

GUARDIAN APPLICATION FOR SERVICES

Mail, Fax or drop off completed application to Ho-Chunk Nation Child Support Agency (CSA),
W9598 Hwy 54, P O Box 245, Black River Falls WI 54615. Office – 715-284-1052, Fax – 715-284-2024.

Name of Guardian Applying for Services:

Last First MI (suffix i.e. JR)

Date Stamp

Relationship to child(ren): _____

Please provide a copy of your guardianship order.

Please Note:

- 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:**
 - Please fill out this form to the best of your ability.
 - If you do not know or are not sure of some of the information, you may leave that part blank.
 - The more information your worker knows about your case, the better job (s)he can do for you.
 - 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**

_____ **Only Locate Parent Services**

_____ **Only Medical Support**

If you have a Child Support Order or letters of guardianship for the child r children 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 Safety Information: Do you have Safety concerns about any of the following (check all that apply):

_____ The other parent or other individual having access to your physical address and contact information?

_____ Negotiating in-person with the other parent?

Do you have a protective order, police report, or other supporting documents? Yes / No

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 <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 mother not listed in section IV				
Name			Date of Birth	
Name			Date of Birth	
Name			Date of Birth	

Section III – Information about the Father

Father's Name (Last, First, middle initial, suffix)				
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 <input type="checkbox"/>	Enrollment Number: _____
Eligible Ho-Chunk <input type="checkbox"/>	Ho-Chunk Descendant <input type="checkbox"/>
Enrolled with another Tribe <input type="checkbox"/>	Non Indian <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 IV

Name	Date of Birth
Name	Date of Birth
Name	Date of Birth

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 II and III) 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)			
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 V- 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.

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.

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