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:

____ Terminated from Employment
____ Furloughed/Layoff from Employment
____ Unemployed at start of pandemic
____ Suspension of Medical Insurance
____ Reduction in work hours/pay
____ Daycare expenses for children who would otherwise be in school
____ Educational supplies needed or internet services
____ COVID-related quarantine cost
____ Purchase of COVID-related Cleaning or PPE
____ Difficulty making rent/housing payment(s)
____ Difficulty making utility payments(s)
____ Increased help and/or medical supplies due to age or medical condition
____ Assisting other family members due to decrease in their personal income due to COVID-19.
____ Children home from school    ____ Unemployment/Federal Stimulus not received to date
____ Increased food costs     ____ Homeless/Living with relatives
____ Relatives living with you
____ Underlying medical condition, requiring staying home to prevent exposure
____ Other financial hardship (please explain) _______________________________________________________

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: **hencofa@ho-chunk.com**