



**Oneida Tribe**  
**Economic Support Services**  
*Satatya? takenhá "Help Yourself"*  
2640 West Point Rd. Green Bay, WI 54313  
P.O. Box 365 Oneida, WI 54155  
920-490-3710 Fax: 920-490-6803  
1-800-216-3216

**TANF Program**

## **TANF DIVERSION APPLICATION REQUIRED DOCUMENTS CHECK LIST**

**INCOMPLETE applications will be returned**

**ALL applications must provide the following when requesting diversion services. Failure to provide required verifications will result in entire application being RETURNED by mail:**

Please be sure all areas completed, dated, and signed. Completed Applications ( with all below verification required and signed) will be processed within 14 business days according to TANF Diversion/Crisis Assistance policy and procedures. **It is the responsibility of the applicant to provide all necessary information listed below.**

- Tribal Enrollment Verification (Tribal ID card or letter)
- Proof of **all household** income for the last 30 days (TANF/W2, pay stubs from employment, unemployment, SSI, SSDI, disability payments, workman's compensation, child support, alimony, veteran's benefits, etc.)
- Proof of Residency (Post marked, dated piece of mail within the last 30 days)

### **Auto Repair-Replacement/Insurance/New Employment/Training Fees, Fines- Must be Employed 20 hours week**

- Valid Driver's License
- Valid Vehicle Registration
- Verification of Traffic fines (showing amount, charge/violation code, with name and address)
- 2 estimates from ASE certified auto repair services (unless vehicle is not safe to drive, noted on estimate)
- Verification of Court-ordered AODA Assessment ( Past 12 months only)
- 2 Six months automobile quote insurance quotes (no online quotes or renewal notices)

(Only if you are applying for new employment services)

- Verification new employment on letterhead or EVF form (obtain from front desk) employer letterhead listing contact information, start date, wage & hours, list of required tools, clothing, shoes, etc. needed)
- Verification of Short Term Training Fees (less than 10 weeks)
- Vehicle Replacement (**4 months check stubs**, verification from ASE Certified mechanic auto repair exceed the value of vehicle)

### **Driver's License— No Employment Required**

- Verification from DMV of Driver's License/Reinstatement and or exam fees



# TANF DIVERSION APPLICATION

**PLEASE PRINT CLEARLY**

NAME \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ SOC SEC # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ ENROLLMENT # \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

Maiden Name or any other name you may be listed as: \_\_\_\_\_ Veteran:  Yes  No

Marital Status:  Single/Never Married  Married/Living Together  Married/Separated  Widowed  Divorced

Are you or someone in your family group an enrolled member of a Native American tribe?  Yes  NO

If yes, what tribe? \_\_\_\_\_ Enrollment Number: \_\_\_\_\_

**PLEASE LIST ALL PERSONS IN YOUR FAMILY living in your household:**

FULL NAME	RELATIONSHIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH	INCOME AMOUNT & SOURCE	NATIVE AMERICAN	
					YES	NO

Has anyone in your home under the age 19, lived with anyone else within the last six months?  Yes  No

If yes, please list: \_\_\_\_\_

**Non-Custodial Parent, please list all children that you are currently ordered to pay support for:**

FULL NAME	Circle Son/Daughter	SOCIAL SECURITY NUMBER	DATE OF BIRTH	County of Child Support Oder	NATIVE AMERICAN	
					YES	NO
	Son/Daughter					
	Son/Daughter					
	Son/Daughter					

# ONEIDA TRIBE ECONOMIC SUPPORT SERVICES

## CHECK ALL THAT YOU ARE APPLYING FOR:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Traffic Fines   | <input type="checkbox"/> Driver's License    | <input type="checkbox"/> Work Clothes/Shoes                                 | <input type="checkbox"/> Work Tools       |
| <input type="checkbox"/> AODA Assessment | <input type="checkbox"/> Educational Expense | <input type="checkbox"/> Professional License                               | <input type="checkbox"/> Auto Replacement |
| <input type="checkbox"/> Auto Insurance  | <input type="checkbox"/> Fuel                | <input type="checkbox"/> Auto Repair, how many vehicles in household: _____ |   |

**You MUST describe your financial/crisis situation that you are unable to pay for these expenses yourself (must be completed or application will be returned):** \_\_\_\_\_

What is your household **GROSS MONTHLY** income before taxes are taken out? \$ \_\_\_\_\_

Provide an estimate for the cost needed: \$ \_\_\_\_\_ Provide amount you can contribute: \$ \_\_\_\_\_

**\*\*Reminder All applicants are responsible for a REQUIRED 10% or more payment towards needs\*\***

What other agencies have you applied to (example; Salvation Army, County Human Services, Energy Assistance, Community 2000, St Vincent DePaul, County or Tribal Housing Authority, etc.): \_\_\_\_\_

In case of emergency or you cannot be reached, please give alternate contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone/Message Number: \_\_\_\_\_

I certify that the information contained on this application is true and factual to the best of my knowledge. I understand that I may be asked to provide proof of any information given on this application. I also understand that if I give false information or intentionally omit information, that I may be prosecuted for fraud. I also declare that I and the persons listed on my application are citizens of the United States or legal aliens. \_\_\_\_\_ **Initial** \_\_\_\_\_ **Date**

Consent to release information: My signature on this application authorizes the Oneida Tribal TANF program to contact other persons or agencies to verify information needed to determine my household's eligibility to the TANF Crisis/Diversion Program. I understand and agree to provide documents to verify what I have stated within this application. I understand that this release may include, but not limited to, any information regarding income, salary, benefits, and disability.

**APPLICANT SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CO-APPLICANT SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### OFFICE USE ONLY

INTAKE INITIALS: \_\_\_\_\_ RECVD DATE: \_\_\_\_\_ CASE WORKER INITIALS: \_\_\_\_\_ RECVD DATE: \_\_\_\_\_

APPROVED:  Yes  No AMOUNT: \_\_\_\_\_ SERVICES APPROVED: \_\_\_\_\_

CASEWORKER COMMENTS: \_\_\_\_\_

- Tribal Id  D.L.  Vehicle Reg.  Ins Quote  POR  Estimates  Monthly Income  NCP  Fines  AODA  N.E.