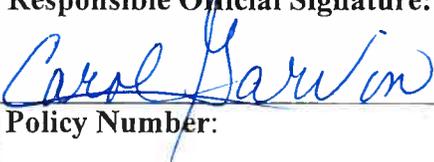




HO-CHUNK NATION

Subject: Snow Removal	Title: Snow Removal Policy
Scope: HCN Department of Housing and Tribal Aging Unit	Effective Date 10-26-16
Issuing Authority: Executive Director Department of Personnel	Responsible Official Signature: 
Legislative Authority: Employee Relations Act 6 HCC § 5 4 b. (2)	Policy Number: DOH-TAU-10-26-16-001

1.0 Policy Statement:

- 1.1 This policy will address how the Department of Housing and Tribal Aging Units will coordinate Snow Removal requests.
- 1.2 This policy dictates Housing and Tribal Aging Unit staff procedures for Snow Removal.
- 1.3 This policy will be enforced by the Department of Housing and Tribal Aging Unit employees and management.
- 1.4 This policy defines the terms and conditions for applicants who are considered or approved for Snow Removal Services.

2.0 Purpose:

- 2.1 The Snow Removal Program is implemented to assist enrolled Ho-Chunk Nation Elders and/or Non-Elders with disabilities or medical need who are homeowners or renters with snow removal.
- 2.2 The Snow Removal Policy also applies to the Department of Housing owned rentals and Elders served by the Department of Social Services through the Tribal Aging Unit Division.

3.0 Rational and Background:

- 3.1 The Snow Removal Program requires policies and procedures for implementation and compliance to safeguard the interests of the Nation to exercise stewardship over those resources committed to serving Ho-Chunk members specified in this policy.

4.0 Policy:

- 4.1 The Ho-Chunk Nation Department of Housing and Tribal Aging Unit reserves the right to deny snow removal services due to:
 - 4.1.1 Extreme or dangerous road and/or weather conditions.
 - 4.1.2 Conflicts that cannot be resolved between the Snow Removal Crew and the homeowner.



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- 4.1.3 Homeowners, renters, and Elders are prohibited from contacting Snow Removal Crew Members directly for special requests or after hour snow removal.
- 4.1.4 Special requests for snow removal services must be directed to the Department of Housing or the Tribal Aging Unit Snow Removal Coordinator.
- 4.2 The Snow Removal Crew for each area will determine the snow removal schedule According to the following priorities:
 - 4.2.1 Elders with disabilities or medical needs.
 - 4.2.2 Non-Elders with disabilities or medical needs.
 - 4.2.3 Transporters
 - 4.2.4 Other Elders
- 4.3 Ho-Chunk Nation Heavy Equipment Division and Tribal Aging Unit Plows will not begin snow removal until the county and/or township plows have begun their plowing.
- 4.4 Snow removal will generally begin in the early morning hours when there is at least two or more inches of snow.
- 4.5 The Snow Removal Crews will:
 - 4.5.1 Only plow a single drive to the main residence.
 - 4.5.2 Shovel the walk to the driveway of Elders and Non-Elders with disabilities or medical needs, unless the homeowner has someone living with them who is able to do the shoveling.
 - 4.5.3 Plow as close to structures as possible but no closer than 3 feet.
- 4.6 The Snow Removal Crew are prohibited from and cannot:
 - 4.6.1 Plow yards or parking areas, except to push snow out of driveway.
 - 4.6.2 Jump start the battery of a stalled vehicle.
 - 4.6.3 Tow, pull or push any vehicle that is stuck in the snow, snowbank, ditch, etc.
- 4.7 The Housing Department or Tribal Aging Units are not responsible to pay for any charges when an applicant has chosen to call an outside company.
 - 4.7.1 The Housing Department and Tribal Aging Unit would like a courtesy call if the applicant has chosen to have someone else plow their driveway to inform the Snow Removal Crew that services will not be needed.
- 4.8 In the case of a medical emergency call 911. If snow removal is required for emergency medical vehicles access to respond, please call the Department of Housing or the nearest Tribal Aging Unit.

5.0 Procedure

- 5.1 Ho-Chunk Nation members who are in need of assistance with snow removal must complete and sign a Snow Removal Application and Release of Liability form.
- 5.2 Applications can be obtained from the HCN website, Tribal Aging Unit facilities and/or the Department of Housing.



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Ho-Chunk Nation Department of
Housing
P.O. Box 170
Tomah, WI 54660
Phone: 608-374-1225
Fax: 608-374-1233

Ho-Chunk Nation Tribal Aging Unit
P.O. Box 430
Black River Falls, WI 54615
Phone: 715-284-0811
Fax: 715-284-3108

- 5.3 The Snow Removal Policy will be included with the Application and Release of Liability form.
- 5.3.1 It is the applicant's responsibility to provide all required information and documentation concerning the degree and severity of medical condition(s) and/or disability, from the applicant's medical care provider.
 - 5.3.2 Applicants need to provide a schedule for regularly scheduled or re-occurring medical appointments to be appropriately prioritized (Examples: dialysis or chemotherapy appointments).
 - 5.3.3 Applicants will not be scheduled for plow routes until all required documents are received.
 - 5.3.4 including documentation of medical needs/condition from applicants medical care provider
 - 5.3.5 Incomplete applications will not be processed, applicants will be notified of missing and/or incomplete information or /documents which must be received by the Department of Housing and Tribal Aging Unit in order to proceed.
 - 5.3.6 Applicants are required to update their application annually.
 - 5.3.7 Applicants who do not update their application yearly will not be included on the next year's plow route.
- 5.4 Snow Removal Responsibilities of the Elder, Homeowner or Renter.
- 5.4.1 Move all vehicles and any obstruction(s) from the plow path before the plow truck arrives. It is strongly recommended to have the plow path cleared before the snow first begins to ensure a completely plowed driveway.
 - 5.4.2 Keep pets indoors or tied up while the plow truck is present. The Department of Housing and Tribal Aging Unit and Snow Removal Crew employees are not responsible for injury or death to unattended pets.
 - 5.4.3 Remove all personal property from the area of plowing to include the area where snow will be plowed.
 - 5.4.4 Mark all items of concern such as well casing, septic vents, utility boxes, water pipes and personal property.
 - 5.4.5 Remove or open all gates, chains, or cables across driveways prior to the plow truck arrival.



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6.0 Attachment/Forms:

6.1 A- Snow Removal Application and Release of Liability Form

Policy History:

10/26/16: Policy Approved Executive Director of Personnel

Snow Removal Application and Release of Liability Form

The Ho-Chunk Nation provides snow removal under the Snow Removal Policy No.: DOH-TAU-10-26-16-001.

The undersigned hereby acknowledges that they were provided a copy of the Snow Removal Policy, and that they have read and understand the Snow Removal Policy.

The undersigned further acknowledges that this Snow Removal Application and Release of Liability Form releases the Ho-Chunk Nation, the Nation's employees and agents from all liability due to loss or damage to any person or property arising from or related to snow removal services provided by The Ho-Chunk Nation. If the Release of Liability form is not signed snow removal services will not be provided. Any snow plowing activity that is un-authorized in violation of the Snow Removal Policy by any Snow Removal Crew person maybe subject to legal and/or disciplinary action. The Nation shall not be held liable.

I, the undersigned Elder and/or property owner, renter, or authorized resident, possess the authority to execute and enter into this agreement with the Ho-Chunk Nation Department of Housing and/or the Ho-Chunk Nation Department of Social Services Tribal Aging Unit for snow removal under the Snow Removal Policy set forth by the Ho-Chunk Nation Department of Housing and Tribal Aging Units. This agreement will remain in force for six months from date signed.

Name: _____ Date: _____
(Please Print)

Enrollment #: 439A00 _____ Date of Birth: _____ Fire #: _____

Address: _____

City: _____ State: WI Zip Code: _____

Home Phone: _____ Cell Phone: _____

Signature of Property Owner, Renter, or Elder

Mark this box if you have medical needs and have attached documentation from your medical provider including any appointments that are scheduled.