

**Ho-Chunk Nation**  
**Ho-Chunk Economic Legacy Project**  
**Application Deadline 12/18/2020 for the 1/1/2021 payment**

Application must be completed to be considered for processing. The responses are voluntary. HCN members who wish to opt out of this Program do not need to fill out this form. Applicant must be an enrolled member of the Ho-Chunk Nation and 18 years (within the month of disbursement) or older.

General Welfare assistance may include, but is not limited to, assistance for medical care, food, shelter, health, education, subsistence, housing, elder care, disability care, assistance to meet cultural, traditional and religious needs of the Nation and its membership, and assistance to promote self-sufficiency, self-determination, entrepreneurship, and the employment of Ho-Chunk Members. This Program is established by Legislature to achieve a social benefit and to promote the general welfare of the Nation.

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Name: \_\_\_\_\_ DOB: \_\_\_\_\_

HCN ID#: \_\_\_\_\_ SSN (last four digits): \_\_\_\_\_ District: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Are you the head of household? Yes \_\_\_ No \_\_\_

Household Impact Directly Related to COVID-19 Pandemic (Required for all members 18 and over). Please check all that apply:

- |   |   |
|---|---|
| <input type="checkbox"/> Terminated from Employment   | <input type="checkbox"/> COVID-related quarantine cost  |
| <input type="checkbox"/> Furloughed/Layoff from Employment  | <input type="checkbox"/> Purchase of COVID-related Cleaning or PPE  |
| <input type="checkbox"/> Medical Care   | <input type="checkbox"/> Difficulty making rent/housing payment(s)  |
| <input type="checkbox"/> Unemployed at start of pandemic  | <input type="checkbox"/> Difficulty making utility payment(s)   |
| <input type="checkbox"/> Shelter (homeless)   | <input type="checkbox"/> Increased help and/or medical supplies due to age or medical condition                   |
| <input type="checkbox"/> Suspension of Medical Insurance<br>Or required premium payment upon rehire | <input type="checkbox"/> Assisting other family members due to decrease in their personal income due to COVID-19. |
| <input type="checkbox"/> Education loans/costs  |   |
| <input type="checkbox"/> Daycare Expenses for children who would otherwise be in school             |   |
| <input type="checkbox"/> Housing  |   |
| <input type="checkbox"/> Educational Supplies needed or internet services                           |   |
| <input type="checkbox"/> Disability care  |   |

\_\_\_\_ Increased Food Cost  
\_\_\_\_ Unemployment not received to date

\_\_\_\_ Decrease in own Personal Income  
\_\_\_\_ Children home for virtual learning

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### **Disclaimer**

The purpose is to memorialize the procedures used by the Nation to determine what services or programs are needed to promote public health, safety and other basic need services for the promotion of the general welfare of the Nation (HCC 4 § 17 General Welfare Exclusion Act). The information is protected and proprietary data owned by the Ho-Chunk Nation and utilized in the best interest of the Ho-Chunk Nation for determining future need.

### **Release of Information**

I understand that by completing this application, the Ho-Chunk Nation may access records to verify enrollment. I also understand that the Program is a general welfare assistance program and not an entitlement and should not be considered income. I declare and certify that the information and documentation is true and correct.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Applicant Name: \_\_\_\_\_

**Please return this application by email, fax, or mail to:**

HELP@ho-chunk.com

Fax: 715-284-7887

Ho-Chunk Nation  
Department of Treasury  
Ho-Chunk Economic Legacy Project  
W9814 Airport Road, P. O. Box 667  
Black River Falls, WI 54615