



HO-CHUNK NATION  
DEPARTMENT OF TREASURY

TRIBAL ID #

**BUDGETARY ASSISTANCE AUTHORIZATION FORM**

- Enroll    
 Request Remaining Balance    
 Cancel Participation  
 Request Partial Payment Amount\$

Instructions:

1. Enter the last four digits of your tribal ID# above.
2. Select the option to enroll, cancel or request payment in the top section of this form.
3. Complete "Tribal Member Information" section below.

NOTE: To opt out of the Monthly Budgetary Assistance Program, select cancel box above. Your next per capita distribution will revert back to the method prior to enrollment in the Budgetary Assistance Program.

**Tribal Member Information**

Name <input type="text"/>	Address <input type="text"/>	Phone Number <input type="text"/>
Last four digits SSN <input type="text"/> XXX-XX-	City, State, Zip <input type="text"/>	Date of Birth <input type="text"/>
Do you receive SSI or Medicaid? <input type="checkbox"/> YES <input type="checkbox"/> NO	Email Address (to be used for notification purposes) <input type="text"/>	

**Notice: You are not allowed to enroll in this program if you receive SSI or Medicaid**

- Budgetary Assistance Payments will be disbursed in the same manner as your most recent per capita distribution.
- The form must be submitted 15 calendar days prior to the next quarterly per capita distribution date.
- Early payout of any balance remaining does not remove you from future monthly budgetary assistance.
- Early payouts may take up to three business days to complete.

I authorize the Ho-Chunk Nation to initiate the selected option regarding my participation in the Budgetary Assistance Program as indicated above.

\_\_\_\_\_  
TRIBAL MEMBER SIGNATURE

DATE

This authorization will remain in effect until cancelled. Original, faxed or electronic copies will be accepted.

\*\*\*Treasury Use Only\*\*\*  
Date Received:

P. O. Box 640 ~ Black River Falls, WI 54615  
(715) 284.1660 ~ (800) 779.2873 ~ (715) 284.9972 FAX  
Updated: September 10, 2014

\*\*\*Payroll Use Only\*\*\*  
  
Notice Provided: Date/Initials  
  
Deduction Entered: Date/Initials