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Native Employment Works Program Application

Please allow 14 business days to process completed applications. If the application is incomplete or missing required verifications, you will receive notification. Applications are only valid for 30 calendar days. If you fail to provide the required verification's you must reapply.

Eligibility Criteria:

Oneida Nation enrolled members that are without dependent children and who are not a non-custodial parent, residing within Brown and Outagamie Counties; other enrolled Native Americans residing within the Oneida Reservation Boundaries. Assistance is available for unemployed, underemployed and employed whose income is at or below of the required 185% of the Federal Poverty Level. Benefits/services are subject to funding availability.

ALL APPLICANTS MUST PROVIDE REQUIRED VERIFICATIONS:

- Tribal Enrollment verification (Tribal ID or enrollment letter)
- Verification of address dated within the last 30 days (must be residing in Brown or Outagamie Counties)
- Verification of all household income for last 30 days (Earned and Unearned)

Request for service of Auto Repair, Auto Insurance, Work Clothes/Shoes, Tools, Fuel, Transit Pass - Must be employed 20 hours week and provide the following:

- Auto Repair - Two (2) estimates from ASE certified auto repair services (unless vehicle is not safe to drive then only one (1) must be noted on estimate), Driver's License, Vehicle Registration.
- Auto Insurance - Two (2) 6-month insurance quotes (no online quotes or renewal notices), Driver's License
- Work Clothing/Shoes, Tools, Fuel, Transit Pass - Verification of new employment from employer on letterhead (listing contact information, start date, wage, hours, and pay frequency, list of required tools, clothing, shoes, etc. needed) or Employment Verification of Earnings (EVFE) must be submitted if letterhead not obtained

Request for service of Driver's License Fees, AODA Assessment, GED/HSED, and Training Fees – No Employment Required

- Verification of Short-Term Training Fees (less than 10 weeks)
- Verification of Court-Ordered AODA Assessment
- Verification of Group Dynamics
- Verification of GED/HSED testing fees from approved Institution
- Verification from DMV of Driver's License Reinstatement and or exam fees

Native Employment Works Program

CHECK ALL SERVICES YOU ARE APPLYING FOR



OFFICE USE ONLY

Received _____
 Documents needed _____
 Intake _____
 Caseworker _____

- | | | |
|--|--|---|
| <input type="checkbox"/> AODA Assessment | <input type="checkbox"/> Driver's license Fees | <input type="checkbox"/> Group Dynamics Safety |
| <input type="checkbox"/> Work Clothing/Shoes | <input type="checkbox"/> Work Tools | <input type="checkbox"/> Short-Term Training Fees |
| <input type="checkbox"/> HSED/GED Fess | <input type="checkbox"/> Prescription Safety Glasses | <input type="checkbox"/> Transit Pass |
| <input type="checkbox"/> Fuel Assistance | <input type="checkbox"/> Auto Insurance | <input type="checkbox"/> Towing Expense |
| <input type="checkbox"/> Auto Repair, List how many vehicles owned in household: _____ | | |

Do you have any minor children? Yes No Are you currently ordered to pay child support? Yes No

If you have answered yes to this question, STOP and complete TANF Diversion Application

APPLICANT INFORMATION

| | | | | | | |
|-----------------------------------|--|---|------------------|---------|---------------------------------|------|
| Last Name: | | First Name: | | M.I. | DOB: | SSN: |
| Mailing Address: | | | | | Apartment/Unit # | |
| City: | | State: | ZIP: | County: | | |
| Physical Address: | | | | | Apartment/Unit# | |
| City: | | State | ZIP: | County: | | |
| Phone Number: | | | Email: | | | |
| Sex: (circle one): Female Male | | Marital Status (circle one): Single/never married Married living together Divorced Widowed | | | | |
| Are you a veteran: Yes No | | Highest grade attended: | Disabled: Yes No | | Live on the reservation: Yes No | |
| Enrollment # | | Tribal Affiliation: | | | | |

LIST ALL HOUSEHOLD MEMBERS & INCOME TYPE (EARNED OR UNEARNED)

| Full Name | D.O.B | Relationship | Income Type | Monthly Amount | Tribal Affiliation |
|-----------|-------|--------------|-------------|----------------|--------------------|
| | | | | | |
| | | | | | |
| | | | | | |
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Please Provide Statement Below

Briefly describe your current situation and what you are requesting from the program:

NEW EMPLOYMENT INFORMATION

| Employer Name/Address | Start Date | Rate of Pay & Hours | Pay Frequency |
|-----------------------|------------|---------------------|---------------|
| | | | |

Career Objective, Education, Skills

| | |
|--|--|
| Do you have a current resume? | |
| Are you interested in mock interviews? | |
| Are you interested in additional training? | |
| What are some career skills you currently have? | |
| Do you have any career goals? | |
| What are some obstacles you may have that is preventing you from reaching your career goals? | |

CURRENT VEHICLE OWNERSHIP – complete if applying for auto repair

| Vehicle Make, Model, and Year | Insurance Provider |
|-------------------------------|--------------------|
| | |
| | |

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, and to the Oneida Nation Economic Support Agency and Community Support. I understand this release may include, but not 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 will result in denial of benefits.

Applicant Signature:**Date:**