



**Ho-Chunk Nation**  
**THIS IS NOT A PER CAPITA PAYMENT**

# General Welfare 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, 2024 to June 1, 2025.
2. Individual must demonstrate a need for assistance.
3. Eligible Tribal members 18 and over, may receive a monthly payment of \$1,000 in subsequent months while under 18 will receive a \$1,000 payment monthly, due to financial hardship endured from loss of income and increased costs.
4. General Welfare may be used for the following for: cleaning supplies, medical care, food, shelter, health, education, subsistence, housing, elder, disabled, and dependent care, water, sewer, electricity, propane/gas, and emergencies.

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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: \_\_\_\_\_

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Household Impact (Required for all applicants). Check all that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> Terminated from Employment   | <input type="checkbox"/> Daycare expenses increased  |
| <input type="checkbox"/> Furloughed/Layoff from Employment                                      | <input type="checkbox"/> Assisting other family members due to their economic loss of personal income. |
| <input type="checkbox"/> Difficulty making rent/housing payment(s)                              | <input type="checkbox"/> Educational supplies needed or internet services                              |
| <input type="checkbox"/> Suspension of Medical Insurance  | <input type="checkbox"/> Increased utility costs   |
| <input type="checkbox"/> Difficulty making utility payments(s)                                  | <input type="checkbox"/> Increased food costs  |
| <input type="checkbox"/> Reduction in work hours/pay  | <input type="checkbox"/> Homeless/Living with relatives  |
| <input type="checkbox"/> Increased help and/or medical supplies due to age or medical condition | <input type="checkbox"/> Relatives living with you   |
|   | <input type="checkbox"/> Underlying medical condition  |

Other financial hardship (please explain) \_\_\_\_\_

**Release of Information/Disclaimer**

As part of General Welfare, 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 General Welfare 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, U.S. Mail/Email to the address listed below, via FAX, or online by Thursday, August 15, 2024. Any applications received after this date will receive the future payments and any applicable back-payment(s) in the subsequent months. Any questions, please call Treasury at 1-800-294-9343, ext. 1245.

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

**FAX#715-284-7887**

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