

Ho-Chunk Nation Social Services
Emergency Assistance Job Search
Form Phone 888-343-8190 X 5104
Fax 715-284-9486

Participant Name: _____

To complete application for review, job search **must** be submitted for proof of job searches. Application will not be considered complete without proof of job search form. This form is to be returned to HCN Emergency Assistance Program Manager and will be kept in your file.

Date	Name & Address of Agency	Name & Signature of Contact Person	Phone Number	Results

To remain active you **must** submit. Failure to turn in job searches may result in suspension of benefits and full pay back of assistance amount plus processing fee. It is necessary to discuss your situation with program manager prior to possible reinstatement of assistance from the program.

Signature of Participant

Date