past twelve months:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Section II Household Information

Full Name	Date of Birth	Social Security #	Tribal Affiliation	Tribal ID #
1.				
2.				
3.				
4.				
5.				
6.				
7.				

## Section III Household Income Verification

Income Codes					
<b>A</b>	Alimony Received	<b>GF</b>	Gift/Donations	<b>SSI</b>	Social Security Supplemental Income
<b>CS RECD</b>	Child Support Received	<b>GV</b>	Government Relief or disaster	<b>SSI-E</b>	Deduction
<b>CS PAID</b>	Child Support Paid	<b>LC</b>	Land Contract Payment	<b>SU</b>	Sub Housing Utility Allowance
<b>C-SUPP</b>	SSI Caretaker Supplement	<b>O</b>	Other	<b>T</b>	TANF/W2
<b>DL</b>	Disability Long-term	<b>P</b>	Pension, Annuities and IRA's	<b>TR</b>	Tribal Per Capita
<b>DS</b>	Disability Short-term	<b>R</b>	Rental Income	<b>UC</b>	Unemployment Compensation
<b>D</b>	Dividends/Interest	<b>SE</b>	Self-Employment	<b>V</b>	Veterans Benefits
<b>G</b>	Gambling/Lottery/Bingo	<b>SS&amp;SSD</b>	Social Security	<b>W</b>	Wages and Tips
<b>GR</b>	General Relief	<b>SP</b>	Spousal Impoverishment	<b>WK</b>	Workers Compensation

Income Type	Income Source	Income			3 Month Total	Verification Item
		Month 1	Month 2	Month 3		
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
<b>Total 3 Month Household Income</b>						

Please check which assistance you are requesting:

Critical Care

Housing/Temp. Lodging Assistance  
Include lease and/or eviction notice

Food Assistance

Energy/Utility Assistance  
Includes gas/fuel for heating  
Include disconnect notice

Annual Misc. \_\_\_\_\_  Last Year Actual Cost (9/1 through 8/30)  Budget  
Expense  Not Applicable  Prior Year (previous 12 months from date of application)

Vendor Name \_\_\_\_\_ Vendor # \_\_\_\_\_  
Account Name \_\_\_\_\_ Account # \_\_\_\_\_

I certify that the information on this application and all information given in connection with this application are true and complete statements of facts. I further certify that I have read and understand the attached policies and procedures for this application. I am authorizing the Ho-Chunk Nation to obtain employment and/or income verification if necessary. I give permission to my vendor(s) provided in this application to provide details about my account and any applicable information to the Ho-Chunk Nation. I authorize the Ho-Chunk Nation to be able to obtain information concerning my application.

I understand that I may be required to provide proof of any information on this application and that giving false information will invalidate this application, require the return of any benefits received and possibly subject me to prosecution for fraud. I also understand that if I provide false information, I will no longer be eligible to receive assistance from the Ho-Chunk Nation Emergency Assistance Program.

**ANY ABUSIVE WORDS OR THREATENING ACTIONS WILL NOT BE TOLERATED & MAY RESULT IN DENIAL OF SERVICES.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

\_\_\_\_\_  
Program Section

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Employee Name

Date  Approved  Denied

\_\_\_\_\_  
Employee Signature