



CENTER FOR SELF SUFFICIENCY TANF PROGRAM

Phone: 800-216-3216 or 920-490-6800,
Fax: 920-490-6803

It is the responsibility and requirement as the applicant to provide all required documentation with this application and complete all areas of the application. If the application is incomplete or missing documentation, it will be returned and denied.

An approved completed application will be scheduled for an appointment with a case manager within seven (7) business days.

All applicants must provide the following information:

- ___ Copy of Tribal Identification card or certificate of enrollment
- ___ Proof of all household income in the past 30 days
- ___ Proof of pregnancy (*if applicable*)
- ___ 6 Required Completed Job Search Verification Forms if not employed
(*Job contacts must be for positions that you are qualified for*)
- ___ Proof of Residency for last 30 days (*current lease, utility bill, rent receipt*)
- ___ Medical Documentation (*if applicable*)
- ___ Verification of Legal Temporary Custody (*if applicable*)
- ___ Application completed in full, signed, and dated

Each new application for assistance requires that you provide all required documentation. Incomplete applications will be returned and/or denied.

Oneida Tribal TANF Application

APPLICANT INFORMATION					
Last Name	First	M.I.	Date		
Physical Address			Apartment/Unit #		
City	State		ZIP		
Mailing Address			Apartment/Unit #		
City	State		ZIP		
Phone Number	Message Number		Tribal Enrollment		
Date of Birth	Social Security Number		Driver's License		
Ethnicity	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Have you been on TANF before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
How are you related to the children on the application? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Caretaker/Guardian or Relative (Court documents needed)					
Educational Level Completed: <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th <input type="checkbox"/> GED <input type="checkbox"/> College <input type="checkbox"/> Tech/Vocation School <input type="checkbox"/> Currently enrolled College/Tech					
Are you a citizen of the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, are you authorized to work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Do any of these situations apply to you or your family? <i>(check all that apply)</i>					
<input type="checkbox"/> Pregnancy; due date _____ <input type="checkbox"/> Medical Emergency <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Other _____ <input type="checkbox"/> Disability; list type _____ <input type="checkbox"/> Eviction Notice <input type="checkbox"/> Utility Disconnection Notice					
Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please list					
Conviction:	Year:	Conviction:	Year:		
Conviction:	Year:	Conviction:	Year:		
Are you currently on probation or parole? ? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please list					
P/P Officer's Name:			Phone Number:		
OFFICE USE: <i>(Please verify months on TANF with State/Other programs, if applicable)</i>					

CO-APPLICANT INFORMATION					
Last Name	First	M.I.	Date		
Physical Address			Apartment/Unit #		
City	State		ZIP		
Mailing Address			Apartment/Unit #		
City	State		ZIP		
Phone Number	Message Number		Tribal Enrollment		
Date of Birth	Social Security Number		Driver's License		
Ethnicity	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Have you been on TANF before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
How are you related to the children on the application? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Caretaker/Guardian or Relative (Court documents needed)					
Educational Level Completed: <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th <input type="checkbox"/> GED <input type="checkbox"/> College <input type="checkbox"/> Tech/Vocation School <input type="checkbox"/> Currently enrolled College/Tech					

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Do any of these situations apply to you or your family? *(check all that apply)*

Pregnancy; due date _____ Medical Emergency Domestic Violence Other _____

Disability; list type _____ Eviction Notice Utility Disconnection Notice

Have you ever been convicted of a felony? YES NO If yes, please list

Conviction:	Year:	Conviction:	Year:
Conviction:	Year:	Conviction:	Year:

Are you currently on probation or parole? ? YES NO If yes, please list

P/P Officer's Name: _____ Phone Number: _____

OFFICE USE: *(Please verify months on TANF with State/Other programs, if applicable)*

**Please write the names of all children in the household. Check the box if child in school (proof of enrollment___)
 Copy of Birth certificates and Social Security cards required for all children listed. Tribal enrollment verification, if applicable.
 Applications for cards need to be on file if no documentation available. School attendance is due monthly. Copies of report cards are due every quarter/semester.**

CHILD INFORMATION			
Child's Name		D.O.B.	<input type="checkbox"/> Female <input type="checkbox"/> Male
Relationship to head of Household	What school child attends, and list any special needs (medical, educational or otherwise):		
Social Security Number	Tribal Enrollment I.D.#:	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
Child's Name		D.O.B.	<input type="checkbox"/> Female <input type="checkbox"/> Male
Relationship to head of Household	What school child attends, and list any special needs (medical, educational or otherwise):		
Social Security Number	Tribal Enrollment I.D.#:	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
Child's Name		D.O.B.	<input type="checkbox"/> Female <input type="checkbox"/> Male
Relationship to head of Household	What school child attends, and list any special needs (medical, educational or otherwise):		
Social Security Number	Tribal Enrollment I.D.#:	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
Child's Name		D.O.B.	<input type="checkbox"/> Female <input type="checkbox"/> Male
Relationship to head of Household	What school child attends, and list any special needs (medical, educational or otherwise):		
Social Security Number	Tribal Enrollment I.D.#:	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
Child's Name		D.O.B.	<input type="checkbox"/> Female <input type="checkbox"/> Male
Relationship to head of Household	What school child attends, and list any special needs (medical, educational or otherwise):		
Social Security Number	Tribal Enrollment I.D.#:	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please check the types of assistance/income you or any member of your household are receiving. Include a monthly amount next to each (if applicable) Copies of paystubs, coupons, etc. for the past three months are needed for the file

INCOME INFORMATION – MONTHLY AMOUNT

___ Employment	\$ _____	___ Food Stamps	\$ _____	___ Child Care Assistance	\$ _____
___ Unemployment	\$ _____	___ Child Support	\$ _____	___ Housing Subsidy	\$ _____
___ Social Security	\$ _____	___ Per Capita	\$ _____	___ WHEAP	\$ _____
___ SSI	\$ _____	___ Retirement	\$ _____	___ Commodities	_____
___ Retirement	\$ _____	___ Worker's Comp/L&I	\$ _____	___ Other	_____
___ VA/Military Benefits	\$ _____	___ Other	\$ _____		

Please list the year, make and model of all vehicles (boats, trailers, etc.) you own, lease or are making payments on. (Statements needed if a loan/lease)

ASSETS			
Make and Model of Vehicle	Year	Registration/Insurance (Copies for File)	Approx. Value (check Blue Book)

RESOURCES			
Type of Resource	Whose is it?	Where	Amount
Checking Account			
Savings/Credit Union account			
Other Accounts _____			
Per Capita Payments			
Property			
Life Insurance			
Insurance claims/settlements last 90 days			
Stocks/bonds			
Trusts			

Please list your current and past employment history.

APPLICANT EMPLOYMENT INFORMATION			
Employer Name/Address	Position	Dates	Wages
1.			
2.			
3.			
4.			
5.			
6.			

CO-APPLICANT EMPLOYMENT INFORMATION			
Employer Name/Address	Position	Dates	Wages
1.			
2.			
3.			
4.			
5.			
6.			

CONSENT FOR RELEASE/DISCLOSE & SIGNATURE

I consent to release any and all information necessary for the determination of benefits to be made on my behalf, to the Oneida TANF Program. I understand this release may include, but limited to, any information regarding income, salary, benefits, and disability. I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application or interview may result in denial of benefits.

Applicant Signature

Co-Applicant Signature

Date

OFFICE USE ONLY

Date of EP Appointment : _____ Date of Initial Home Visit: _____

Application Status: _____ Approved: Yes No Pending

Comments: _____

Case Manager Signature

Date