

Ho-Chunk Nation
Economic Assistance Program Application Check List
Before turning in the application, check that the application is complete and all required information is with application

Please Check (if applicable)

- | | |
|---|--------------------------|
| Page 4. Initial Box | <input type="checkbox"/> |
| Page 5 complete. Signed AND Notarized | <input type="checkbox"/> |
| Page 6 complete. Signed AND Notarized | <input type="checkbox"/> |
| Page 7 complete. Signed AND Notarized | <input type="checkbox"/> |
| Page 8 complete. | <input type="checkbox"/> |
| Page 9 Signed and Dated | <input type="checkbox"/> |
| Check stubs (required for <u>all</u> requests) | <input type="checkbox"/> |
| Letter of decision (required for <u>all</u> requests) | <input type="checkbox"/> |
| Disconnect bill or fuel statement (for Energy Asst request) | <input type="checkbox"/> |
| Lease <u>and</u> Eviction (for Housing Asst request) | <input type="checkbox"/> |
| W9 (if required) | <input type="checkbox"/> |
| Budget Worksheets Completed (required if 2 nd or more request) | <input type="checkbox"/> |
| Application Complete? | <input type="checkbox"/> |

If you are unemployed and are required to do Job Searches, you will be required to turn in one job search form each 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
ECONOMIC ASSISTANCE PROGRAM
POLICIES & PROCEDURES**

P.O. Box 40, Black River Falls, WI 54615
Phone (715) 284.2622 X 5104 (888) 343.8190 X 5104
FAX (715) 284.9486

Economic Assistance funds are limited to families experiencing financial hardships **NOT caused by an applicant's own negligence or design. All assistance will be paid directly to the vendors assisting tribal members in their time of need.**

ELIGIBILITY REQUIREMENTS

- Must be an enrolled Ho-chunk Nation tribal member.
- Must be a recipient of per capita payments.
- Must have already taken a per capita loan.
- Has not received assistance within current fiscal year. (Fiscal year July1-June30)
- Has exhausted all other resources **prior** to requesting assistance from EAP and provides a letter of decision
- All household income verification must be provided (check stubs last 3 months)

THIS IS NOT AN ENTITLEMENT PROGRAM. The Economic Assistance Program is a payer of last resort. Economic Assistance requests are available to enrolled Ho-Chunk members only and reviewed on a first-come-first-served basis. In order to be considered for funding, the applicant **must** meet the criteria and provide all required documents established by the program to ensure fairness and equity. Enrolled tribal members are allowed, **if** requirements are met, **ONE TIME assistance per household** within the current fiscal year. The fiscal year begins July1 and ends June30. The maximum amount of assistance is \$600.00.

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 as well as a processing fee.

Assistance	Reimbursement	Processing Fee
1st Request	No Reimbursement Required	\$0
2nd Request	50% of approved amount	\$50.00
3rd Request	75% of approved amount	\$50.00
4th or more Request	100% of approved amount	\$50.00

UNTIL SUCH REIMBURSEMENTS ARE SATISFIED, NO SUBSEQUENT REQUESTS WILL BE APPROVED.

ALL PROGRAM DECISIONS ARE FINAL.

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 Executive Director of Social Services. **All program decisions are final and may not be appealed to the Office of the President or Ho-Chunk Nation Legislature.**

ASSISTANCE CLASSIFICATION AND REQUIRED DOCUMENTS

- ❖ **Critical Care**—Critical Care/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 funds available. Assistance for travel will only be paid outside a fifty mile radius from the home address.

Required documents for Critical Care Assistance:

- **Completed** application
 - Verification from the hospital/doctor verifying patient has been admitted to ICU.
- ❖ **Food**—Area food pantries, local resources such as the county Food Share Program and the Ho-Chunk Nation Food Distribution Program **must** first be utilized. Assistance is limited.

Required documents for Food Assistance:

- **Completed** application
 - Household Income verification
 - Letter of decision from resource(s) utilized before applying with EAP
 - Budget Counseling and Job Searches may be required. If required to do budget counseling, this requirement must be fulfilled **before** receiving assistance.
- ❖ **Energy/Utility**—Applicant must **first** 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 utilized and a letter of decision is provided. The program can only assist when in disconnect status for the purpose of maintaining services. The account **must** be in the applicant's name in order to receive assistance. The applicant must have made at least a \$150.00 payment within the previous three (3) months to be eligible for assistance.

Required documents for Energy/Utility Assistance:

- **Completed** application
- Household Income Verification
- Letter of decision from resource(s) utilized before applying with EAP
- **Disconnect Energy/Utility Bill must be in applicant's name and must be submitted 5 days prior to disconnection date**
- Budget Counseling and Job Searches may be required. If required to do budget counseling, this requirement must be fulfilled **before** receiving assistance.

- ❖ **Temporary Lodging**—Assistance may be available for temporary homeless/jobless situations. Lodging for up to one (1) week may be available if funds allow.

Required documents for Temporary Lodging

- **Completed** application
- Household Income Verification
- Statement from hotel verifying rates
- Letter of decision from resource(s) utilized before applying with EAP
- Budget Counseling and Job Searches may be required. If required to do budget counseling, this requirement must be fulfilled **before** receiving assistance.

- ❖ **Housing Assistance**—The program will assist applicant with housing towards first month's rent or one month's rent **if** in eviction status. **The Economic Assistance Program will NOT assist with security deposit.**

Required documents for Housing Assistance

- **Completed** application
- Household Income Verification
- Lease
- Eviction(if in eviction status)
- Letter of decision from resource(s) utilized before applying with EAP
- W9 completed by landlord(if applicable)
- Budget Counseling and Job Searches may be required. If required to do budget counseling, this requirement must be fulfilled **before** receiving assistance.

APPLICATION PROCESS

1. Applications must be completed and returned to the Economic Assistance office with **all** required documentation **prior** to a determination being made regarding application denial or approval. The application is required to be on file in the Economic Assistance office. Faxes will be accepted.
2. When an application for Economic Assistance is completed, a written decision, approved or denied, will be mailed to the applicant within fifteen (15) working days.
3. 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.

The Economic 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 budget counseling classes for each approved applicant.** The applicant **must** follow through with the program requirements 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.

If the applicant intentionally provides inaccurate information and receives assistance, the Irrevocable Consent for Claim Against Per Capita will automatically become effective and will no longer be eligible for assistance with the Economic Assistance Program.

INITIAL BOX to verify that you have read, understand and agree to follow the policies of the Economic Assistance Program

Attached is the application for Economic Assistance. The information provided is used to determine the applicant's eligibility for assistance.

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.

HCN DSS
Economic Assistance Program Agreement
P.O. Box 40, Black River Falls, WI 54615
Phone (715) 284.2622 X 5104 (888) 343.8190 FAX (715) 284.9486

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

- The Economic Assistance Program will send all funds directly to the vendor.
- Funds are designed for **unforeseen** emergency situations only. Payment will be made promptly upon presentation of a **current** bill/invoice.
- All requirements, conditions and procedures contained in the attached Economic 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 Economic Assistance Program. FURTHERMORE, THE UNDERSIGNED RECIPIENT WILL REPAY ALL UNAUTHORIZED CHARGES AND EXPENSES. If the undersigned recipient does not repay, the Economic Assistance Program will submit the signed Irrevocable Consent for Claim against Per Capita for reimbursement from the undersigned recipient's Per Capita payment **until reimbursement has been satisfied**.

I, , agree to reimburse the Economic Assistance Program, according to the terms of the program's policies and procedures. I understand that the reimbursement will be withheld from my Per Capita disbursement until paid in full.

Printed Name	SS#	Date of Birth
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Enrollment #	Signature	Todays Date
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Printed Name	SS#	Date of Birth
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Enrollment #	Signature	Todays Date
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Subscribed and sworn to before me
This _____ Day of _____, 20____.
Signature _____
My Commission Expires _____

HCN DSS

Economic Assistance Program Irrevocable Consent for Claim against Per Capita

P.O. Box 40, Black River Falls, WI 54615
Phone (715) 284.2622 (888) 343.8190 FAX (715) 284.9486

WHEREAS, I _____, am an enrolled Tribal 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 Economic 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 Economic 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.

Signed this _____ day of _____, 20__.

Ho-Chunk Nation member

Enrollment # / S.S. #

Ho-Chunk Nation Member

Enrollment # / S.S. #

The undersigned recipient agrees to reimburse all assistance according to the Policies and Procedures of the Economic Assistance Program. This form will be presented for reimbursement from the undersigned recipient(s) per capita payment and will remain effective until fully repaid.

(Signature of Client)

(Date)

(Signature of Client)

(Date)

Subscribed and sworn to before me
This _____ Day of _____, 20__.
Signature _____
My Commission Expires _____

HCN DSS

Economic Assistance Program
P.O. Box 40, Black River Falls, WI 54615
Phone (715) 284.2622 (888) 343.8190 FAX (715) 284.9486

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, _____, hereby authorize the Ho-Chunk Nation Division of Social Services (Economic Assistance Program-CSS) to disclose to Ho-Chunk Nation Department of Treasury (per capita loan verification), **Ho-Chunk Nation Enrollment Department (per capita deductions), Ho-Chunk Nation CSS** 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 Economic Assistance Program to: establish need, determine eligibility, verify statements, and process my request for assistance from the Ho-Chunk Nation Division 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 one year from this date:

_____. (Today's Date)

Signature of Client(s)

Signature of Authorized Representative – (for incapacitated Client)

(Date)

Subscribed and sworn to before me
This _____ Day of _____, 20____.
Signature _____
My Commission Expires _____

Please check which assistance you are requesting				
Critical Care	Food	Energy/Utility Assistance	Temporary Lodging	Housing <i>(Include lease and eviction notice)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Applicant's Last Name	First MI Maiden	Date of Birth	Veteran <input type="checkbox"/>	Elder <input type="checkbox"/>	Gender <input type="checkbox"/> M <input type="checkbox"/> F	SS#	Enroll#
Spouse/Partner Last, First MI Maiden	Date of Birth	Veteran <input type="checkbox"/>	Elder <input type="checkbox"/>	Gender <input type="checkbox"/> M <input type="checkbox"/> F	SS#	Enroll#	
Mailing Address	City State Zip	Have you received assistance in the last 12 months?					
Physical Address	City State Zip	Home Phone		Message Phone		Cell Phone	
County	Area <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V			# of Dependents in household	# of Adults in Household	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time	
Name of Employer			Length Employed				
			Mo:	Yr:	<input type="checkbox"/> Part-time	<input type="checkbox"/> Full-time	
			Mo:	Yr:	<input type="checkbox"/> Part-time	<input type="checkbox"/> Full-time	

List ALL members of the household					
Last Name	First MI	Maiden	Date of Birth	Social Security #	Enrollment #

Gross Income for each member of the household	Applicant Weekly/Monthly	Spouse/Partner Weekly/Monthly	Additional Person Weekly/Monthly	Additional Person Weekly/Monthly
Wages				
Social Security/SSI/Disability				
Unemployment/VA Benefits				
Workman's Comp/W2				
Per Cap				
Child Support				
Other:				
Totals:				
Total Monthly Household Income				

Request	Cost	Vendor Name & Address (current bill must be attached)
Ex: Housing/Food		
Total Request		

Understanding Your Rights and Responsibilities

- I have read and understand the policies and procedures of the Economic Assistance Program.
- I authorize the Ho-Chunk Nation Economic Assistance Program to verify personal information and documentation
- I understand the Economic Assistance Program receives information from other state and federal agencies to verify the information I give them. If I misrepresent, hide or withhold facts which may affect my eligibility, it will automatically void this application, I will be required to repay any/all assistance received and will no longer be eligible for future assistance from the Economic Assistance Program. This may also subject me to prosecution for fraud.
- I understand that the information provided on this application will be kept confidential and will only be used to determine eligibility.
- I understand that I will receive written confirmation of the decision in writing within fifteen (15) working days.
- I understand that all information provided on this application are true and complete statements and facts.

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

Please read before signing application packet. In order to receive services, you must qualify by meeting ALL eligibility requirements and program funding must be available.

Applicant Signature

(Date)

Applicant Signature

(Date)