



**Ho-Chunk Nation**  
**Coronavirus Aid, Relief, and Economic Security Act (CARES)**  
**CARES Other Financial Assistance (COFA)**  
**THIS IS NOT A PER CAPITA PAYMENT**

**COFA Program Application**

Need only to complete application once for eligibility. HCN members who wish to opt out of this Program do not need to fill out this form and may submit when needed.

**Program Eligibility Criteria (Member must meet all of the following criteria):**

1. Individual must be an enrolled Ho-Chunk Nation Adult Tribal member the first of each month, July 1, 2020 to December 1, 2020.
2. Individual must demonstrate a need for assistance directly related to the COVID-19 pandemic.
3. Eligible Tribal members 18 and over, may receive a monthly payment of \$1,500 in July and \$900 in subsequent months ending December 2020, due to financial hardship endured from loss of income and increased costs due to COVID-19.
4. COFA may be used for the following for economic loss related to COVID-19: cleaning supplies, personal protective equipment (PPE), medical care, food, shelter, health, education, subsistence, housing, elder and disabled care, water, sewer, electricity, propane/gas, emergencies and disaster relief related to COVID-19.

First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_ HCN Tribal ID#: \_\_\_\_\_ SSN# Last 4 digits: \_\_\_\_\_ District: \_\_\_\_\_

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

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

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

# of enrolled HCN children in the home: \_\_\_\_\_ # of children not enrolled, but HCN eligible: \_\_\_\_\_

Household Impact Directly Related to COVID-19 Pandemic (Required for all applicants). 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"/> Unemployed at start of pandemic                                | <input type="checkbox"/> Difficulty making rent/housing payment(s)  |
| <input type="checkbox"/> Suspension of Medical Insurance                                | <input type="checkbox"/> Difficulty making utility payments(s)  |
| <input type="checkbox"/> Reduction in work hours/pay                                    | <input type="checkbox"/> Increased help and/or medical supplies due to age or medical condition                   |
| <input type="checkbox"/> Daycare expenses for children who would otherwise be in school | <input type="checkbox"/> Assisting other family members due to decrease in their personal income due to COVID-19. |
| <input type="checkbox"/> Educational supplies needed or internet services               |   |

Children home from school  
 Increased food costs  
 Relatives living with you  
 Underlying medical condition, requiring staying home to prevent exposure  
 Other financial hardship (please explain) \_\_\_\_\_

Unemployment/Federal Stimulus not received to date  
 Homeless/Living with relatives

### Release of Information/Disclaimer

As part of COFA, I understand the HCN Administrators of the Program, staff, and agent(s) may access records to verify enrollment information in my verification form. I also understand that the Program is a general welfare assistance program and not an entitlement and should not be considered income. However, I understand it is my responsibility to determine any impact the emergency relief funds I receive may have on public assistance I currently receive or may receive in the future. I declare and certify that the information and documentation is true and correct. The information in this application is protected, proprietary and confidential.

Signature of Individual: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Please return this application form, in person at the Tribal Office Building, US Mail/Email to the address listed below, via FAX, or online by **Friday, July 24, 2020** to receive the July payment, any applications received after this date will receive the payment(s) in the subsequent months. Any questions, please call Treasury at 1-800-294-9343, ext. 1245.

**HO-CHUNK NATION**  
**Department of Treasury**  
**COFA**  
**P.O. Box 640**  
**Black River Falls, WI 54615**

**FAX#715-284-7887**

Email application form to: [hcncofa@ho-chunk.com](mailto:hcncofa@ho-chunk.com)