



## HO-CHUNK NATION

Phone: 715-284-4563 Fax: 715-284-5934

### **EMERGENCY ASSISTANCE PROGRAM For Ho-Chunk Nation Enrolled Tribal Veterans Policy & Procedures**

Emergency Assistance funds are limited to those veterans experiencing financial hardships and providing required documentation. All financial assistance will be paid directly to the vendors assisting tribal veterans in their time of need.

**THIS IS NOT AN ENTITLEMENT PROGRAM.** Emergency Assistance requests are reviewed on a first-come-first-served basis and available to **Ho-Chunk Veterans Tribal Veterans ONLY**. Ho-Chunk Nation Tribal Veterans are allowed **one-time assistance per household** within the current fiscal year. The Emergency Assistance Program has a maximum assistance set at \$500.00.

If any fraudulent information is provided by the applicant, reimbursement will be required. Unauthorized charges or expenses will not be allowed and will be repaid in full. Any violation of the program will result in no further assistance from the Emergency Assistance Program. The program may also take all legal actions available to the full extent of the law.

The Emergency Assistance Program does not supersede other existing program guidelines throughout the Nation that are established and proved for specific service delivery providers.

**\*Definition of a Veteran is one who holds a DD-214**

Date created 12/17/09 Date Modified (3/11/11, 7/19/12, 4/23/15)

## **Assistance Classification**

1. **Energy Assistance-** The program can only assist when in disconnect status and assistance is limited to \$500.00 to the utility company for the purpose of maintaining and restoring services. When the account is in another person's name the program will only pay for the current month's charge/invoices and will **NOT** pay for previous charges.

2. **Temporary Lodging-** Assistance may be available for temporary homeless/jobless situations. Emergency Assistance will pay for lodging for up to one (1) week and is limited to the dollar amount of \$250.00.

3. **Housing Assistance-** The program will assist an applicant with permanent housing in the amount up to \$500.00 for the first months' rent. A copy of the lease is required for documentation, as well as, the landlord's name, address and phone number. **The Emergency Assistance Program will NOT assist with a security deposit.**

**THE PROGRAM WILL NOT 'RESCUE' AN INDIVIDUAL WHO HAS BEEN NEGLIGENT IN MAKING AND ABIDING BY PAYMENT ARRANGEMENTS WITH THE UTILITY COMPANY. THE PROGRAM WILL NOT PAY FOR SERVICES THAT ARE INCURRED OR REQUESTED THAT DO NOT MEET THE GUIDELINES.**

The Program will NOT pay for legal fees, fines, medical bills, personal or real estate taxes, building repairs, driveways, vehicle purchase, vehicle payments vehicle repairs, insurance premiums, television, cable, credit cards, food purchases or any luxury items.

## **APPLICATION PROCESS**

1. Only Ho-Chunk Nation enrolled tribal veterans who are at least 18 years of age may apply for assistance.
2. The application is required to be on file in the Division of Veterans Affairs Office. Faxes and Emails will be accepted.
3. Applications must be completed and returned to the Division of Veterans Affairs office prior to a determination being made regarding application denial or approval.

**Information required: Tribal Identification Number and DD214.**

\*\* Checks will be issued directly to the Vendor. Vendor information insures bonafide usage of funds.

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## **NOTIFICATION TO APPLICANT**

The Ho-Chunk Nation Legislature authorizes the Emergency Assistance Program to offer assistance to Ho-Chunk Nation Enrolled Tribal Veteran. The Emergency Assistance Program will document all information verified on the supporting documents.

Under the Privacy Act, 5 U.S.C. 552 (a) (1) (2), Emergency Assistance cannot disclose the information that is provided to the caseworker with the exception that Emergency Assistance can share this information with other Federal, State and Tribal offices and programs that have a legal or program responsibility to assist the applicant with services applied for. The information may also be disclosed to those agencies for which the applicant applies for a job or some other benefit or for law enforcement purposes. For any other person or program requesting information from a case file, a written consent must be obtained from the applicant. If the applicant believes some information is inaccurate, they must ask the caseworker about changing or clarifying the information in the case record.

All program decisions are final. When an application for Emergency Assistance is completed, a written decision, approved or denied, will be mailed to the application within fifteen (15) working days. 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 Heritage Preservation, Executive Director. All program decisions are final and may not be appealed to the Office of the President or the Ho-Chunk Legislature.

Attached is the application for Emergency Assistance.

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**HO-CHUNK NATION DIVISION OF VETERANS AFFAIRS**  
**Emergency Assistance Application**

In order to provide the best possible service, please read the attached Emergency Assistance Program Policies and Procedures. Failure to provide the requested information may result in denial and/or delay of application

\* All information requested in this application is required.

1.  Mr.  Mrs.  Ms. \_\_\_\_\_  
(Last) (First) (M.I.) (Maiden) (Suffix)
  2. Mailing Address \_\_\_\_\_  
Full address (City) (State) (Zip Code)
  3. Present Address \_\_\_\_\_  
(If different)
  4. Social Security # \_\_\_\_\_ Tribal Identification # \_\_\_\_\_
  5. County of Residence \_\_\_\_\_
  6. Tribal District  I  II  III  IV  V
  7. Date of Birth \_\_\_\_\_  
MM DD YYYY
  8. Home Phone (\_\_\_\_\_) \_\_\_\_\_
  9. Work Phone (\_\_\_\_\_) \_\_\_\_\_
  10. Cell Phone (\_\_\_\_\_) \_\_\_\_\_
  11. Elder  Y  N Elite Elder  Y  N Disabled  Y  N
  12. Marital Status  Single  Married  Divorced  Widow
- Vendor Name \_\_\_\_\_ Telephone \_\_\_\_\_
- Mailing Address \_\_\_\_\_
- Account Name \_\_\_\_\_ Account # \_\_\_\_\_
- Attach an invoice our billing statement showing your account number**

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**Statement of Consent**

I certify that the information on this application and all information given in connection with this application are true and complete statements of facts. I further certify that I have read and understand the attached policies and procedures for this application. I give permission to my vendor(s) provided details about my account and any applicable information to the Ho-Chunk Nation Division of Veterans Affairs. I authorize the Ho-Chunk Nation Division of Veterans Affairs to obtain information concerning my application.

I understand that I may be required to provide proof of any information on this application and that giving false information will invalidate this application, require the return of any benefits received and possibly subject me to prosecution for fraud.

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 will result in delaying processing of your application and inability to determine benefit amounts.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorizing Individual (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorizing Individual (Signature)

\_\_\_\_\_  
Date

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