

Physical location:  
2640 West Point Rd.  
Green Bay, WI 54304  
**Mailing:** P.O. Box 365  
Oneida, WI 54155



Telephone:  
920.490.3939  
1.800.216.3216  
**fax:** 920.490.6803  
[www.oneida-nsn.gov](http://www.oneida-nsn.gov)

## TANF Cash Assistance Application

### **Mission Statement:**

The Oneida Tribal TANF Program's mission is to promote work and personal responsibility to strengthen Oneida and other enrolled Native American families.

**TANF Cash Assistance:** Cash assistance to provide cash payments to families that are experiencing barriers to becoming self-sufficient.

**Caretaker of a New Born:** To provide cash assistance when a new child is born where no other resources exist. First time expectant mothers may apply for services when in their seven (7) month of pregnancy. Second time parent(s) may apply within the first 12 weeks of their newborn.

### **Eligibility Criteria:**

- Must be an Oneida enrolled tribal member living in the home and part of the family group residing in Brown County or Outagamie County, or
- Be an enrolled member in any federally recognized tribe living in the home and part of the family group residing within the Oneida Indian Reservation boundaries.
- Must not exceed the income limitations based on family size.
- Must be a United States citizen.

**If the application is incomplete or missing required verifications, you will receive notification. Applications are valid for 30 calendar days from date received. If you fail to provide the required verifications within the 30 days, you will receive notification that you must reapply. Please allow 14 business days for processing of applications.**

### **All SERVICES REQUIRE THE FOLLOWING VERIFICATIONS:**

- Tribal enrollment verification (Tribal ID card or enrollment 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, self-employment (tax return), etc.)
- Proof of residency (postmarked piece of mail within the last 30 days or current utility bill)
- Proof of pregnancy or birth announcement
- Current medical documentation (if applicable)
- Six job searches on the job search verification form **if not employed**, Job contacts must be positions that you are qualified for (Attachment page 4)



**CHILD INFORMATION - Please write the names of ALL children in the household**

<b>Child's Name:</b>	D.O.B.	List current custody/placement of child:
Relationship to Head of Household: County of Child Support Order: Name of Absent Parent:		School child attends: Any special needs: Last grade Completed:
Social Security Number:	Tribal Enrollment #:	Female Male US Citizen: Yes No

<b>Child's Name:</b>	D.O.B.	List current custody/placement of child:
Relationship to Head of Household: County of Child Support Order: Name of Absent Parent:		School child attends: Any special needs: Last grade Completed:
Social Security Number:	Tribal Enrollment #:	Female Male US Citizen: Yes No

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Please list your current employer, if not currently employed please list last job

<b>CURRENT EMPLOYMENT OR SELF-EMPLOYMENT FOR ALL ADULTS IN HOUSEHOLD</b>				
Applicant Name	Employer Name/Address	Dates of Employment	Hours Per Week/Rate	Quit or Fired in last 60 days?

Please check the types of assistance/income you or a member of your household are receiving. Include a monthly amount next to each (if applicable)

<b>SOURCES RECEIVING OR APPLIED FOR ALL ADULTS IN HOUSEHOLD</b>				
Type of Income	Yes	No	Recipient Name	Monthly Amount
Child Support Payments				
Caretaker Supplement				
Unemployment Insurance Comp				
SSB: Retirement, Survivors, Disability, SSI				
Retirement: Federal, State, Tribal, RR				
VA/Military Benefits				
Worker's Compensation				
Short/Long Term Disability				
Tribal Per Capita				
Insurance/Settlement/Lottery				
Self- Employment (working for cash)				
Stocks/bonds/Trusts				

<b>SERVICES RECEIVING/APPLIED FOR</b>			
Does anyone in your household receive FoodShare	No	Yes	If yes, list agency:
Does anyone in your household receive Commodities	No	Yes	If yes, list agency:
Does anyone in your household receive Child Care Assistance	No	Yes	If yes, list agency:
Does your household receive housing assistance (subsidized)	No	Yes	If yes, list agency:
Do you or anyone in your household have health care	No	Yes	If yes, list provider:
Has anyone in your household applied for Energy Assistance	No	Yes	If yes, list agency:
Is your household receiving W2 or TANF	No	Yes	If yes, list agency:

Is anyone in your household attending higher education?    No    Yes    IF YES, complete the following

<b>EDUCATION</b>				
Student's Name	Institution Name and Address	Are you receiving grants?	ATTENDING	
			FULL TIME	PART TIME

<b>ASSETS</b>				
Applicant Name	Make, Model, and Year of Vehicle	Registration	Insurance Provider	Approximate Value

Current Situation			
Have you been on TANF before:	If yes, when:	Agency:	
Highest education level you completed:	Have you been convicted of a felony:	Yes No	Are you on probation/parole: Yes No
Do any of these situations apply to you or your family: Pregnancy if yes Due date: _____		Disability; list type: _____	Medical Emergency
Domestic Violence if yes, are you receiving any services through domestic violence program: _____		Other (explain):	

**Please Provide Statement Below**

You MUST describe your current situation, and what makes you unable to pay for these services yourself (must be completed or application will be returned):

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CONSENT FOR RELEASE/DISCLOSE & SIGNATURE			
I consent to release 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:	Date:	Co Applicant Signature:	Date:

**If you do not agree with the TANF agency decision and you wish to appeal you must complete in writing to the Economic Support Program Manager within 10 working days of date of the denial notification. Submit written appeals to: Oneida TANF Program Manager, PO Box 365, Oneida WI 54155**

OFFICE USE ONLY	
Application Status:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending
Comments:	   
Case Manager Signature:	Date:

Physical location:  
2640 West Point Rd.  
Green Bay, WI 54304  
Mailing: P.O. Box 365  
Oneida, WI 54155



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## JOB SEARCH VERIFICATION FORM

**Must complete for program services if not employed**

This form is not considered complete if the employer contact name, address, phone number are not filled in. You must be qualified for the positions you apply for and on-line job contacts are not acceptable for job searches unless a printed confirmation application is attached and that is the only way to apply. **Falsified job contacts will result in immediate denial for TANF Program benefits 90 days. One company is one job contact even if different positions were applied for. Must complete six (6) job searches per week and have applied within last ten (10) days.**

Client Name: \_\_\_\_\_

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Position Applied: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_

Position Applied: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_

Position Applied: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_

Position Applied: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_

Position Applied: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_

Position Applied: \_\_\_\_\_

Contact Name: \_\_\_\_\_