

APPLICATION FOR SERVICES

Mail completed application to Ho-Chunk Nation Child Support Agency (CSA),
P O Box 245, Black River Falls WI 54615.

The Ho-Chunk Nation is an equal opportunity service provider. If you have a disability and need to complete this application in an alternate format, or need it translated to another language, please contact the agency at 715-284-1052 or 888-343-8190, and an appointment will be scheduled to assist you.

Name of Parent Applying for Services:

Last First MI (suffix i.e. JR)

Date Stamp

Relationship to child(ren):(circle one)Mother Father Potential Father

Please Note:

- If you are the guardian and not the child’s parent, please fill out **Guardian’s Application for Services form.**
- Information provided on this form (including any attachments) may only be shared with others for the purpose(s) of the administration of the child support program and other related programs.
- **Filling out this form:**
 - a. Please fill out this form to the best of your ability.
 - b. If you do not know or are not sure of some of the information, you may leave that part blank.
 - c. The more information your worker knows about your case, the better job (s)he can do for you.
 - d. If you have any questions about this form, please talk with your child support agency.

Services Requested: Federal regulations require child support agencies to provide all services that are proper for a case. If you receive Medicaid, you may choose “Only Medical Support.” You may also choose, “Only Locate Parent Services.”

Please check all that apply:

Child Support Services
 Paternity (*legal fatherhood*)
 Only Locate Parent Services
 Only Medical Support

Are you applying for services for an unborn child? Yes No.
If yes, due date _____.

If you have a Child Support Order for the child(ren) listed in this form, please list the information below and attach copies of any court orders, judgments, decrees or stipulations involving child support. (*If you have a different order for each child, list them separately*)

County/State of Order _____ Case Number _____ Amount ordered \$ _____

County/State of Order _____ Case Number _____ Amount ordered \$ _____

IMPORTANT

If a child is conceived or born during a marriage, the husband is the legal father. If you believe that someone other than the husband may be the biological father, provide the information about that person below. *(The information given on the rest of this form should be information about the husband and wife of the marriage not this person)*

Name	Date of Birth	Place of Birth	Social Security Number
Address	City	State	Zip Code

Section I – Information about YOU, the parent applying for services

Maiden Name or Alias (if any)	Date of Birth	Social Security Number	Male <input type="checkbox"/>
			Female <input type="checkbox"/>
Place of Birth	City	County	
	State	Country	
Home phone number ()		work phone number ()	work hours
Mailing address			
City		State / Zip Code	
Residence (Home) Address (if different from mailing address)			
City		State / Zip code	
Tribal Affiliation			
Enrolled Ho-Chunk Member <input type="checkbox"/> Enrollment Number: _____			
Eligible Ho-Chunk <input type="checkbox"/> Ho-Chunk Descendant <input type="checkbox"/> Non Indian <input type="checkbox"/>			
Enrolled with another Tribe <input type="checkbox"/> Please Name Tribe: _____			
Do you have a disability? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe:			
Your Current Relationship to the Other Parent.			
Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Annulled <input type="checkbox"/> Never Married <input type="checkbox"/>			
Please check services you are receiving or have received.			
Child support services <input type="checkbox"/> Child Care <input type="checkbox"/> W-2 <input type="checkbox"/> Medical Assistance <input type="checkbox"/>			
Food Stamps/Share <input type="checkbox"/> AFDC <input type="checkbox"/>			
Job Information			
Employer Name			
Telephone Number ()		Fax Number ()	
Employer Address			
City		State / Zip Code	
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"/>

How often are you paid? (circle one) Weekly Every 2 Weeks Monthly		Gross Income per pay period \$ _____	Job Title
Member of Armed Forces Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, Active <input type="checkbox"/> Retire <input type="checkbox"/> Branch: _____	
Your other children not listed in Section III			
Name		Date of Birth	
Name		Date of Birth	
Section II – Information about the other parent: Mother <input type="checkbox"/> Father <input type="checkbox"/> Potential Father <input type="checkbox"/>			
Other Parent's Name (Last, First, middle initial, suffix)			
Maiden Name or Alias (if any)		Date of Birth	Social Security Number
			Male <input type="checkbox"/> Female <input type="checkbox"/>
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 <input type="checkbox"/> Enrollment Number: _____			
Eligible Ho-Chunk <input type="checkbox"/> Ho-Chunk Descendant <input type="checkbox"/> Non Indian <input type="checkbox"/>			
Enrolled with another Tribe <input type="checkbox"/> Please Name Tribe: _____			
Job information			
Employer Name			
Telephone Number ()		Fax Number ()	
Address			
City		State / Zip Code	
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"/>
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 <input type="checkbox"/> No <input type="checkbox"/> If yes, type: _____	

Member of Armed Forces Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, Active <input type="checkbox"/> Retired <input type="checkbox"/> Branch:		
Other children of this parent not listed in section III				
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 III – 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:				
Which parent does the child live with most of the time? (circle one) Mother Father Both parents (equal placement) Other (name):				
Which parent has legal custody of this child (circle one) Mother Father Both parents (joint custody) Not yet decided by the court				
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:				
Which parent does the child live with most of the time? (circle one) Mother Father Both parents (equal placement) Other (name):				

Which parent has legal custody of this child? (circle one)			
Mother		Father	
Both parents (joint custody)		Not yet decided by the court	
Name of Third 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		City of Birth	
Yes <input type="checkbox"/> No <input type="checkbox"/>			
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:			
Which parent does the child live with most of the time? (circle one)			
Mother		Father	
Both Parents (equal placement)		Other (name):	
Which parent has legal custody of this child? (circle one)			
Mother		Father	
Both Parents (joint custody)		Not yet decided by the court	

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
-----------	------

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