WINNEBAGO HUMAN SERVICES DEPARTMENT
APPLICATION FOR ASSISTANCE

APPLICANT INFORMATION

Name (FIRST, MIDDLE, LAST)	Date of Birth	SSN

Physical Address	City	State	Zip

Tribal Affiliation	Marital Status	Name Spouse/Significant Other:
	☐Single ☐Married ☐Other	

Gender ☐M ☐F Veteran ☐Yes ☐No Selective Service ☐Yes ☐No

Highest Education Level Completed

☐ Non-Graduate ☐High School/GED ☐College/Vocational (No Degree) ☐College/Vocational (Degree) ☐Current_____

Phone:	Email:	Message Number:

ASSISTANCE REQUESTING (MARK ALL THAT APPLY)

☐Child Care ☐Employment Assistance ☐Education/Training Services ☐Youth Services ☐Winnebago Emergency Assistance

☐Winnebago Senior Heating ☐Other_____

STATEMENT OF NEED

Write a detailed statement of your current situation, what led to your situation, and what services you are requesting.

_____

_____

_____

_____

_____

INCOME & BENEFITS RECEIVED

Please check the income range you currently earn: ☐No Income ☐$0-$23,999 ☐$24,000-$34,999 ☐$35,000-$49,999 ☐$50,000-$74,999 ☐$75,000+

Currently employed: ☐Yes ☐No Who is Employed: ☐Self ☐Spouse/Significant Other (ATTACH LAST 30 DAYS OF INCOME)

Housing: ☐Rent ☐Own ☐ Homeless Transportation: Do you own a vehicle? ☐Yes ☐No Quantity & Value:_____

Resources Include: 401k, taxes, bank accounts, 2nd homes, ATV's? ☐Yes ☐No Quantity & Value:_____

Benefits: ☐SSDI/SSI ☐Social Security ☐Survivor Benefits ☐Pension ☐Child Support ☐ADC/FIP ☐EBT (SNAP) ☐Unemployment ☐Other

HOUSEHOLD INFORMATION

Full Name	Relationship to Applicant	Gender	DOB	SSN	Tribal Affiliation	Education/Grade

Revised: 05/27/2025

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Release of Information

By signing this document, you are giving permission for other organizations/agencies & the Human Services Department to share information about your situation and case as long as it is relevant to your case plan. The information received will be used to plan and coordinate services for you and your family. This will also allow the Human Services Department to verify eligibility or establish need for on-going assistance through the Winnebago Tribe of Nebraska's Human Services Department. This authorization is good for one year from the signature date below. I understand that information about my case is confidential and protected by State and Federal laws.

Non-Duplication of Services

By signing this document, I am verifying that all information provided is accurate. I further understand that to receive duplication of funds will be considered fraudulent, and I may be subject to recovery of funds received, exclusion from the Human Services Department for one year, and possible legal action. I hereby state that I will notify the Winnebago Tribe of Nebraska Human Services Program office within 10 days of any changes in other sources of funding assistance for my household. This verification is in effect for the entire time the client is receiving funds from the Human Services Program

Federal Law Governing Fraud

Anyone who knowingly and intentionally falsifies, hides, or covers up a material fact by any trick, scheme, or device; or makes any false, fictitious, or fraudulent statements or representations; or creates or uses any false documents or writings, knowing they contain false or fraudulent information, in any matter under the jurisdiction of a U.S. government department or agency, may be fined up to $10,000, imprisoned for up to five years, or both.

By signing this document, I am acknowledging that I understand the above Release Statements. I certify that the statements made on this application are true and correct to the best of my knowledge. I further understand that any untrue or misleading statements made will affect my eligibility for services.

To those that receive information under this authorization:

Information disclosed to you by the Human Services Department is protected by Tribal, State and Federal laws. You are not authorized to release it to any agency or person not listed on this form without specific written consent of the person to whom it pertains, unless authorized by other laws.

Applicant (Print)	Other Applicant (Print)
Applicant (Signature)	Other Applicant (Signature)
Date	Date

Revised: 05/27/2025