



**ONEIDA NATION  
COMMUNITY SUPPORT FUND  
RULEBOOK**



Title 1. Government and Finances – Chapter 125  
Community Support Fund  
Rule Nos. 1 through 18

## **I. Purpose, Delegation, Adoption, Amendment and Repeal**

1-1. *Purpose.* The purpose of the Community Support Fund rules is to provide guidance on how the Community Support Fund is utilized so that the Nation can assist the greatest number of members of the Nation who apply for assistance to the Fund in times of a catastrophic event, illness, injury or emergency event when no other resources for assistance exist.

1-2. *Authority.* The Community Support Fund Law, Chapter 125, delegates rulemaking authority to the Social Services Area of the Government Services Division pursuant to the Administrative Rulemaking law (Chapter 17 Oneida Code of Laws).

1-3. These rules were adopted by the Economic Support Department of the Social Services Area of the Government Services Division in accordance with the procedures of the Administrative Rulemaking law.

1-4. These rules may be amended or repealed by the Economic Support Department and/or the Oneida Business Committee pursuant to the procedures set out in the Administrative Rulemaking Law. For the purpose of future amendments to these rules, each article is a separate rule and may be amended as such.

1-5. Should a provision of these rules or the application thereof to any person or circumstances be held as invalid, such invalidity shall not affect other provisions of these rules which are considered to have legal force without the invalid portions.

1-6. In the event of a conflict between a provision of these rules and a provision of another rule, internal policy, procedure, or other regulation; the provisions of these rules shall control.

1-7. These rules supersede all prior rules, regulations, internal policies or other requirements relating to the Community Support Fund.

1-8. This Article applies to each subsequent rule listed herein.

## **II. Definitions**

2-1. This section shall govern the definitions of words and phrases used within this rule. All words not defined herein shall be used in their ordinary and everyday sense.

(a) “Applicant” means the subject of the application for assistance.

(b) “Business day” means Monday through Friday 8:00 a.m. to 4:30 p.m., excluding holidays of the Nation.

(c) “Caregiver” means the person who assists an ill or incapacitated immediate family member that is in need of twenty-four (24) hour per day, seven (7) days a week care.

(d) “Case manager” means an employee responsible for administering Community Support Fund benefits.

(e) “Catastrophic event” means a natural or man-made incident, which results in a substantial damage or loss requiring major financial resources to repair or recover. This includes, but is not limited to, a house fire, tornado, flood, or other disaster.

- (f) “Catastrophic illness/injury” means a serious debilitating illness, injury, impairment, or mental or physical condition that involves:
- (1) In-patient care;
  - (2) A period of continuing treatment due to a chronic serious health condition, including, but not limited to, chemotherapy, radiation, dialysis, and daily/weekly therapy resulting from trauma;
  - (3) A period of illness or injury that is long-term due to a condition for which treatment may be ineffective including, but not limited to, stroke or terminal disease;
  - (4) Multiple treatments either for restorative surgery after an accident or other injury, or for a chronic condition, including, but not limited to, cancer or kidney disease.
- (g) “COBRA” means the Consolidated Omnibus Budget Reconciliation Act of 1985 also known as continued group health care coverage costs under an employer’s plan.
- (h) “Cosmetic” means any medical service provided with the intent to enhance a person’s appearance, including, but not limited to, braces, veneers, teeth whitening, implants, or other plastic surgery.
- (i) “Critical Medical” means professionally delivered care or treating a life threatening illness which requires immediate or regularly scheduled monitored medical care, which includes, but is not limited to dialysis, chemotherapy, radiation, daily/weekly therapy resulting from trauma. This does not include routine annual or semi-annual appointments.
- (j) “Emergency event” means a situation that poses an immediate risk to health, life, safety, property or environment. Emergencies require urgent intervention to prevent further illness, injury, death, or other worsening of the situation.
- (k) “Emergency medical travel” means an unexpected serious health situation or occurrence requiring the immediate presence of immediate family. This includes, but is not limited to, end of life situations, and situations in which an immediate family member is placed on life support.
- (l) “Eviction” means the legal notice received from a landlord or mortgage holder that orders the tenant(s) to vacate the property.
- (m) “FMLA” means the Family Medical Leave Act, a Federal law authorizing temporary time off from an employment position to provide direct care to a family member, without losing their employment status.
- (n) “Fund” means the Community Support Fund.
- (o) “Garnishment” means a legal action that directs that money owed be seized to satisfy a debt.
- (p) “Household” means all persons who reside together at the same residence.
- (q) “Immediate family” means an individual’s husband, wife, mother, father, step mother, step father, son, daughter, step son, step daughter, brother, sister, step brother, step sister, grandparent, grandchild, mother-in-law, father-in-law, daughter-in-law, son-in-law, brother-in-law or sister-in-law and any of the these relations attained through legal adoption, and/or a person who is legally responsible or otherwise named the legal guardian for the applicant.
- (r) “Incapacitation” means a state in which a person is temporarily or permanently impaired by mental and/or physical deficiency, disability, illness or injury.

- (s) “Income” means a measurement including, but not limited to, a combination of salaries, wages, retirement pension, disability income, government benefits, and unemployment of all people sharing a particular household/residence.
- (t) “Legal guardian” means a person who has the legal authority to care for the personal and property interests of another person granted through a Court order.
- (u) “Legal responsibility” means specific duties imposed upon a person to care or provide for another including liability for personal obligations as granted through a Power of Attorney or Court order.
- (v) “Major medical surgery” means a surgical procedure that carries a degree of risk to the patient’s life, or the potential for severe disability if something goes wrong during surgery. It is a surgical procedure that usually requires a patient to be put under general anesthesia and given respiratory assistance because he or she cannot breathe independently.
- (w) “Nation” means the Oneida Nation.
- (x) “Non-medical” means necessary intervention to support a patient with an on-going medical illness, injury or potential life threatening illness, and requires further testing or consultation with a specialist.
- (y) “Reimbursement” means to make repayment for expense(s) or a loss that incurred.
- (z) “Routine Exam” means an annual or semi-annual health exam provided by a physician, dentist, orthodontist, oral surgeon, or other similar health care specialist.
- (aa) “Security Deposit” means the payment of money held by a landlord in trust to protect him/herself from unpaid rent or damage to the living space.
- (bb) “Wages” means taxable income reported to the Internal Revenue Service for performing work.

### **III. SHELTER ASSISTANCE**

- 3-1. *Purpose.* The purpose of shelter assistance is to assist enrolled members of the Nation with financial support for shelter expenses due to experiencing a catastrophic event, illness, or injury where no other resources exist.
- 3-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event, illness, injury or emergency event.
- 3-3. *Eligibility Criteria.* In order to be eligible for shelter assistance a person must provide a completed Community Support Fund application and the following:
  - (a) Proof of enrollment in the Nation;
  - (b) Documentation verifying catastrophic event, illness, injury or other emergency event within the last thirty (30) days, including but not limited to:
    - (1) Medical verification specifying dates effected by illness or injury;
    - (2) Verification of short and/or long term disability specifying the dates received and the amount of the benefit;
    - (3) Other documentation listing damage or loss.
  - (c) Landlord Verification Form completed by the landlord of the applicant or a statement from the applicant’s mortgage holder stating the applicant’s monthly mortgage payment and current status;
  - (d) A current utility bill, such as a water, heat, or electricity bill;
  - (e) Verification of all household income for the last thirty (30) days;
  - (f) Verification of any mortgage disability insurance;

- (g) Verification of an applicant's personal and/or vacation time from employment; and
  - (h) Any other documentation requested by the Community Support Fund case manager.
- 3-4. *Receipt of Required Documentation.* Upon receipt of the completed application for shelter assistance, the case manager shall determine if all required documentation was received from the applicant.
  - (a) The applicant shall provide all documentation requested by the case manager.
  - (b) The case manager shall notify the applicant within 5 business days in writing of any necessary documentation that was not received and is still needed.
  - (c) Upon receipt of a completed application along with all the required documentation, the case manager shall have up to 10 business days to provide the initial decision in writing to the applicant.
  - (d) An application for shelter assistance shall be valid for thirty (30) days. If the applicant has a determination of award and/or coverage pending with another support or assistance resource, the application will be valid for an additional fifteen (15) days upon proof of that such determination is pending. If the applicant fails to provide all requested documentation, the case manager shall send the applicant an expiration notice for their application.
- 3-5. *Rent or Mortgage Assistance.* An applicant may request assistance for rent or mortgage payments.
  - (a) The amount provided for rent or mortgage assistance shall not exceed \$500.00 per month. The amount of rent or mortgage assistance shall not exceed a total of twenty-four (24) months per life-time of the applicant.
  - (b) Only the applicant's portion of the rent or mortgage owed shall be considered when determining the amount of rent or mortgage assistance if the applicant's household consists of other adults.
  - (c) Shelter assistance shall not be used to pay family members or caregivers of the applicant. Only a valid landlord or mortgage holder shall be paid.
- 3-6. *Utility Assistance.* An applicant may request assistance for utilities, such as heat, water, and electricity.
  - (a) The utility bill shall be in the applicant's or current household's member's name.
  - (b) Applicants shall provide verification of application to all other available resources and programs for utility assistance.
    - (1) The Wisconsin Home Energy Assistance Program (WHEAP) serves as an example of an alternate program the applicant should apply for before applying for shelter assistance.
  - (c) Only the applicant's portion of the utility bill shall be considered when determining the amount of utility assistance if the applicant's household consists of other adults.
  - (d) The amount provided for utility assistance shall not exceed \$300.00 and shall only be allowed once every two (2) years. Assistance requested under this Rule and under Rule 18 shall be counted towards the total number of requests for the two (2) year period limit.
- 3-7. *Reporting Changes in the Household.* The applicant shall report any changes in the household to the case manager within ten (10) business days from the change occurring.
  - (a) Changes in the household that shall be reported include, but are not limited to, the following: relocation, addition or subtraction of a household member, income changes,

medical changes, submission of a social security disability application, submission of application or receipt of assistance from other agency or program.

(b) Failure of the applicant to report changes in the household may result in suspension of benefits until verification of the change(s) is provided to the case manager, not to exceed thirty (30) days.

3-8. *Discontinuation of Assistance.* The Community Support Fund Manager reserves the right to discontinue shelter assistance based on the following:

(a) A lack of funding availability

(b) A discovery that fraud or illegal activity has been determined to have caused homelessness.

(c) The case manager shall provide ten (10) day notification to an applicant whose shelter assistance will be discontinued.

3-9. *Changes in Household Information.* An applicant shall be responsible to report to the Fund Case Manager any change(s) in the household within ten (10) business days from the change. Changes shall include, but are not limited to the following:

(a) Relocation;

(b) Household member changes;

(c) Income;

(d) Medical changes;

(e) Submission of Social Security Disability application; and

(f) Receipt of other agency assistance

(1) Failure of an applicant to report changes in the household may result in suspension of assistance until verification of the change(s) is provided to the Fund Case Manager.

(2) An applicant shall have thirty (30) days to provide the verification once notification is received from the Fund Case Manager that verification is required.

3-10. *Hotel Assistance.* Hotel Assistance may be provided in the event of extreme situations as determined by the Fund Case Manager and the Director of Economic Support.

#### **IV. EMERGENCY/NON-EMERGENCY MEDICAL TRAVEL**

4-1. *Purpose.* The purpose is to assist enrolled members of the Nation with emergency and non-emergency medical travel expenses. This assistance is limited to immediate family members to assist with travel expenses.

4-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event, illness, injury or emergency event.

4-3. *Eligibility Criteria.* In order to be eligible for emergency/non-emergency medical travel assistance, a person must provide a completed Community Support Fund application and the following:

(a) Proof of enrollment in the Nation;

(b) Verifications of medical appointments which include the medical condition, date, time and location of the appointment;

(b) Verification of the applicants relationship to the patient;

(c) Verification of a valid driver's license for reimbursement of fuel purchases

(d) Original receipts for hotel, gas, and/or airfare which shall be dated within thirty (30) days of travel and show total cost paid; and

(e) Verification of all household income within the last thirty (30) days of submission of the application for assistance.

4-4. *Receipt of Required Documentation.* Upon receipt of the completed application for emergency/non-emergency medical travel assistance, the case manager shall determine if all required documentation was received from the applicant.

(a) The applicant shall provide all documentation requested by the case manager.

(b) The case manager shall notify the applicant in writing of any necessary documentation that was not received and is still needed.

(c) Upon receipt of a completed application along with all the required documentation, the case manager shall have up to 10 business days to provide the initial decision in writing to the applicant.

(d) An application for emergency/non-emergency medical travel assistance shall be valid for thirty (30) days. If the applicant has a determination of award and/or coverage pending with another support or assistance resource, the application will be valid for an additional fifteen (15) days upon proof of that such determination is pending. If the applicant fails to provide all requested documentation, the case manager shall send the applicant an expiration notice for their application.

4-5. *Non-Emergency Travel.* Non-emergency travel is allowed when an immediate family member has scheduled medical appointments as shown through medical documentation.

(a) Documentation of scheduled appointments must be submitted and have prior approval.

(b) The medical appointment must be more than sixty (60) miles one way from the residence of the applicant.

(c) Gas cards will be disbursed the day prior to the appointment and original receipts are due within seven (7) business days. If receipts are not turned in, future requests for assistance will be denied for six (6) consecutive months starting when the first new request is made.

(1) Those who travel from sixty (60) miles up to one hundred fifty (150) miles one-way shall receive a \$30.00 gas card. Travel may also be eligible for reimbursement for up to \$30.00 with original receipts that coincide with an appointment.

(2) Those who travel over one hundred fifty (150) miles one-way shall receive a \$40.00 gas card. Travel may also be eligible for reimbursement for up to \$40.00 with original receipts that coincide with an appointment.

(d) Hotel reimbursement shall be a maximum of \$75.00 per night for up to a maximum of three (3) nights, and shall only be considered for approval by the Fund Case Manager where the appointment is more than one hundred (100) miles one-way from the residence of the applicant.

4-6. *Emergency Travel.* Emergency travel assistance is allowed when an immediate family member has a sudden or worsening life-threatening illness or injury, and is provided only on as a reimbursement of expenses.

(a) Airfare, bus, train, lodging, and vehicle fuel is limited to a combined maximum reimbursement amount of \$500.00.

(b) Multiple immediate family members are limited to a reimbursement amount of \$500.00 each.

- (c) Reimbursement for emergency travel assistance is limited to those persons who must travel one hundred (100) miles or more one-way.
  - (d) Hotel reimbursement shall be a maximum of \$75.00 per night.
  - (e) All receipts must coincide with the emergency event that required the applicant to travel. Applicant is responsible for providing all proper documentation regarding the illness or injury that required travel and the required receipts in order to be eligible for reimbursement.
- 4-7. *Auto Repairs.* Auto repair assistance is allowed when the vehicle is necessary to obtain/maintain ongoing critical medical care when no other resources exist.
- (a) Auto repair assistance is limited to critical medical patients only and will be denied when an alternate vehicle is owned and available for use;
  - (b) Auto repair assistance will only cover repairs that are necessary to keep the vehicle in standard operating condition. No routine maintenance or auto body repairs shall be eligible for assistance. Routine maintenance or repairs shall include, but is not limited to, oil changes, brakes, tires, batteries/fuses, lights, tune-ups, exhaust systems, flushes, and glass replacement;
  - (c) Auto repair assistance is limited to a maximum amount of \$500.00 once every twelve (12) months;
  - (d) Emergency repairs needed to obtain critical medical care which occurs outside of the program's business hours, may be considered on a case by case basis, in consultation with an independent ASE certified auto technician, and for services that occurred within the previous ten (10) days of the application;
  - (e) Towing assistance may be considered on a case by case basis for reimbursement up to a maximum of \$250.00 once every twelve (12) months when the vehicle is inoperable and towed to an ASE certified mechanic.
- 4-8. *Items not Covered.* The Fund Case Manager is not responsible and will not make any reservations for any form of travel. In addition, the following items, which are not all inclusive, are not a benefit of this assistance program:
- (a) Auto insurance and deductibles;
  - (b) Car Rentals;
  - (c) Personal expenses, including, but not limited to, meals or personal care items;
  - (d) Auto loans and vehicle registration.
- 4-9. This program encourages and requests that multiple family members traveling to the same destination carpool and share hotel rooms whenever possible.
- 4-10. CSF reserves the right to discontinue assistance based on funding availability.

## **V. MEDICAL BILL ASSISTANCE**

- 5-1. *Purpose.* The purpose of this program is to assist enrolled members of the Nation with financial support for the cost of unpaid medical bills where no other resources exist.
- 5-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event, illness, injury or emergency event.
- 5-3. *Eligibility Criteria.* In order to be eligible for Medical Bill assistance, a person must provide a completed Community Support Fund application and the following:
- (a) Proof of enrollment in the Nation
    - (1) a non-enrolled parent of an enrolled minor child may apply for assistance that directly affects the enrolled minor child;



- (b) Medical billing statements for the dates of service which are within the last twelve (12) months;
- (c) Verification that the applicant's health insurance was utilized within his/her health care network;
- (d) Explanation of Benefit (EOB) statements received from the health insurance provider showing what portion the health insurance covered;
- (e) Verification that an Indian Health Service Clinic (IHS) was utilized if applicant is in its service area;
- (f) Verification that the applicant applied for all of the financial care or assistance programs offered at the medical facility;
- (g) Verification of all household income within the last thirty (30) days of submission of the application for assistance.
- (h) Statements of denial of assistance or caseworker verification of denial based on eligibility criteria, from an Indian Health Service (IHS) facility or (EOB) from any third party insurance carrier.

5-4. *Receipt of Required Documentation.* Upon receipt of the completed application for medical bill assistance, the case manager shall determine if all required documentation was received from the applicant.

- (a) The applicant shall provide all documentation requested by the case manager.
- (b) The case manager shall notify the applicant in writing of any necessary documentation that was not received and is still needed.
- (c) Upon receipt of a completed application along with all the required documentation, the case manager shall have up to 10 business days to provide the initial decision in writing to the applicant.
- (d) An application for medical bill assistance shall be valid for thirty (30) days. If the applicant has a determination of award and/or coverage pending with another support or assistance resource, the application will be valid for an additional fifteen (15) days upon proof of that such determination is pending. If the applicant fails to provide all requested documentation, the case manager shall send the applicant an expiration notice for their application.

5-5. Financial assistance will only be available for services already rendered by a Health Care Provider for up to a maximum of \$5,000.00 within a twelve (12) month period. An extension of this twelve (12) month period can be considered only for chronic medical conditions, but may not exceed an additional \$5,000.00.

5-6. Medical and/or hospital bills incurred from illegal activity (i.e. operating while intoxicated, injuries due to alcohol or drug use, etc.), or medical conditions that are a direct result from drug use, including the abuse of prescription drugs, are not eligible for assistance, except for Rule 8 which covers Inpatient or Intensive Outpatient treatment.

5-7. Insurance denials resulting from an applicant's failure to submit information pertinent to processing an insurance claim are not eligible for assistance.

5-8. Medical bills that have aged beyond twelve (12) months, or which have been referred to a collection agency are not eligible for assistance.

5-9. Chiropractic care, holistic treatment, pain clinic treatment/injections, methadone clinic, Saboxin injection and/or nursing home and/or any assisted living facility are not eligible for assistance.

5-10. CSF reserves the right to discontinue assistance based on funding availability.

## **VI. DENTAL RELATED EXPENSES**

- 6-1. *Purpose.* The purpose of dental related expenses assistance is to assist enrolled members of the Nation with financial support with the cost of dental-related services where no other resources exist.
- 6-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event, illness, injury or emergency event.
- 6-3. Approval from the Community Support Fund case manager is required prior to receiving treatment from a dental health care provider.
- 6-4. *Eligibility Criteria.* In order to be eligible for dental related expenses assistance, a person must provide a completed Community Support Fund application and the following:
  - (a) Proof of enrollment in the Nation;
    - (1) a non-enrolled parent of an enrolled minor child may apply for assistance that directly affects the enrolled minor child;
  - (b) Verification by a dentist, orthodontist, or oral surgeon of the dental procedures to be completed, and that they are a medical need, not cosmetic, and the cost or estimated cost of the dental services, which shall include the name, address, and Federal tax ID number of the dental health care provider;
  - (c) Verification of dental insurance and that the dental health care provider is an in-network provider;
  - (d) Verification that the applicant is utilizing the Indian Health Service Clinic in his/her service area if available;
  - (e) Verification of all household income within the last thirty (30) days of submission of the application for assistance.
- 6-5. *Receipt of Required Documentation.* Upon receipt of the completed application for dental related expenses assistance, the case manager shall determine if all required documentation was received from the applicant.
  - (a) The applicant shall provide all documentation requested by the case manager.
  - (b) The case manager shall notify the applicant in writing of any necessary documentation that was not received and is still needed.
  - (c) Upon receipt of a completed application along with all the required documentation, the case manager shall have up to 10 business days to provide the initial decision in writing to the applicant.
  - (d) An application for dental related expenses assistance shall be valid for thirty (30) days. If the applicant has a determination of award and/or coverage pending with another support or assistance resource, the application will be valid for an additional fifteen (15) days upon proof of that such determination is pending. If the applicant fails to provide all requested documentation, the case manager shall send the applicant an expiration notice for their application.
- 6-6. Upper and lower dentures are limited to a maximum of \$250.00 each per lifetime.
- 6-7. Financial assistance for dental related services other than dentures is limited to a maximum of \$500.00 within a twelve (12) month period.
- 6-8. Dental services requiring surgery or hospital care will be referred to the Medical Bill Assistance Program (Rule 3).
- 6-9. Braces, implants, veneers, teeth whitening, or any other services considered strictly cosmetic are not eligible for assistance.

6-10. CSF reserves the right to discontinue assistance based on funding availability.

## **VII. OPTICAL RELATED ASSISTANCE**

- 7-1. *Purpose.* The purpose of the Optical related assistance program is to provide enrolled members of the Nation with financial support with the costs associated with optical related services where no other resources exist.
- 7-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event, illness, injury or emergency event.
- 7-3. Approval from CSF is required prior to treatment or purchase.
- 7-4. *Eligibility Criteria.* In order to be eligible for Optical Related Equipment assistance, a person must provide a completed Community Support Fund application and the following:
- (a) Proof of enrollment in the Nation;
    - (1) a non-enrolled parent of an enrolled minor child may apply for assistance that directly affects the enrolled minor child.
  - (b) Cost estimate of optical services this includes the name, address and Federal Tax ID of the provider;
  - (c) Verification of the severe optical illness/injury from an ophthalmologist, optician, or optometrist;
  - (d) Verification of optical insurance and that the ophthalmologist, optician, or optometrist is an in-network provider.
  - (e) Verification of all household income within the last thirty (30) days of submission of the application for assistance.
- 7-5. Applicant must utilize an Indian Health Service Clinic if available, or provided verification that such a clinic is not available.
- 7-6. *Receipt of Required Documentation.* Upon receipt of the completed application for Optical Related assistance, the case manager shall determine if all required documentation was received from the applicant.
- (a) The applicant shall provide all documentation requested by the case manager.
  - (b) The case manager shall notify the applicant in writing of any necessary documentation that was not received and is still needed.
  - (c) Upon receipt of a completed application along with all the required documentation, the case manager shall have up to 10 business days to provide the initial decision in writing to the applicant.
  - (d) An application for Optical Related assistance shall be valid for thirty (30) days. If the applicant has a determination of award and/or coverage pending with another support or assistance resource, the application will be valid for an additional fifteen (15) days upon proof of that such determination is pending. If the applicant fails to provide all requested documentation, the case manager shall send the applicant an expiration notice for their application.
- 7-7. Eye glass frames and lenses are limited to a maximum of \$250.00 once per twelve (12) month period, and only the actual frame and lenses are eligible for assistance. Enhancements, including, but not limited to transitional lenses, tinting, or anti-reflective coatings, are not eligible for assistance.
- 7-8. Optical services requiring surgery or hospital care will be referred to the CSF Critical Medical Bill program.

- 7-9. Transportation costs associated with reporting to a treatment/medical facility will be referred to the CSF Critical Medical Travel Assistance program.
- 7-10. The following are not eligible for assistance: contact lenses, routine eye exams, vision correction surgery (eye laser surgery), or any other services that are considered cosmetic. This list is not exhaustive.
- 7-11. CSF reserves the right to discontinue assistance based on funding availability.

### **VIII. INPATIENT OR INTENSIVE OUTPATIENT TREATMENT ASSISTANCE**

- 8-1. *Purpose.* The purpose of the Inpatient or Intensive Outpatient Treatment assistance is to provide enrolled members of the Nation with financial support for inpatient or Intensive Outpatient treatment who have been referred by a licensed or certified counseling agency or program, or who have voluntarily entered into an inpatient or Intensive Outpatient treatment program where no other resources exist.
- 8-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event, illness, injury or emergency event.
- 8-3. Approval from CSF is required prior to the inpatient stay or intensive outpatient treatment in order to receive assistance.
- 8-4. *Eligibility Criteria.* In order to be eligible for Inpatient or Intensive Outpatient Treatment assistance, a person must provide a completed Community Support Fund application and the following:
  - (a) Proof of enrollment in the Nation;
  - (b) Cost estimate of the Treatment Center including the name, address and Federal Tax ID number;
  - (c) A referral from a licensed or certified counseling agency or program verifying the catastrophic illness;
  - (d) Verification of health insurance and that the treatment facility is in network. If not in network, verification is to be provided that attempts were made to find a facility in network;
  - (e) Verification of all household income within the last thirty (30) days of submission of the application for assistance.
- 8-5. *Receipt of Required Documentation.* Upon receipt of the completed application for Inpatient Treatment assistance, the case manager shall determine if all required documentation was received from the applicant.
  - (a) The applicant shall provide all documentation requested by the case manager.
  - (b) The case manager shall notify the applicant in writing of any necessary documentation that was not received and is still needed.
  - (c) Upon receipt of a completed application along with all the required documentation, the case manager shall have up to 10 business days to provide the initial decision in writing to the applicant.
  - (d) An application for Inpatient Treatment assistance shall be valid for thirty (30) days. If the applicant has a determination of award and/or coverage pending with another support or assistance resource, the application will be valid for an additional fifteen (15) days upon proof of that such determination is pending. If the applicant fails to provide all requested documentation, the case manager shall send the applicant an expiration notice for their application.

- 8-6. Inpatient or intensive outpatient treatment assistance is available up to a maximum of \$5,000.00 per lifetime.
- 8-7. Inpatient or intensive outpatient treatment assistance will be paid directly to the treatment facility and the treatment facility must be located within the continental United States.
- 8-8. Transportation costs associated with reporting to a treatment facility will be referred to the CSF Emergency/Non-emergency Medical Travel program (Rule 2).
- 8-9. Inpatient or intensive outpatient treatment stay requests that are court ordered due to a criminal conviction, or as an alternative to a criminal conviction, are not a benefit of this program.
- 8-10. Follow up care expenses in a residential facility, half-way house, or transitional shelter shall be limited to one (1) month, and shall not exceed \$500.00. Follow up care expenses do not apply to intensive outpatient treatment stays.
- 8-11. Shelter Assistance may be considered for intensive outpatient treatment when immediate prior working hours are during the hours of treatment. These hours must be verified through the employer and treatment facility, and shall not exceed \$500.00.
- 8-12. Costs for incidentals such as food, personal care items, clothing, etc. are not eligible for assistance.
- 8-13. CSF reserves the right to discontinue assistance based on funding availability.

#### **IX. MEDICAL RELATED EQUIPMENT, SUPPLIES, OR FURNITURE**

- 9-1. *Purpose.* The purpose of the Medical Related Equipment, Supplies, or Furniture assistance program is to provide enrolled members of the Nation with financial assistance with furniture, equipment, or supplies verified by a licensed doctor as being necessary to improve or maintain the quality of life for those applicants who are diagnosed with a life-threatening or chronic medical condition where no other resources exist.
- 9-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event, illness, injury or emergency event.
- 9-3. Prior approval must be received from the CSF before any purchases are made in order to be eligible for assistance.
- 9-4. Medically related equipment, supplies, or furniture must be rented whenever available.
- 9-5. *Eligibility Criteria.* In order to be eligible for Medical Related Equipment assistance, a person must provide a completed Community Support Fund application and the following:
  - (a) Proof of enrollment in the Nation;
    - (1) a non-enrolled parent of an enrolled minor child may apply for assistance that directly affects the enrolled minor child.
  - (b) The cost estimate of supplies or equipment prior to purchasing, which shall include the vendor name, address, and Federal Tax ID number;
  - (c) The prescription from a licensed medical physician which must specify the following:
    - (1) If the need is on a short-term basis (less than six (6) months);
    - (2) The specific life-threatening or chronic medical condition; and
    - (3) That the equipment, supplies or furniture are need to improve or maintain the applicant's quality of life;
  - (d) Statement of denial of assistance from an Indian Health Service (HIS) facility or EOB from any third party insurance carrier;
  - (e) Proof of home ownership or rental lease agreement; and

- (f) Verification of all household income within the last thirty (30) days of submission of the application for assistance.
- 9-6. *Receipt of Required Documentation.* Upon receipt of the completed application for Medical Related Equipment, Supplies, or Furniture assistance, the case manager shall determine if all required documentation was received from the applicant.
  - (a) The applicant shall provide all documentation requested by the case manager.
  - (b) The case manager shall notify the applicant in writing of any necessary documentation that was not received and is still needed.
  - (c) Upon receipt of a completed application along with all the required documentation, the case manager shall have up to 10 business days to provide the initial decision in writing to the applicant.
  - (d) An application for Medical Related Equipment, Supplies, or Furniture assistance shall be valid for thirty (30) days. If the applicant has a determination of award and/or coverage pending with another support or assistance resource, the application will be valid for an additional fifteen (15) days upon proof of that such determination is pending. If the applicant fails to provide all requested documentation, the case manager shall send the applicant an expiration notice for their application.
- 9-7. Financial assistance for this program is limited to a maximum of \$1,000.00 within a twelve (12) month period.
- 9-8. An additional \$500.00 may be considered based on medical documentation.
- 9-9. Permanent ramps require the applicant to be the homeowner. Temporary ramps must have the written consent of the property owner.
- 9-10. Home renovations necessary for handicap accessibility are limited to a maximum of \$1,000 once per twelve (12) month period.
  - (a) Renters are not eligible for home renovations.
  - (b) Home renovations may include, but is not limited to, accommodations to bathrooms, doorways, hallways for wheelchairs, or a walk-in or roll in shower.
- 9-11. The types of equipment, furniture or supplies to be considered for assistance may include, but is not limited to the following: hospital bed, lift chair, wheelchair, scooter, portable or permanent ramps, air conditioners, room air purification systems, hearing aids, artificial limbs, vision aids, wigs, and specialty made undergarments.
- 9-12. CSF reserves the right to discontinue assistance based on funding availability.

## **X. PRESCRIPTION REIMBURSEMENT ASSISTANCE.**

- 10-1. *Purpose.* The purpose of Prescription Reimbursement assistance is to assist enrolled members of the Nation with reimbursement of emergency prescribed medications that are needed after regular business hours or not available at Indian Health Service Clinic.
- 10-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event, illness, injury or emergency event.
- 10-3. *Eligibility Criteria.* In order to be eligible for Prescription Reimbursement assistance, a person must provide a completed Community Support Fund application and the following:
  - (a) Proof of enrollment in the Nation;
  - (b) Verification of current group health insurance policy that covers prescriptions;
  - (c) Verification of coverage under a spouse/parent if available;
  - (d) Original receipts of prescription medication;

- (e) Verification that the emergency medical prescription was needed after hours, which shall include the emergency room report or discharge summary;
  - (f) Verification that there is no Indian Health Service Clinic within ninety (90) miles of the applicant;
  - (g) Verification of all household income within the last thirty (30) days of submission of the application for assistance.
- 10-4. *Receipt of Required Documentation.* Upon receipt of the completed application for Prescription Reimbursement assistance, the case manager shall determine if all required documentation was received from the applicant.
- (a) The applicant shall provide all documentation requested by the case manager.
  - (b) The case manager shall notify the applicant in writing of any necessary documentation that was not received and is still needed.
  - (c) Upon receipt of a completed application along with all the required documentation, the case manager shall have up to 10 business days to provide the initial decision in writing to the applicant.
  - (d) An application for Prescription Reimbursement assistance shall be valid for thirty (30) days. If the applicant has a determination of award and/or coverage pending with another support or assistance resource, the application will be valid for an additional fifteen (15) days upon proof of that such determination is pending. If the applicant fails to provide all requested documentation, the case manager shall send the applicant an expiration notice for their application.
- 10-5. Reimbursement for emergency prescriptions is limited to \$300.00 within a twelve (12) month period.
- 10-6. Prescription reimbursement must be submitted within thirty (30) days of the original receipt date.
- 10-7. Prescribed medications for chemical dependency (i.e. methadone, soapboxing, etc.) are not a covered benefit.
- 10-8. Denials from the IHS clinic resulting from not following preferred purchasing/care team (contract health) will not be covered (i.e. proof of residency not provided, application not updated, no 72 hours notice, etc.)
- 10-9. CSF reserves the right to discontinue assistance based on funding availability.

## **XI. COBRA INSURANCE PAYMENTS**

- 11-1. *Purpose.* The purpose of COBRA insurance payments assistance is to assist enrolled members of the Nation with payment of COBRA insurance premiums when they experience an interruption of employment.
- 11-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event, illness, injury or emergency event.
- 11-3. *Eligibility Criteria.* In order to be eligible for COBRA insurance assistance, a person must provide a completed Community Support Fund application and the following:
- (a) Proof of enrollment in the Nation;
  - (b) Verification of current group health insurance policy;
  - (c) Verification of coverage under a spouse/parent if available;
  - (d) Verification of all state and public benefits applied for if eligible;
  - (e) Written estimate of employer's group health care coverage plan premium for COBRA coverage;

- (f) Verification of medical diagnosis, prognosis, and approximate length of employment interruption;
  - (g) Verification of the approved medical leave from employer;
  - (h) Verification of all household income within the last thirty (30) days of submission of the application for assistance.
- 11-4. *Receipt of Required Documentation.* Upon receipt of the completed application for COBRA insurance payments, the case manager shall determine if all required documentation was received from the applicant.
- (a) The applicant shall provide all documentation requested by the case manager.
  - (b) The case manager shall notify the applicant in writing of any necessary documentation that was not received and is still needed.
  - (c) Upon receipt of a completed application along with all the required documentation, the case manager shall have up to 10 business days to provide the initial decision in writing to the applicant.
  - (d) An application for COBRA insurance payments shall be valid for thirty (30) days. If the applicant has a determination of award and/or coverage pending with another support or assistance resource, the application will be valid for an additional fifteen (15) days upon proof of that such determination is pending. If the applicant fails to provide all requested documentation, the case manager shall send the applicant an expiration notice for their application.
- 11-5. COBRA insurance premium payments are limited to a maximum of \$500.00 per month for a total period of three (3) months. An additional three months of COBRA Insurance premiums may be requested with additional supporting documentation from a medical professional which indicates the applicant's return to employment is established and with documentation from the employer approving the extended leave time.
- 11-6. Upon notification of employment termination, a referral to state or public assistance will be made.
- 11-7. CSF reserves the right to discontinue assistance based on funding availability.

## **XII. FAMILY MEDICAL LEAVE ACT WAGE REPLACEMENT**

- 12-1. *Purpose.* The purpose of the Family Medical Leave Act (FMLA) Wage Replacement assistance program is to assist enrolled members of the Nation with wage replacement when wages are interrupted due to the need to care for an immediate family member as approved under the Family Medical Leave Act.
- 12-2. FMLA wage replacement assistance is available only to employed immediate family members utilizing the FMLA or approved medical leave by the caregiver's employer.
- 12-3. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event, illness, injury or emergency event.
- 12-4. *Eligibility Criteria.* In order to be eligible for FMLA Wage Replacement assistance, a person must provide a completed Community Support Fund application and the following:
- (a) Proof of enrollment in the Nation;
  - (b) Verification that the caregiver has been employed with their company for at least twelve (12) months, and must have worked for at least 1250 hours in the last twelve (12) months;
  - (c) Verification of approved FMLA or equivalent leave from the caregiver's employer;



- (d) Verification of the medical need requiring full-time care of the immediate family member, which indicates that continuous care is needed twenty four (24) hours per day, for seven (7) days a week. Said verification must also specify the approximate length of time this direct care is needed.
  - (e) Verification of all household income within the last thirty (30) days of submission of the application for assistance.
- 12-5. *Receipt of Required Documentation.* Upon receipt of the completed application for FMLA Wage Replacement assistance, the case manager shall determine if all required documentation was received from the applicant.
- (a) The applicant shall provide all documentation requested by the case manager.
  - (b) The case manager shall notify the applicant in writing of any necessary documentation that was not received and is still needed.
  - (c) Upon receipt of a completed application along with all the required documentation, the case manager shall have up to 10 business days to provide the initial decision in writing to the applicant.
  - (d) An application for FMLA Wage Replacement assistance shall be valid for thirty (30) days. If the applicant has a determination of award and/or coverage pending with another support or assistance resource, the application will be valid for an additional fifteen (15) days upon proof of that such determination is pending. If the applicant fails to provide all requested documentation, the case manager shall send the applicant an expiration notice for their application.
- 12-6. FMLA wage replacement shall be for a maximum of \$350.00 per week for up to twelve (12) weeks. However, wages that are less than \$350 per week will be paid at the actual wage rate appearing on the caregiver's pay stubs.
- 12-7. An extension of an additional twelve (12) weeks of wage replacement may be considered on a case by case basis, and updated verification must be provided showing additional approved FMLA leave from the caregiver's employer.
- 12-8. FMLA wage replacement will not be available to caregivers who are unemployed, receiving social security benefits, retirement benefits, or any other source of income.
- 12-9. A W-2 tax statement will be issued to the caregiver from the Oneida Nation Central Accounting Department. This will be a separate W-2 tax statement from regular earnings if the caregiver is an employee of the Oneida Nation.
- 12-10. The applicant must notify the case manager ten (10) business days prior to the end of the approved FMLA.
- 12-11. The wage replacement will end seven (7) days after the immediate family member being cared for is institutionalized or passes away.
- 12-12. Failure of the applicant to report changes in the household will result in the termination of benefits.
- 12-13. Applicants are not eligible for shelter, utilities, or any other supportive service during the time of receiving wage replacement.
- 12-14. The applicant must be directly caring for an immediate family member, and not oneself.
- 12-15. CSF reserves the right to discontinue assistance based on funding availability.

### **XIII. FIRE/NATURAL DISASTER ASSISTANCE**

- 13-1. *Purpose.* The purpose of the Fire/Natural Disaster Assistance program is to assist enrolled members of the Nation with financial support for fire or natural disaster shelter expenses where no other resources exist.
- 13-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event, illness, injury or emergency event.
- 13-3. *Eligibility Criteria.* In order to be eligible for Fire/Natural Disaster assistance, a person must provide a completed Community Support Fund application and the following:
- (a) Proof of enrollment in the Nation;
  - (b) A police and/or fire department report specifying the fire/natural disaster and confirming that the home is uninhabitable;
  - (c) Verification of claim submitted to homeowner's or renter's insurance;
  - (d) Verification of assistance provided or applied for from disaster relief organizations such as Red Cross, FEMA, etc.;
  - (e) Verification of all household members at the time of the fire/natural disaster;
  - (f) Verification of all household income within the last thirty (30) days of submission of the application for assistance.
- 13-4. *Receipt of Required Documentation.* Upon receipt of the completed application for Fire/Natural Disaster assistance, the case manager shall determine if all required documentation was received from the applicant.
- (a) The applicant shall provide all documentation requested by the case manager.
  - (b) The case manager shall notify the applicant in writing of any necessary documentation that was not received and is still needed.
  - (c) Upon receipt of a completed application along with all the required documentation, the case manager shall have up to 10 business days to provide the initial decision in writing to the applicant.
  - (d) An application for Fire/Natural Disaster assistance shall be valid for thirty (30) days. If the applicant has a determination of award and/or coverage pending with another support or assistance resource, the application will be valid for an additional fifteen (15) days upon proof of that such determination is pending. If the applicant fails to provide all requested documentation, the case manager shall send the applicant an expiration notice for their application.
- 13-5. Temporary shelter assistance will be given for up to a maximum of fifteen (15) days with the limit of \$60.00 per day for a grand total of \$900.00.
- 13-6. Temporary shelter may be extended for up to an additional five (5) days upon verification from a licensed contractor that repairs are not able to be completed within the original fifteen (15) day time period, and alternate shelter is verified as not being available.
- 13-7. Immediate shelter arrangements may be made by the case manager for a hotel/motel, making an effort to obtain a room with appliances for storing and preparing meals.
- 13-8. Security deposit and first month's rent shall not exceed \$1,000.00 if the current home is uninhabitable and is in need of major repair beyond thirty (30) days. The following additional information must be provided:
- (a) Landlord verification form which shall include the amount of security deposit and monthly rent;
  - (b) Copy of the rental lease agreement;
  - (c) Verification that the household income can support the monthly rent expense.

- 13-9. The security deposit paid pursuant to 9.8 above, shall be repaid at 100% of the funds paid to the Landlord and returned to the Oneida Nation Economic Support Department and shall be in the form of a cashier's check or money order upon vacating the premises and/or eviction from the premises.
- 13-10. Applicant is responsible to report to the Case Manager any changes in the current catastrophic situation, such as assistance from other agencies, or long-term housing arrangements.
- 13-11. Retail gift cards may be given up to \$100.00 per family member for clothing and basic household item needs.
- 13-12. Any claim of items stored in a household by persons other than residents of the household will not be considered for assistance (i.e. stored items in basement, garage, etc.)
- 13-13. Some services are not eligible for assistance, including, but not limited to auto replacement, transportation, food, storage fees, furnishings, smoke or water damage cleaning fees, and rebuilding costs.
- 13-14. The CSF will not pay family members or caregivers, rather payment will be made to a valid landlord or mortgage holder.
- 13-15. The CSF reserves the right to discontinue assistance in cases where fraud or illegal activity has been determined to have caused the catastrophic event, illness, injury or emergency event resulting in the need for shelter.
- 13-16. The CSF reserves the right to discontinue assistance based on funding availability.

#### **XIV. FUNERAL TRAVEL REIMBURSEMENT (OUTSIDE OF STATE ONLY)**

- 14-1. *Purpose.* The purpose of the Funeral travel reimbursement program is to provide a consistent process of reimbursing enrolled members of the Nation with expenses associated with funeral travel outside of the state where the applicant resides and when there are no other resources that exist.
- 14-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event, illness, injury or emergency event.
- 14-3. *Eligibility Criteria.* In order to be eligible for Funeral travel reimbursement, a person must provide a completed Community Support Fund application and the following:
  - (a) Proof of enrollment in the Nation;
  - (b) A copy of the obituary that lists and immediate family member;
  - (c) A copy of the applicant's valid driver's license if requesting fuel reimbursement;
  - (d) Original receipts that show payment for hotel, gas, and/or airfare turned in for reimbursement within thirty (30) days of the date of the funeral;
  - (e) Verification of all household income within the last thirty (30) days of submission of the application for assistance.
- 14-4. *Receipt of Required Documentation.* Upon receipt of the completed application for Funeral Travel Reimbursement assistance, the case manager shall determine if all required documentation was received from the applicant.
  - (a) The applicant shall provide all documentation requested by the case manager.
  - (b) The case manager shall notify the applicant in writing of any necessary documentation that was not received and is still needed.
  - (c) Upon receipt of a completed application along with all the required documentation, the case manager shall have up to 10 business days to provide the initial decision in writing to the applicant.

- (d) An application for Funeral Travel Reimbursement assistance shall be valid for thirty (30) days. If the applicant has a determination of award and/or coverage pending with another support or assistance resource, the application will be valid for an additional fifteen (15) days upon proof of that such determination is pending. If the applicant fails to provide all requested documentation, the case manager shall send the applicant an expiration notice for their application.
- 14-5. Airfare, train, bus, lodging and vehicle fuel is limited to a combined maximum reimbursement amount of \$500.00.
- (a) Multiple immediate family members are limited to reimbursement of \$500.00 each.
  - (b) Hotel lodging is limited to a maximum of \$75.00 per night and up to two (2) nights of stay and is only for those who reside in excess of sixty (60) miles one-way from the location of the funeral.
  - (c) All receipts must coincide with the initial funeral date.
- 14-6. Purchases not eligible for reimbursement include, but are not limited to, rental car, car repair, food, clothing, flowers, and actual funeral costs.
- 14-7. Vehicle fuel reimbursement is limited to those persons who must travel sixty (60) or more miles one-way to attend a funeral service.
- 14-8. Reimbursement of travel expenses will not be considered when travel was completed more than thirty (30) days after the verified date of the funeral.
- 14-9. CSF will not make any reservations for any form of travel. This assistance is by reimbursement only.
- 14-10. This program encourages multiple family members traveling to the same destination to carpool, and/or share hotel rooms whenever possible.
- 14-11. CSF reserves the right to discontinue assistance based on funding availability.

## **XV. APPLIANCE REPAIR AND REPLACEMENT: FURNACE AND WATER HEATER**

- 15-1. *Purpose.* The purpose of Appliance Repair and Replacement assistance is to assist enrolled members of the Nation with an emergency repair or replacement of a furnace or water heater where no other resources exist.
- 15-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event, illness, injury or emergency event.
- 15-3. This assistance is limited to furnaces and water heaters, and shall not include any other kind of appliances.
- 15-4. *Eligibility Criteria.* In order to be eligible for Appliance Repair and Replacement assistance, a person must provide a completed Community Support Fund application and the following:
- (a) Proof of enrollment in the Nation;
  - (b) Two (2) cost estimates for repair of a water heater or furnace from a licensed/certified repair professional, to include the name, address, phone number, and Federal Tax Identification number of the professional;
  - (c) Verification that the applicant applied for Energy Assistance with the county agency in which the applicant resides, along with proof assistance was denied;
  - (d) Verification that the applicant is the owner of the home;
  - (e) Verification of all household income within the last thirty (30) days of submission of the application for assistance.

- 15-5. *Receipt of Required Documentation.* Upon receipt of the completed application for appliance repair and/or replacement assistance, the case manager shall determine if all required documentation was received from the applicant.
- (a) The applicant shall provide all documentation requested by the case manager.
  - (b) The case manager shall notify the applicant in writing of any necessary documentation that was not received and is still needed.
  - (c) Upon receipt of a completed application along with all the required documentation, the case manager shall have up to 10 business days to provide the initial decision in writing to the applicant.
  - (d) An application for appliance repair and/or replacement assistance shall be valid for thirty (30) days. If the applicant has a determination of award and/or coverage pending with another support or assistance resource, the application will be valid for an additional fifteen (15) days upon proof of that such determination is pending. If the applicant fails to provide all requested documentation, the case manager shall send the applicant an expiration notice for their application.
- 15-6. When a cost estimate indicates that the repair costs will exceed the value of the appliance, replacement will be considered and approved on a case by case basis.
- 15-7. The repair and/or replacement of a water heater shall not exceed \$350.00 once every ten (10) years.
- 15-8. The repair and/or replacement of a furnace shall not exceed \$2,500.00 once per lifetime.
- 15-9. The CSF reserves the right to discontinue assistance based on funding availability.

## **XVI. SECURITY DEPOSIT ASSISTANCE**

- 16-1. *Purpose.* The purpose of the Security Deposit assistance program is to provide enrolled members of the Nation residing in the State of Wisconsin with financial support to ensure quality of life when shelter expenses are threatened with eviction.
- 16-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event, illness, injury or emergency event.
- 16-3. *Eligibility Criteria.* In order to be eligible for Security Deposit assistance, a person must provide a completed Community Support Fund application and the following:
- (a) Proof of enrollment in the Nation;
  - (b) Proof of residency in the State of Wisconsin, which shall include a landlord verification form completed by the potential landlord or a current rental/lease agreement showing the amount of the security deposit;
  - (c) Verification of a current emergency situation, which shall include, but is not limited to, a pending eviction;
  - (d) Must have repaid any prior security deposit assistance received to the CSF;
  - (e) Verification of all household income within the last thirty (30) days of submission of the application for assistance.
  - (f) Household members must demonstrate the ability to fulfill the terms of the rental agreement.
- 16-4. *Receipt of Required Documentation.* Upon receipt of the completed application for Security Deposit assistance, the case manager shall determine if all required documentation was received from the applicant.
- (a) The applicant shall provide all documentation requested by the case manager.

(b) The case manager shall notify the applicant in writing of any necessary documentation that was not received and is still needed.

(c) Upon receipt of a completed application along with all the required documentation, the case manager shall have up to 10 business days to provide the initial decision in writing to the applicant.

(d) An application for Security Deposit assistance shall be valid for thirty (30) days. If the applicant has a determination of award and/or coverage pending with another support or assistance resource, the application will be valid for an additional fifteen (15) days upon proof of that such determination is pending. If the applicant fails to provide all requested documentation, the case manager shall send the applicant an expiration notice for their application.

16-5. Security Deposit assistance shall not exceed the amount of \$500.00

16-6. Applicants who receive assistance in paying their security deposit shall repay those funds at 100 percent (100%) of the funds received.

(a) All repayments must be made payable to the Oneida Nation in the form of a cashier's check, or money order.

(b) Payments must be brought to the Economic Support Department.

(c) Requests for security deposit assistance with no repayment of funds for prior assistance received will result in the application being denied.

16-7. Security Deposit assistance is limited to one (1) person per household.

16-8. CSF will not pay family members or caregivers a security deposit; it must be a valid landlord.

16-9. CSF reserves the right to discontinue assistance based on funding availability.

## **XVII. SOCIAL SECURITY DISABILITY DETERMINATION SHELTER ASSISTANCE**

17-1. *Purpose.* The purpose of the Social Security Disability Determination Shelter assistance program is to assist enrolled members of the Nation with financial support for shelter expenses for those waiting an eligibility determination for the Social Security Administration for a disability finding.

17-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event, illness, injury or emergency event.

17-3. *Eligibility Criteria.* In order to be eligible for Social Security Disability Determination Shelter assistance, a person must provide a completed Community Support Fund application and the following:

(a) Proof of enrollment in the Nation;

(b) Verification of a pending Social Security Disability Application;

(c) A Landlord verification form completed by a landlord or other statement from the mortgage holder that show the monthly rent and the applicant's current status;

(d) Verification of the applicant's current utility bills for water, heat, and electricity, however energy assistance must be applied for before any utility bills will be considered for payment;

(e) Verification of mortgage disability insurance, if applicable;

(f) Verification of all household income within the last thirty (30) days of submission of the application for assistance.

- 17-4. *Receipt of Required Documentation.* Upon receipt of the completed application for Social Security Disability Determination Shelter assistance, the case manager shall determine if all required documentation was received from the applicant.
- (a) The applicant shall provide all documentation requested by the case manager.
  - (b) The case manager shall notify the applicant in writing of any necessary documentation that was not received and is still needed.
  - (c) Upon receipt of a completed application along with all the required documentation, the case manager shall have up to 10 business days to provide the initial decision in writing to the applicant.
  - (d) An application for Social Security Disability Determination Shelter assistance shall be valid for thirty (30) days. If the applicant has a determination of award and/or coverage pending with another support or assistance resource, the application will be valid for an additional fifteen (15) days upon proof of that such determination is pending. If the applicant fails to provide all requested documentation, the case manager shall send the applicant an expiration notice for their application.
- 17-5. Rent/mortgage assistance shall not exceed the amount of \$500.00 per month, not to exceed twenty-four (24) months.
- (a) Only the applicant's portion will be considered when the household consists of other adults.
  - (b) Rent/mortgage assistance will be terminated if the household fails to meet their timely portion of the scheduled payments.
  - (c) Retro-payment for back rent/mortgage assistance is not eligible for assistance.
- 17-6. Upon receipt of the verification that all other resources have been applied for, utility assistance will be considered for water, heat, and electricity.
- (a) Only the applicant's portion of the utility bill will be considered when the household consists of other adults.
  - (b) The utility bill must be in the applicant or current household member's name.
  - (c) Payment for past due amounts owed for utilities are not eligible for assistance.
- 17-7. The applicant is responsible to report to the Case Manager any change(s) in the household within ten (10) business day from the change occurring.
- (a) Examples of household change shall include, but is not limited to the following: relocation, household members, income, medical changes, submitted social security disability application, or application for or receipt of other agency assistance such as housing allowance, etc.
  - (b) Failure of the applicant to report changes in the household may result in suspension of benefits until verification of the change(s) is provided to the Case Manager, but shall not exceed thirty (30) days.
- 17-8. CSF will not pay family members or caregivers; the assistance is paid only to a valid landlord or mortgage holder.
- 17-9. CSF reserves the right to discontinue this assistance based on funding availability.
- 17-10. CSF reserves the right to discontinue this assistance in cases where fraud or illegal activity has been determined to have caused the eviction.
- 17-11. The Case Manager will provide ten (10) day written notification to an applicant whose assistance under this program is being discontinued.

## **XVIII. UTILITY DISCONNECTION ASSISTANCE**

- 18-1. *Purpose.* The purpose of the Utility Disconnection assistance program is to assist enrolled members of the Nation with emergency financial support to ensure quality of life when home heating and electric services are threatened with disconnection.
- 18-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event, illness, injury or emergency event.
- 18-3. *Eligibility Criteria.* In order to be eligible for Utility Disconnection assistance, a person must provide a completed Community Support Fund application and the following:
- (a) Proof of enrollment in the Nation;
  - (b) A copy of the current disconnection notice received from the utility company for the household in which the applicant is residing;
  - (c) Verification of address;
  - (d) Verification of application for Energy Assistance and crisis assistance with the county agency in which the applicant resides;
  - (e) Verification of payments made in each of the three (3) previous months of at least \$25.00 per month;
  - (f) Verification of all household income within the last thirty (30) days of submission of the application for assistance.
- 18-4. *Receipt of Required Documentation.* Upon receipt of the completed application for Utility Disconnection assistance, the case manager shall determine if all required documentation was received from the applicant.
- (a) The applicant shall provide all documentation requested by the case manager.
  - (b) The case manager shall notify the applicant in writing of any necessary documentation that was not received and is still needed.
  - (c) Upon receipt of a completed application along with all the required documentation, the case manager shall have up to 10 business days to provide the initial decision in writing to the applicant.
  - (d) An application for Utility Disconnection assistance shall be valid for thirty (30) days. If the applicant has a determination of award and/or coverage pending with another support or assistance resource, the application will be valid for an additional fifteen (15) days upon proof of that such determination is pending. If the applicant fails to provide all requested documentation, the case manager shall send the applicant an expiration notice for their application.
- 18-5. Requests for assistance for the payment of utilities shall only be allowed once every two (2) years by the responsible payee. Assistance requested under this Rule and under Rule 3 shall be counted towards the total number of requests for the two (2) year period limit.
- 18-6. Utility assistance shall not exceed the amount of \$300.00.
- 18-7. CSF reserves the right to discontinue assistance based on funding availability.

*End.*

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