



**DEPARTMENT OF SOCIAL SERVICES
ECONOMIC ASSISTANCE PROGRAM**

808 Red Iron Rd., Black River Falls, WI 54615
Phone (715) 284.2622 X 15104 (888) 343.8190 X 15104
economicassist@ho-chunk.com

Economic Assistance funds are limited to families experiencing financial hardships. **All assistance will be paid directly to the vendor. Assistance may be provided once per household, under one category listed below, on a yearly basis. (Once per 12 months)**

- ❖ **Energy/Utility Assistance**-One month's bill, **UP TO \$600.00** (with submission of current utility bill)
MUST HAVE MADE AT LEAST \$150.00 PAYMENT TOWARDS YOUR BILL IN THE PREVIOUS 2 MONTHS
- ❖ **Rental Assistance**-One month rent (with submission of current lease) **MUST HAVE MADE AT LEAST 25% OF RENT PAYMENT IN THE PREVIOUS 2 MONTHS. CANNOT BE MORE THAN 2 MONTHS BEHIND ON RENT. CANNOT ASSIST IF OUR ASSISTANCE WILL NOT PREVENT EVICTION.**
- ❖ **Food Assistance**-\$100 per household member up to \$500 maximum
- ❖ **Temporary Lodging**-One week lodging for single adults. Two weeks maximum for adults **with children.** (further information may be required) ***NO EXTENSIONS WILL BE ALLOWED***

ELIGIBILITY REQUIREMENTS FOR ALL REQUESTS

1. Must be an enrolled Ho-Chunk Nation tribal member.
2. Must not have received identical assistance from any Ho-Chunk Nation program(s) in the same month.
3. Must have already applied with your local resources.
4. Must submit **current** copy of tribal ID.

THIS IS NOT AN ENTITLEMENT PROGRAM. Economic Assistance requests are available to enrolled Ho-Chunk members only. In order to be considered for funding, the applicant **must** meet the criteria and provide all required documents established by the program.

DECISIONS MADE BY THE ECONOMIC ASSISTANCE PROGRAM MANAGER ARE FINAL. PROGRAM DECISIONS MAY NOT BE APPEALED TO THE OFFICE OF THE PRESIDENT OR THE HO-CHUNK NATION LEGISLATURE.

- ❖ **THE ECONOMIC ASSISTANCE PROGRAM HAS 5 BUSINESS DAYS TO MAKE A DECISION ON COMPLETED APPLICATIONS.**
- ❖ **FRIDAYS WILL ONLY BE OPEN TO CRITICAL TEMPORARY LODGING NEEDS.**

Please check **ONLY ONE** type of assistance.

ALL AREAS OF THIS FORM MUST BE COMPLETED IN ORDER TO PROCESS YOUR REQUEST

<i>Energy/Utility</i>	<i>Rental</i>	<i>Food</i>	<i>Temporary Lodging</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Applicant's Full Name	Maiden Name	Veteran	Elder	Date of Birth	Enrollment #
		<input type="checkbox"/>	<input type="checkbox"/>		

Mailing Address- <u>Include</u> City, State and Zip Code	Physical Address- <u>Include</u> City, State and Zip Code
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County	Area <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV	# of Dependents in household	# of Adults in household
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Phone	Message Phone	Email (<u>print legibly</u>)
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Name of Employer	Length of Employment Yr: Mo:	Part Time <input type="checkbox"/>	Full Time <input type="checkbox"/>
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List ALL members of household Full Name	Date of Birth	Enrollment #

ALL CURRENT INCOME MUST BE COMPLETED

Gross Income for each member of household	Applicant Monthly	2 nd Adult in Household Monthly
Wages		
Social Security/SSI Disability		
Child Support		
Other:		
Total Monthly Household Income:		

PLEASE STATE REASON FOR NEEDING ASSISTANCE: **(MUST COMPLETE)**

HCN DSS

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CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, _____ hereby authorize the Ho-Chunk Nation Department of Social Services, (Economic Assistance Program-CSS), to share information with any necessary departments within the Ho Chunk Nation.

(Name of person/organization to which disclosure is permitted, could include: ENERGY/UTILITY COMPANY, LANDLORD, COUNTY SOCIAL SERVICES AND/OR ANY INDIVIDUALS YOU WISH US TO SHARE INFORMATION WITH, ETC.)

may share personal information and documents that will assist in processing my request for assistance, including financial data, present need for services, related history and records for case file, and social/case history through telephone or written consultation.

The purpose of this authorization is to enable the Economic Assistance Program to: establish need, determine eligibility, verify statements, and process my request for assistance from the Ho-Chunk Nation Department of Social Services and/or any other programs for which I may qualify. I understand that my records are protected under federal regulations governing Confidentiality of Records and cannot be disclosed without written consent unless otherwise provided for in the regulations.

This consent will expire one year from this date:

_____. (Today's Date)

Signature of Client(s)

Signature of Authorized Representative-(for Incapacitated Client)

Certificate of Notary Public In the State of _____, County of _____ this document was signed before me on this _____ day of _____ In the year of _____.

(Seal)

Notary Signature _____
My commission expires _____

Understanding Your Rights and Responsibilities

- I have read and understand the policies and procedures of the Economic Assistance Program.
- I authorize the Ho-Chunk Nation Economic Assistance Program to verify personal information and documentation
- I understand the Economic Assistance Program receives information from other state and federal agencies to verify the information I give them.
- I understand that if I misrepresent, hide or withhold facts which may affect my eligibility, it will automatically void this application and I will no longer be eligible for future assistance from the Economic Assistance Program. This may also subject me to prosecution for fraud.
- I understand that the information provided on this application will be kept confidential and will only be used to determine eligibility.
- I understand that all information provided on this application are true and complete statements and facts.
- I understand I may not contact any CSS Division employees outside of office hours or on non-work related accounts. (eg. personal phones or social media, etc.)

ANY ABUSIVE WORDS OR THREATENING ACTIONS WILL NOT BE TOLERATED & MAY RESULT IN DENIAL OF SERVICES.

Applicant Signature

Date

Certificate of Notary Public

In the State of _____, County of _____ this document was signed before me on this _____ day of _____
In the year of _____.

(Seal)

Notary Signature _____

My commission expires _____