

Section I – Information about You, the GUARDIAN applying for services.

Name (last, first, middle initial, suffix)

Maiden Name or Alias (if any)	Date of Birth	Social Security Number
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Place of Birth	City	County
	State	Country

Tribal Affiliation

Enrolled Ho-Chunk Member Enrollment Number: _____

Eligible Ho-Chunk Ho-Chunk Descendant Non Indian

Enrolled with another Tribe Please Name Tribe: _____

Do you have a disability? Yes No If yes, describe:

Please circle all services that you are receiving or have received in the past.

Child support services Child Care W-2 Medical Assistance

Food Stamps/Share AFDC Kinship Care

Home phone number ()	cell phone number ()	work phone number ()
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Mailing address

City	State / Zip Code
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Residence (Home) Address (if different from mailing address)

City	State / Zip code
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Job Information

Employer Name

Telephone Number ()	Fax Number ()
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Employer Address

City	State / Zip Code
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Is Health Insurance Available Yes <input type="checkbox"/> No <input type="checkbox"/>	Premium amount per month Single \$ _____ Family \$ _____	Are the Children Covered Yes <input type="checkbox"/> No <input type="checkbox"/>
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How often are you paid? (circle one) Weekly Every 2 Weeks Monthly	Gross Income per pay period \$ _____	Job Title
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Member of Armed Forces Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, Active <input type="checkbox"/> Retire <input type="checkbox"/> Branch:
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Parent's current relationship to each other (circle one)

Married Separated Divorced Annulled Never Married Other (explain)

Section II – Information about the Mother

Mother's Name (Last, First, middle initial, suffix)

Maiden Name or Alias (if any)

Date of Birth

Social Security Number

Place of Birth

City

County

State

Country

Home Phone Number

()

Cell Phone Number

()

Work Phone Number

()

Mailing Address

City

State / Zip Code

Residence Address (if different from above)

City

State / Zip Code

Tribal Affiliation

Enrolled Ho-Chunk Member Enrollment Number: _____

Eligible Ho-Chunk Ho-Chunk Descendant Non Indian

Enrolled with another Tribe Please Name Tribe: _____

Job information

Employer Name

Telephone Number

()

Fax Number

()

Address

City

State / Zip Code

Is Health Insurance Available?

Yes No

Premium amount per month

Single \$ _____ Family \$ _____

Are the Children Covered?

Yes No

How often are you paid? (circle one)

Weekly Every 2 Weeks Monthly

Gross Income per pay period

\$ _____

Job Title

Start Date

Occupational / Professional License

Yes No If yes, type:

Member of Armed Forces

Yes No

If yes,

Active Retired Branch:

Other children of this mother not listed in section IV

Name

Date of Birth

Name

Date of Birth

Name

Date of Birth

If location of this parent is not known: Please provide the information below and any other information you believe may help find this person.

Distinguishing Marks (scars, tattoos, birth marks)

Height	Weight	Race	Hair Color	Eye Color
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Name of this Parent's mother and father (last, first, middle initial)

Section III – Information about the Father

Father's Name (Last, First, middle initial, suffix)

Alias (if any)	Date of Birth	Social Security Number
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Place of Birth	City	County	State	Country
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Home Phone Number ()	Cell Phone Number ()	Work Phone Number ()
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Mailing Address

City	State / Zip Code
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Residence Address (if different from above)

City	State / Zip Code
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Tribal Affiliation

Enrolled Ho-Chunk Member Enrollment Number: _____

Eligible Ho-Chunk Ho-Chunk Descendant Non Indian

Enrolled with another Tribe Please Name Tribe: _____

Job information

Employer Name

Telephone Number ()	Fax Number ()
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Address

City	State / Zip Code
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Is Health Insurance Available? Yes <input type="checkbox"/> No <input type="checkbox"/>	Premium amount per month Single \$ _____ Family \$ _____	Are the Children Covered? Yes <input type="checkbox"/> No <input type="checkbox"/>
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How often are you paid? (circle one) Weekly Every 2 Weeks Monthly	Gross Income per pay period \$ _____	Job Title
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Start Date	Occupational / Professional License Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, type:
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Member of Armed Forces Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, Active <input type="checkbox"/> Retired <input type="checkbox"/> Branch:
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Other children of this father not listed in section IV

Name				Date of Birth	
Name				Date of Birth	
Name				Date of Birth	
If location of this parent is not known: Please provide the information below and any other information you believe may help find this person.					
Distinguishing Marks (scars, tattoos, birth marks)					
Height	Weight	Race	Hair Color	Eye Color	
Name of this Parent's mother and father (last, first, middle initial)					

Section IV – Information about the Child(ren) you are requesting services for.
 (These children must have the same father and mother, and these parents must be the parents listed in Section I and II) If there are more than 3 children, please request additional forms.

Name of First Child (last, first, middle initial)					
Social Security Number	Male <input type="checkbox"/> Female <input type="checkbox"/>	Race (optional)	Date of Birth		
Is the name of the father on the birth certificate Yes <input type="checkbox"/> No <input type="checkbox"/>			City of Birth		
County of Birth	State of Birth		Country of Birth		
Does the child receive Social Security Benefits? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, monthly amount \$ _____					
If this child is in high school, expected date of graduation:					
Name of School		Address of School			

Name of Second Child (last, first, middle initial)					
Social Security Number	Male <input type="checkbox"/> Female <input type="checkbox"/>	Race (optional)	Date of Birth		
Is the name of the father on the birth certificate Yes <input type="checkbox"/> No <input type="checkbox"/>			City of Birth		
County of Birth	State of Birth		Country of Birth		
Does the child receive Social Security Benefits? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, monthly amount \$ _____					
If this child is in high school, expected date of graduation:					
Name of School		Address of School			

Name of Third Child (last, first, middle initial)					
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Social Security Number	Male <input type="checkbox"/> Female <input type="checkbox"/>	Race (optional)	Date of Birth
Is the name of the father on the birth certificate Yes <input type="checkbox"/> No <input type="checkbox"/>		City of Birth	
County of Birth	State of Birth	Country of Birth	
Does the child receive Social Security benefits? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, monthly amount \$ _____			
If this child is in high school, expected date of graduation:			
Name of School		Address of School	

Section IV- Notice of service fees, and other pertinent information.

Social Security Numbers: The provision of your social security number is essential to providing thorough child support services and for the State of Wisconsin to assist with services that the Ho-Chunk Nation does not have access to at this time. Your social security number will be used for the purpose of establishing and enforcing support for you and your family. If you do not provide your social security number, the Ho-Chunk Nation CSA will be extremely hindered in its ability to provide you with this assistance.

Tax Interception Information: I understand that the Child Support Agency will process any certifiable past-due child support debts to the tax/lottery intercept program. I have been advised and understand that I am applying for State IV-D services for the purpose of submitting arrearages for state and federal tax refund offset. I understand that if I receive the other parent's intercepted tax refund money that is later recalled by the Federal Internal Revenue Service (IRS) or the State Department of Revenue (DOR), I must immediately return the money. If I cannot repay the money at once, I will follow a payment plan until the amount is repaid in full. If tax money is recalled, you will receive a letter with the information about how to return the money and set up a payment plan. If a tax collection is at least \$10.00, I understand a fee of 10%, up to \$25.00 will be deducted from the tax intercept collection.

Child Support Orders: I understand that the law does not permit percentage orders in child support agency cases. If I am opening a child support case or reopening a closed child support case and have a percentage order, the child support agency is not responsible for reconciling the order. The child support agency is required to change the percentage order into a dollar amount order. By submitting this application, I am agreeing to cooperate with the agency in changing the order.

Disclaimer: The Ho-Chunk Nation will bring any necessary administrative or court actions to establish paternity (legal fatherhood) or to establish or enforce a support order. However, **the Ho-Chunk Nation Child Support Attorney does not represent either parent, but rather represents the Ho-Chunk Nation's interest in enforcing support.**

I hereby request child support services under the Child Support Agency Program under Title IV-D of the Social Security Act. I understand that I must cooperate with the Child Support Agency by providing information that affects my case and by keeping my appointments with the agency.

Signature	Date
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Please attach a copy of any court order, judgments, decrees, or stipulations involving child support.