



LEGISLATIVE OPERATING COMMITTEE MEETING AGENDA

Business Committee Conference Room-2nd Floor Norbert Hill Center

February 7, 2018 9:00 a.m.

- I. Call to Order and Approval of the Agenda**
- II. Minutes to be approved**
 - 1. December 20, 2017 LOC Meeting Minutes (pg. 2)
- III. Current Business**
- IV. New Submissions**
 - 1. Vehicle Driver and Fleet Management Amendments (pg. 4)
- V. Additions**
- VI. Administrative Updates**
 - 1. Community Support Fund Rule Handbook SOE E-Poll (pg. 9)
 - 2. LOC FY18 1st Quarter Report (pg. 87)
 - 3. Membership Ordinance Rule No. 2 (pg. 90)
- VII. Executive Session**
 - 1. Tax Law (pg. 112)
- VIII. Recess/Adjourn**



LEGISLATIVE OPERATING COMMITTEE MEETING MINUTES

Business Committee Conference Room-2nd Floor Norbert Hill Center

December 20, 2017

9:00 a.m.

Present: David P. Jordan, Kirby Metoxen, Ernest Stevens III, Jennifer Webster, Daniel Guzman King

Others Present: Maureen Perkins, Tani Thurner, Clorissa Santiago, Jen Falck, Lee Cornelius, Laura Laitinen-Warren, Jennifer Berg-Hargrove, Laura Manthe, Cathy Bachhuber

I. Call to Order and Approval of the Agenda

Motion by Ernest Stevens III to approve the agenda; seconded by Kirby Metoxen. Motion carried unanimously.

II. Minutes to be approved

1. December 6, 2017 LOC minutes

Motion by Kirby Metoxen to approve the December 6, 2017 LOC minutes and forward to the Oneida Business Committee for consideration; seconded by Ernest Stevens III. Motion carried unanimously.

III. Current Business

1. Children's Code

Motion by Kirby Metoxen to approve the Children's Code Quarterly Update and forward to the Oneida Business Committee; seconded by Daniel Guzman King. Motion carried unanimously.

IV. New Submissions

1. Wellness Court

Motion by Jennifer Webster to add Wellness Court to the Active Files List with a medium priority and assign Daniel Guzman King as the Sponsor; seconded by Kirby Metoxen. Motion carried unanimously.

2. Employee Protection Policy

Motion by Jennifer Webster to add Employee Protection Policy to the Active Files List with a high priority and David P. Jordan as the sponsor; seconded by Daniel Guzman King. Motion carried unanimously.

V. Additions

VI. Administrative Updates

1. Domestic Animals- Emergency Rule

Motion by Kirby Metoxen to accept and forward the Domestic Animals Law Rule #1 – Licensing, Fees, and Penalties to the Business Committee to consider emergency adoption on December 27, 2017; seconded by Jennifer Webster. Motion carried unanimously.

VII. Executive Session

VIII. Adjourn

Motion by Ernest Stevens III to adjourn the December 20, 2017 Legislative Operating Committee meeting at 9:25 a.m.; seconded by Daniel Guzman King. Motion carried unanimously.



Oneida Nation
 Oneida Business Committee
 Legislative Operating Committee
 PO Box 365 • Oneida, WI 54155-0365
Oneida-nsn.gov



AGENDA REQUEST FORM

- 1) Request Date: February 7, 2018
- 2) Contact Person(s): Jennifer Falck
 Dept: LRO
 Phone Number: 869-4312 Email: jfalck@oneidanation.org
- 3) Agenda Title: Vehicle Driver Certification and Fleet Management law
- 4) Detailed description of the item and the reason/justification it is being brought before the LOC:
Based on recommendations from HRD and the Oneida Law Office-
this is a request to add this law to the Active Files List

List any supporting materials included and submitted with the Agenda Request Form

- | | |
|-------------------------|----------|
| 1) <u>Memo from HRD</u> | 3) _____ |
| 2) _____ | 4) _____ |

- 5) Please list any laws, policies or resolutions that might be affected:
Business Committee Vehicle Policy, Travel and Expense Policy, Vehicle Driver Certification Policy, Vehicle Fleet Management Policy.
- 6) Please list all other departments or person(s) you have brought your concern to:
HRD, Law Office
- 7) Do you consider this request urgent? ☒ Yes ☐ No
 If yes, please indicate why:
There is language that has been difficult to implement. HRD and Law Office have made recommendations

I, the undersigned, have reviewed the attached materials, and understand that they are subject to action by the Legislative Operating Committee.

Signature of Requester:
Jen Falck

Digitally signed by Jen Falck
 DN: cn=Jen Falck, o=ou, email=jfalck@oneidanation.org, c=US
 Date: 2018.01.29 15:01:51 -06'00'

Please send this form and all supporting materials to:

LOC@oneidanation.org
or
Legislative Operating Committee (LOC)
 P.O. Box 365
 Oneida, WI 54155
 Phone 920-869-4376

LOCATION:

909 Packerland Drive
Green Bay, WI 54303

WEBSITE:

www.oneida-nsn.gov

EMAIL:

HRD_General@oneidanation.org



A good mind. A good heart. A strong fire.

MAILING ADDRESS:

P.O. Box 365
Oneida, WI 54155-0365

PHONE:

(920)496-7900

FAX:

(920)496-7490

TO: Jennifer Falck-LRO Director; David Jordan, LOC Chair
FROM: Nicolas Reynolds—Director of Training & Development
CC: Geraldine Danforth, HRD Area Manager
DATE: October 25, 2017
SUBJECT: Organization-wide Training Follow up

The new Workplace Violence Law and Vehicle Driver Certification and Fleet Management laws were adopted by the Oneida Business Committee on June 28th, 2017 with a 90 day window for implementation. Between September 8 and 19, 2017, approximately 83% of the Oneida Nation's workforce attended mandatory organization wide training.

Topic	Attendance
Workplace Violence Law	2,379
Vehicle Driver Certification & Fleet Management Law	1,290
Tribal Vehicle Driver Safety Training	858
Total:	4,527

There were specific challenges during the rollout of these two laws. Below is a list of recommendations from the Training and lessons learned:

- **Implementation Window:**
 - The new Workplace Violence Law was effective immediately, yet included changes to process that had significant impact on employees in the organization. HRD was forced to try to follow a new process before all of the process could be mapped out and understood well enough to guide others.
 - The Vehicle Driver law had a 90 day implementation window and the Workplace Violence Law was effective immediately, yet both required organization-wide training. The audiences who needed each topic were not the same. In addition, the Vehicle Driver law also called for a 3rd training topic and audience. We recommend implementation timelines be the same for laws adopted at the same time when training is required, especially if target audiences are not the same. It would have been an undue burden on the business units (especially profit centers) to hold several separate mandatory trainings.
 - We would encourage 120 to 180 days implementation windows, especially if the new laws contain controversial, difficult, or different/ new processes.
- **Mechanism for Clarification:**
 - When significant laws are being passed, the LRO/LOC should agree to meet with Training & Development to discuss the intentions behind the law. We would

suggest a free flow discussion or question and answer format. Training & Development is responsible for breaking down laws into clear, easily understood, and accurate segments of information to make sure employees acquire as much understanding as possible. This is a challenge due to the diversity of skills, capabilities, and learning styles of the employee base. Much of the language of the law was brand new, unspecific in how it applied, or able to be interpreted in various ways, leading to difficulty in achieving the needed clarity.

In addition to the lessons learned, there were specific aspects of the laws that HRD would recommend be reconsidered specifically with the Workplace Violence Law:

1. In 223.8 *Supervisor Responsibilities*, it places the supervisor in the reporting chain, requiring them to do a quick, initial assessment to determine if the report truly is workplace violence. HRD would recommend that Workplace Violence, like Sexual Harassment, be reported directly to the Equal Employment Opportunity (EEO) Office. This would clear up who receives the report and simplify the process. It also allows EEO the ability to track trends of non-workplace violence reports, which they otherwise might not be aware of if a supervisor determines it not to be workplace violence.
2. In 223.6 *Reporting Workplace Violence*, the law explains the terms an employee must follow for reporting workplace violence. The language does not appear to be consistent regarding which supervisor is notified. In some instances it says the “appropriate supervisor.” In others it seems to imply the victim/witness report it to their own supervisor. Finally, in at least one instance it seems to imply that it be reported to the supervisor of the alleged violator. HRD would recommend that this language be simplified and made clearer (see below for additional recommendation).
3. In 223.9-5 *Employee Resignation*, it states that an employee who resigns during an investigation or to avoid termination is ineligible for rehire for three years. However, the law does not contain any “bar” from reemployment for those who are terminated due to workplace violence. It appears that they can literally seek reemployment with Oneida immediately after termination. HRD had a Backgrounds Investigation SOP that prevented employees guilty of workplace violence from being hired, however, we were informed that was out of compliance with the new law (more strict than the law and therefore not allowed). HRD recommends that the law be revised to include that anyone who is terminated due to workplace violence, who resigns during an investigation, or attempts to avoid termination by resigning be barred from reemployment unless they get a pardon.

Recommendations for the Vehicle Driver Certification & Fleet Management Law:

1. In 210.5 *Driver Responsibilities*:
 - a. The language regarding not driving while under the influence of prescription drugs and the warning labels should be clarified. HRD has written an interpretation, and for now this seems to be OK, however, tightening up the intentions behind this section of the law would provide clarity and ease of enforcement.
 - b. There has been a considerable amount of discussion regarding “hands free calling” and if that is allowed under the same section of the law.

Jo Anne House, PhD | Chief Counsel
James R. Bittorf | Deputy Chief Counsel

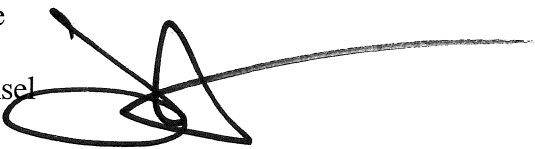
Patricia M. Stevens Garvey
Kelly M. McAndrews
Michelle L. Gordon
Krystal L. John
Robert J. Collins, II

Law Office



MEMORANDUM

TO: Oneida Business Committee

FROM: Jo Anne House, Chief Counsel 

DATE: December 18, 2017

SUBJECT: Opinion – Interpretation of s. 210.10-3, Vehicle Driver Certification and Fleet Management Law

You have requested a legal opinion regarding how a specific section of the Vehicle Driver Certification and Fleet Management law, section 210.10-3 is interpreted.

Suspensions Affecting Employment Status. Suspension of certification is a suspension of driving privileges and is not leave from work. Individuals who have their driving privileges suspended in accordance with 210.10-1(a), or who have their certification suspended may request, in writing, that their supervisor and a Human Resources Department representative determine what, if any, options may be available to them. Options include, but are not limited to: non-driving accommodation within the home department; reassignment to a position which does not require driving; a leave of absence without pay; or termination of employment.

Background

The Vehicle Driver Certification and Fleet Management law was adopted in June 2017 and the new law superseded the Vehicle Driver Certification Policy and the Vehicle Fleet Management Policy. The purpose of the law is to regulate the quality of drivers of tribal or personal vehicles and to regulate the use of tribal vehicles. The law delegates responsibilities to several different departments.

- Department of Public Works
- Automotive Department
- Risk Management
- Human Resources Department – s. 210.4-5. Maintain a list of drivers, perform records checks and approve/deny certification, and maintain compliance documentation.
- Environmental Health & Safety Division
- Supervisors – 210.4-7. Ensure drivers are certified, have appropriate license/training/insurance on file with Human Resources Department, and that employees comply with this law.

The Oneida Business Committee was requested to identify what happens in circumstances where the Supervisor and the Human Resources Department representative cannot agree on options as identified in section 210.10-3. In this circumstance, a job reassignment to a non-driving position was tentatively agreed to, however, the Human Resource Department representative has identified that this section is only available in circumstances that are temporary, such as illness, injury, or short-term prescription. The employee under consideration however, violated section

Page 2

210.10-1(b)(5), being arrested, charged or convicted of a motor vehicle operation violation involving drugs, alcohol or criminal offense related to a traffic incident. The court hearing date is not scheduled until January 2018, however at this time the employee remains 'charged' with a violation that fits within section 210.10-1(b)(5).

Analysis

Section 210.10-3 involves specifically "driving privilege suspensions" but also includes "certification suspensions." Driving privilege suspensions are distinctly different than certification suspension, however, this section authorizes options for the suspension of both types. The options to address either type of suspension is subject to agreement on the recommendation by the supervisor and the Human Resources Department representative.

There are two questions presented are when does 210.10-3 apply and what happens when the supervisor and Human Resources Department representative do not agree. Regarding the first question, the options are available for an employee who is subject to a driving or certification suspension are not limited to any type of causal action or time. For example, it is not limited to only during a physical ailment that impairs driving. This section is applicable when an employee subject to a suspension makes a request in writing for an alternative to suspension.

The second question of what happens when the supervisor and the Human Resource Department representatives do not agree is guided by resolution # BC-05-12-93-J.

...the interpretation, notification, and enforcement of the Personnel Policy and Procedures will be the responsibility of the Oneida Tribal Human Resources Department and that individual departments, division, key staff, controlling committees or commissions will be held responsible for implementation and compliance[.]

As a result, in the event of a conflict between the two different parties, the interpretation of the Human Resources Department will be guidance.

Conclusion

The Human Resources Department is authorized under the 1993 resolution resolve conflicts that arise under 210.10-3.

I recommend that a Standard Operating Procedure or an interpretive memo be developed that identifies how the supervisor business needs and overall personnel policy needs will be weighed and accounted for in the decision-making process.

If you have further questions, please contact me.

From: LOC

Sent: Wednesday, January 17, 2018 3:44:24 PM

To: David P. Jordan; Kirby W. Metoxen; Daniel P. Guzman; Jennifer A. Webster; Ernest L. Stevens; Leyne C. Orosco; Rosa J. Laster; Jessica L. Wallenfang; Cathy L. Bachhuber; Melinda J. Danforth

Subject: E-POLL REQUEST: Certification of the Community Support Fund Law Rule Handbook

Good Afternoon Legislative Operating Committee.

This email serves as the e-poll for the Community Support Fund law Rule Handbook certification.

Executive Summary Due to the fact that the January 17, 2018, Legislative Operating Committee meeting is canceled, and this Community Support Fund law Rule Handbook has to be considered for adoption by the Oneida Business Committee on January 24, 2018, so it has the opportunity to become effective by January 25, 2018, when the Community Support Fund law becomes effective (BC-10-25-17-F), an e-poll is necessary.

The Community Support Fund law Rule Handbook provides 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. The Rule Handbook further supports the Community Support Fund law, and addresses information related to:

- | | | | |
|--|--|---|---|
| • Shelter Assistance | • Optical Related Assistance | • Cobra Insurance Payments | • Appliance Repair and Replacement: Furnace and Water Heater |
| • Emergency/Non-Emergency Medical Travel | • Inpatient T or Intensive Outpatient Treatment Assistance | • Family Medical Leave Act Wage Replacement | • Security Deposit Assistance |
| • Medical Bill Assistance | • Medical Related Equipment, Supplies, or Furniture | • Fire/Natural Disaster Assistance | • Social Security Disability Determination Shelter Assistance |
| • Dental Related Expenses | • Prescription Reimbursement Assistance | • Funeral Travel Reimbursement | • Utility Disconnection Assistance |

The administrative record is complete, the procedural requirements of the Administrative Rulemaking law have been followed, and the Rule Handbook did not exceed the rulemaking authority granted under the law for which the Rule Handbook is being promulgated.

Requested Action

Certify the Community Support Fund law Rule Handbook and forward to the Oneida Business Committee for consideration.

Deadline for Response

January 18, 2018, at 9:30 a.m.

All supporting documentation has been attached to this email for your convenience.

 The sender responded: Approve.

From: David P. Jordan Sent: Wed 1/17/2018 4:19 PM
To: LOC
Cc:
Subject: Approve: E-POLL REQUEST: Certification of the Community Support Fund Law Rule Handbook


From: Kirby W. Metoxen Sent: Wed 1/17/2018 4:30 PM
To: David P. Jordan; Daniel P. Guzman; Jennifer A. Webster; Ernest L. Stevens; Leyne C. Orosco; Rosa J. Laster; Jessica L. Wallenfang; Cathy L. Bachhuber; Melinda J. Danforth; LOC
Cc:
Subject: Re: E-POLL REQUEST: Certification of the Community Support Fund Law Rule Handbook

Approve

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From: Jennifer A. Webster Sent: Wed 1/17/2018 4:32 PM
To: LOC; David P. Jordan; Kirby W. Metoxen; Daniel P. Guzman; Ernest L. Stevens; Leyne C. Orosco; Rosa J. Laster; Jessica L. Wallenfang; Cathy L. Bachhuber; Melinda J. Danforth
Cc:
Subject: RE: E-POLL REQUEST: Certification of the Community Support Fund Law Rule Handbook

Approve,
Jenny

 The sender responded: Approve.

From: Ernest L. Stevens Sent: Wed 1/17/2018 4:33 PM
To: LOC
Cc:
Subject: Approve: E-POLL REQUEST: Certification of the Community Support Fund Law Rule Handbook

Legislative Operating Committee



Agenda Request Form

- 1) Request Date: 1/12/17
- 2) Contact Person(s): Michelle Gordon Dept: Law Office
Phone Number: 869-4327 Email: mgordon@oneidanation.org
- 3) Agenda Title: Community Support Fund Rule Handbook
- 4) Detailed description of the item and the reason/justification it is being brought before the Committee
The Community Support fund Law delegates rulemaking authority to the operators of the
Community Support Fund. The Law further requires the creation of rules based on the
identified list of categories covered by the Fund. These are those required rules.

List any supporting materials included and submitted with the Agenda Request Form

- 1) Draft Rule Handbook and Memo
- 2) Summary Support
- 3) Public meeting notice
- 4) Drafts presented at both public meetings
- 5) Please List any laws, ordinances or resolution that might be affected:
This is to conform with the requirements of the Community Support Fund Law
- 6) Please List all other departments or person(s) you have brought your concern to:

- 7) Do you consider this request urgent? ☐ Yes ☒ No
If yes, please indicate why: _____

I, the undersigned, have reviewed the attached materials, and understand that they are subject to action by the Legislative Operating Committee

Signature of Requester: _____

Please send this form and all supporting materials to:

LOC@oneidanation.org

or

Legislative Operating Committee (LOC)

P.O. Box 365

Oneida, WI 54155

Phone 920-869-4376

Jo Anne House, PhD | Chief Counsel
James R. Bittorf | Deputy Chief Counsel


Patricia M. Stevens Garvey
Kelly M. McAndrews
Michelle L. Gordon
Krystal L. John
Robert J. Collins, II

Law Office



MEMORANDUM

TO: Legislative Operating Committee

FROM: Michelle L. Gordon, Staff Attorney 

DATE: January 12, 2018

SUBJECT: Community Support Fund Rule Handbook

The Oneida Business Committee Resolution BC-10-25-17 requires that the Community Support Fund Rule Handbook become effective on January 25, 2018.

An initial Public Meeting was held on September 22, 2017. While there were no public comments received, the Economic Support Department, who is responsible for drafting the rules, saw important additional amendments that needed to be made. Therefore, a new effective date of January 25, 2018 was granted.

On November, 27, 2017 an updated CSF Rule Handbook was provided to the Legislative Reference Office and a Statement of Effect was requested.

On November 30, 2017 a Public Meeting Notice was sent to the Kalihwisaks for publication in the December 7, 2017 publication.

On December 6, 2017 the required documents were sent to the LRO for publication in the Oneida Register.

On December 7, 2017 the Public Meeting notice was published in the Kalihwisaks.

On December 21, 2017 a Public Meeting was held. Myself and Economic Support Director, Delia Smith remained there for a half an hour in case anyone came to the meeting late.

No public comments were received by the deadline of January 2, 2018, therefore it was not necessary to review any public comments.

No other agency will be financially affected so there was no request for a financial analysis outside of Economic Support.



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 is 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.

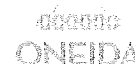
XVIII. UTILITY DISCONNECTION ASSISTANCE

- 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.

Adopted in whole [Insert Date of Adoption] – Effective [Insert Effective Date] – LOC Certified [Insert Date of LOC Certification]

Governmental Services Division
(GSD)



Memo

To: Oneida Nation Legislative Operating Committee
From: George Skenandore, Oneida Nation Governmental Services Division
Date: January 12, 2018
Re: Proposed Community Support Fund Rules

Please accept this memo as my support of the Proposed Community Support Fund Rules.

I want to express my appreciation to all those who have contributed to their development.

Thank you.

Summary Report for Community Support Rule

Original effective date: 10/26/2017

Amendment effective date: 1/25/2018

Name of Rule: Community Support Fund

Name of law being interpreted:

Rule Number: Rules 1-16

Other Laws or Rules that may be affected: None

Brief Summary of the proposed rule: The Community Support Rule will be administered through the Oneida Nation Economic Support Office. The Community Support Rule outlines the services, requirements, timelines and limitations to each of the 16 assistance programs. The program is available to members of the Oneida Nation that meet the specific requirements as explained in each separate category of services. The rule also addresses the appeal process for program denials.

Statement of Effect: Obtained after requesting from the Legislative Reference Office.

Financial Analysis: See Attached.

Note: In addition- the agency must send a written request to each entity which may be affected by the rule- asking that they provide information about how the rule would financially affect them. The agency must include each entity's response in the financial analysis. If the agency does not receive a response within 10 business days after the request is made, the financial analysis can note which entities did not provide a response.

Financial Analysis for Community Support Fund

Type of Cost	Description/Comment	Dollar Amount
Start Up Costs	There were no startup costs as the program was already established.	\$0
Personnel	No additional time or staff needed for the project. Created Rule from current program SOP's.	\$0
Office	No additional costs or office changes.	\$0
Documentation Costs	Costs were absorbed within the current budget.	\$0
Estimate of time necessary for an individual or agency to comply with the rule after implementation	The agency can effectively comply with the rule changes immediately	\$0
Other, please explain	N/A	\$0
Total	Annual Net Revenue	\$0

The agency does not foresee that any other entities would be financially directly affected by the Community Support Fund Rule.



Statement of Effect

Community Support Fund Rule Handbook

Summary

The Community Support Fund Rule Handbook provides 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.

Submitted by: Clorissa N. Santiago, Staff Attorney, Legislative Reference Office
Date: December 6, 2017

Analysis by the Legislative Reference Office

The Community Support Fund law (“the Law”) delegates rulemaking authority to the operators of the Community Support Fund (“the Fund”) pursuant to the Administrative Rulemaking law. [see *Community Support law section 125.4-1(a)*]. The Law states that the Social Services Area of the Governmental Services Division shall be responsible for operation of the Fund, but can designate the operation of the Fund to a department within its control. [see *Community Support law section 125.4-1(a)*]. The Fund is currently operated under the control of Community Economic Support.

The Law requires the Fund operator to create rules based on the identified list of categories covered by the Fund, as well as specify the cap that sets the amount of assistance per event/per household, except for funeral expenses which shall be set per event/per person. [see *Community Support law section 125.4-1(a)(1) and 125.6*]. The Law also allows the Fund operator to create rules regarding other matters not specifically included in the list of categories in the Law as long as those rules do not conflict with the Law. [see *Community Support law section 125.4-1(a)(2)*].

The Community Support Fund Rule Handbook (“the Rule Handbook”) contains various rules for the Law. The Rule Handbook further supports the Community Support Fund law, and addresses information related to:

- Shelter Assistance;
- Emergency/Non-Emergency Medical Travel;
- Medical Bill Assistance;
- Dental Related Expenses;
- Optical Related Assistance;
- Inpatient T or Intensive Outpatient Treatment Assistance;
- Medical Related Equipment, Supplies, or Furniture;
- Prescription Reimbursement Assistance
- Cobra Insurance Payments;
- Family Medical Leave Act Wage Replacement;

- Fire/Natural Disaster Assistance;
- Funeral Travel Reimbursement;
- Appliance Repair and Replacement: Furnace and Water Heater;
- Security Deposit Assistance;
- Social Security Disability Determination Shelter Assistance; and
- Utility Disconnection Assistance.

The Law also directs that the rules include timeline for when an initial decision is required following the submission of a complete application, and that such timeline shall include available extensions for circumstances wherein the applicant has a determination of award and/or coverage pending with another support or assistance resource. [see *Community Support law section 125.9-1*].

Although the Rule Handbook provides a timeline for an initial decision for each individual rule, it lacks any reference to available extensions for circumstances wherein the applicant has a determination of award and/or coverage pending with another support or assistance, which is required by the Law. Because the Rule Handbook does not include language which may extend the timeline, the Rule Handbook conflicts with the Law. The Administrative Rulemaking law does not allow a rule which conflicts with a current law of the Nation to be certified by the Legislative Operating Committee or adopted by the Oneida Business Committee. [see Administrative Rulemaking law section 106.4-1(a) and 106.7-2(c)].

Conclusion

A conflict exists between the Community Support Fund Law Rule Handbook and the Community Support Fund law through the exclusion of required available extensions for circumstances wherein the applicant has a determination of award and/or coverage pending with another support or assistance resource.

NOTICE OF

PUBLIC MEETING

TO BE HELD

THURSDAY, DECEMBER 21 at 12:15 p.m.

IN THE

OBC CONFERENCE ROOM**(2nd FLOOR—NORBERT HILL CENTER)**

In accordance with the Administrative Rulemaking Law, the Economic Support Department is hosting this Public Meeting to gather feedback from the community regarding a rules handbook proposal.

TOPIC: COMMUNITY SUPPORT FUND RULES

This is a proposal (for a new Rules Handbook) which would:

- ♦ Provide guidance to the community on how the Community Support Fund is utilized
- ♦ Set the requirements for each funded program available through the Community Support Fund..
- ♦ Clarify what assistance is available through the Community Support Fund.

To obtain copies of the Public Meeting documents for this proposal, or to learn about the public meeting process, please visit

www.oneida-nsn.gov/Register/PublicMeetings

or contact the Legislative Reference Office.

PUBLIC COMMENT PERIOD OPEN UNTIL January 2, 2018

During the Public Comment Period, all interested persons may submit written comments and/or a transcript of any testimony/spoken comments made during the Public Meeting. These may be submitted to the Director of Economic Support, Delia Smith or Attorney Michelle L. Gordon, in person at the Social Services Building or by U.S. mail, interoffice mail, e-mail or fax.

Delia Smith or Attorney Michelle L. Gordon

PO Box 365 Oneida, WI 54155

dsmith1@oneidanation.org

mgordon@oneidanation.org

Phone: (920) 490-3700

Fax: (920) 490-3979

December 21, 2014
Public Meeting Draft



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 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 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 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 is 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 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 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 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 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 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 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 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 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 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 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 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 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 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.

Adopted in whole [Insert Date of Adoption] – Effective [Insert Effective Date] – LOC Certified [Insert Date of LOC Certification]

September 22, 2017
Public Meeting
Draft.



Title 1. Government and Finances – Chapter 125
Community Support Fund
Rule Nos. 1 through 16

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 incapacitation 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;

(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 in writing of any necessary documentation that was not received and is still needed.
 - (c) An application for shelter assistance shall be valid for thirty (30) days. 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.
- 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.
- 3-11. *Federal Poverty Level.* Shelter Assistance is only available to those households' whose income is below 175% of the Federal Poverty Level.

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) An application for emergency/non-emergency medical travel assistance shall be valid for thirty (30) days. 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. *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) Any type of vehicle repairs and/or maintenance or towing
- 4-8. This program encourages and requests that multiple family members traveling to the same destination carpool and share hotel rooms whenever possible.
- 4-9. 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) An application for medical bill assistance shall be valid for thirty (30) days. 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 illegal drug use, etc.), or medical conditions that are a direct result

from illegal drug use, including the abuse of prescription drugs, are not eligible for assistance.

- 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.
- 5-11. *Federal Poverty Level.* Medical Bill Assistance is only available to those households whose income is below 175% of the Federal Poverty Level.

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) An application for dental related expenses assistance shall be valid for thirty (30) days. 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.
- 6-11. *Federal Poverty Level.* Auto Repair Assistance is only available to those households whose income is below 175% of the Federal Poverty Level.

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) An application for Optical Related assistance shall be valid for thirty (30) days. 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.
- 7-12. *Federal Poverty Level.* Optical Related assistance is only available to those households whose income is below 175% of the Federal Poverty Level.

VIII. INPATIENT TREATMENT ASSISTANCE

- 8-1. *Purpose.* The purpose of the Inpatient Treatment assistance is to provide enrolled members of the Nation with financial support for inpatient treatment who have been referred by a licensed or certified counseling agency or program, or who have voluntarily entered into an inpatient 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 in order to receive assistance.
- 8-4. *Eligibility Criteria.* In order to be eligible for Inpatient 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 Inpatient 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) An application for Inpatient Treatment assistance shall be valid for thirty (30) days. 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 treatment assistance is available up to a maximum of \$5,000.00 once per lifetime.
- 8-7. Inpatient 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. Court ordered inpatient treatment stay requests 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.
- 8-11. Costs for incidentals such as food, personal care items, clothing, etc. are not eligible for assistance.
- 8-12. 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) An application for Medical Related Equipment, Supplies, or Furniture assistance shall be valid for thirty (30) days. 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.
- 9-13. *Federal Poverty Level.* Medical Related Equipment, Supplies, or Furniture assistance is only available to those applicants whose income is below 175% of the Federal Poverty Level.

X. COBRA INSURANCE PAYMENTS

- 10-1. *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.
- 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 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.
- 10-4. *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) An application for COBRA insurance payments shall be valid for thirty (30) days. If the applicant fails to provide all requested documentation, the case manager shall send the applicant an expiration notice for their application.
- 10-5. 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.

- 10-6. Upon notification of employment termination, a referral to state or public assistance will be made.
- 10-7. CSF reserves the right to discontinue assistance based on funding availability.

XI. FAMILY MEDICAL LEAVE ACT WAGE REPLACEMENT

- 11-1. *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.
- 11-2. FMLA wage replacement assistance is available only to employed immediate family members utilizing the FMLA or approved medical leave by the caregiver's employer.
- 11-3. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event, illness, injury or emergency event.
- 11-4. *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.
- 11-5. *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) An application for FMLA Wage Replacement assistance shall be valid for thirty (30) days. If the applicant fails to provide all requested documentation, the case manager shall send the applicant an expiration notice for their application.
- 11-6. 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.
- 11-7. 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.
- 11-8. FMLA wage replacement will not be available to caregivers who are unemployed, receiving social security benefits, retirement benefits, or any other source of income.

- 11-9. 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.
- 11-10. The applicant must notify the case manager ten (10) business days prior to the end of the approved FMLA.
- 11-11. The wage replacement will end seven (7) days after the immediate family member being cared for is institutionalized or passes away.
- 11-12. Failure of the applicant to report changes in the household will result in the termination of benefits.
- 11-13. Applicants are not eligible for shelter, utilities, or any other supportive service during the time of receiving wage replacement.
- 11-14. The applicant must be directly caring for an immediate family member, and not oneself.
- 11-15. CSF reserves the right to discontinue assistance based on funding availability.

XII. FIRE/NATURAL DISASTER ASSISTANCE

- 12-1. *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.
- 12-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event, illness, injury or emergency event.
- 12-3. *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.
- 12-4. *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) An application for Fire/Natural Disaster assistance shall be valid for thirty (30) days. If the applicant fails to provide all requested documentation, the case manager shall send the applicant an expiration notice for their application.
- 12-5. 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.
- 12-6. 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.

- 12-7. 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.
- 12-8. 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.
- 12-9. 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.
- 12-10. 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.
- 12-11. Retail gift cards may be given up to \$100.00 per family member for clothing and basic household item needs.
- 12-12. 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.)
- 12-13. 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.
- 12-14. The CSF will not pay family members or caregivers, rather payment will be made to a valid landlord or mortgage holder.
- 12-15. 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.
- 12-16. The CSF reserves the right to discontinue assistance based on funding availability

XIII. FUNERAL TRAVEL REIMBURSEMENT

- 13-1. *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 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 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.

- 13-4. *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) An application for Funeral Travel Reimbursement assistance shall be valid for thirty (30) days. If the applicant fails to provide all requested documentation, the case manager shall send the applicant an expiration notice for their application.
- 13-5. 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.
- 13-6. Purchases not eligible for reimbursement include, but are not limited to, rental car, car repair, food, clothing, flowers, and actual funeral costs.
- 13-7. Vehicle fuel reimbursement is limited to those persons who must travel sixty (60) or more miles one-way to attend a funeral service.
- 13-8. Reimbursement of travel expenses will not be considered when travel was completed more than thirty (30) days after the verified date of the funeral.
- 13-9. CSF will not make any reservations for any form of travel. This assistance is by reimbursement only.
- 13-10. This program encourages multiple family members traveling to the same destination to carpool, and/or share hotel rooms whenever possible.
- 13-11. CSF reserves the right to discontinue assistance based on funding availability.

XIV. AUTO REPAIR ASSISTANCE

- 14-1. *Purpose.* The purpose of this program is to assist enrolled members of the Nation with financial support with expenses for vehicle repairs when the vehicle is necessary to obtain/maintain ongoing critical medical care when no other resources 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 Auto Repair assistance, a person must provide a completed Community Support Fund application and the following:
- (a) Proof of enrollment in the Nation;
 - (b) Verification of the critical medical illness, which shall include, the appointment that is scheduled with the date, time, and location;
 - (c) Verification of a valid driver's license;
 - (d) Verification of valid vehicle registration listed in the medical patient's name;
 - (e) Original receipts for repairs and emergency medical need if completed outside agency hours;
 - (f) Two (2) auto estimates from an Automotive Service Excellence (ASE) certified mechanic, or one (1) estimate if the vehicle is determined by the ASE mechanic as unsafe or not operable;

- (g) Verification of a medical emergency with the date of service listed if applicable;
 - (h) 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 auto repair 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) An application for auto repair assistance shall be valid for thirty (30) days. If the applicant fails to provide all requested documentation, the case manager shall send the applicant an expiration notice for their application.
- 14-5. Auto repair assistance is limited to critical medical patients only and will be denied when an alternate vehicle is owned and available for use.
- 14-6. 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, tires, batteries/fuses, lights, tune-ups, exhaust systems, flushes, and glass replacement.
- 14-7. Auto repair assistance is limited to a maximum amount of \$500.00 once every twelve (12) months.
- 14-8. 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.
- 14-9. Auto insurance premiums, auto insurance deductibles, auto rentals, auto loans, and vehicle registration are not eligible for assistance.
- 14-10. 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.
- 14-11. CSF reserves the right to discontinue assistance based on funding availability.
- 14-12. *Federal Poverty Level.* Auto Repair Assistance is only available to those households whose income is below 175% of the Federal Poverty Level

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) An application for appliance repair and/or replacement assistance shall be valid for thirty (30) days. 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) An application for Security Deposit assistance shall be valid for thirty (30) days. 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.
- 16-10. *Federal Poverty Level.* Security Deposit is only available to those households whose income is below 175% of the Federal Poverty Level.

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) An application for Social Security Disability Determination Shelter assistance shall be valid for thirty (30) days. 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) An application for Utility Disconnection assistance shall be valid for thirty (30) days. 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 household.
- 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.
- 18-8. *Federal Poverty Level.* Security Deposit is only available to those households whose income is below 175% of the Federal Poverty Level.

End.

Adopted in whole [Insert Date of Adoption] – Effective [Insert Effective Date] – LOC Certified [Insert Date of LOC Certification]

MEMORANDUM:

To: Oneida Nation LOC

From: Delia Smith, Community Economic Support Director

Date: January 12, 2018

Subject: Community Support Fund

Tribal TANF

Child Care

Food Share

Medical Assistance

Wisconsin Job
Center

Community
Support Services
Fund

Wisconsin Home
Energy Assistance

Weatherization

Food/Shelter
Assistance
(CSBG)

Native
Employment
Works (NEW)

General Assistance

The Oneida Nation Economic Support Agency did not receive any public or written comments during the allowed time frame. Therefore, there was no need to address any responses or make changes to the proposed Community Support Rules.



FY18 1st Quarter Report

October 1, 2017- December 31, 2017

Legislative Operating Committee (LOC)

Executive Summary

The LOC began the first quarter and the new term by developing the Active Files List (AFL) and starting work on the legislative items that were identified as high priorities. The LOC is working on the following high priorities (as of January 2018);

- Election Law Amendments
- GTC Meetings law
- Sanctions & Penalties law
- Community Support Fund Amendments
- Comprehensive Policy Governing Boards, Committees, & Commissions
- Real Property Amendments
- Drug & Alcohol Free law for Elected Officials
- Employment Law
- Employee Protection Policy Amendments

Table 1. Summary of First Quarter LOC Meeting Agenda Items

Current Business	
Landlord-Tenant Amendments	
GTC Meetings Law	
Children's Code	
New Submissions	
Environmental Review Law (Denied)	Work Visas
Removal Law Amendments (Denied)	Uniform Commercial Code & Business Organizations
Real Property Law Emergency Amendments (Added to AFL as high priority- not emergency)	Election Law Amendments
Budget Management & Control Act Emergency Amendments (Denied)	Wellness Court
Employee Protection Policy	
Amendments	
Cemetery Law Amendments	Internal Audit Law Amendments
Hunting, Fishing and Trapping Law Amendments	Landlord-Tenant Law Emergency Amendments Extension
All-Terrain Vehicle Law Amendments	Administrative Rulemaking Law Amendments
Public Use of Tribal Land Law Amendments	Comprehensive Policy Governing Boards, Committees, and Commissions Law Amendments
On-Site Waste Disposal Law Amendments	Water Resources Ordinance Amendments
Tribal Environmental Response Law Amendments	
Administrative Rulemaking	
Membership Ordinance Rule #1- Enrollment	

General Tribal Council
Petition: Dallas 2017 Tri-Annual General Election
Petition: Graham- 2017 General Election
Petition: Vandehei- Business Committee E-polls
Petition: Dodge- Law Firm for GTC
Petition: G. Powless-Banishment Law Resolution
Election Law Amendments- added to the Active Files List as a result of a November 12, 2017 General Tribal Council motion to direct the LOC to identify amendments to the Election Law and bring back to the GTC in calendar year 2018.
Administrative Updates
Resolution: Defining the Comprehensive Housing Division: Landlord-Tenant Law, Eviction & Termination Law, and Foreclosure Law E-poll
Community Support Fund Rule Extension E-poll
LOC Request for Special GTC Meeting E-poll
GTC Annual Report Submission

Table 2. Meetings Held in First Quarter	
Legislative Operating Committee Meetings	
October 4, 2017	Regular LOC Meeting
October 18, 2017-Cancelled	No quorum, due to NCAI Annual Convention
November 1, 2017	Regular LOC Meeting
November 15, 2017	Regular LOC Meeting
December 6, 2017	Regular LOC Meeting
December 20, 2017	Regular LOC Meeting
September 20, 2017	Regular LOC Meeting
Public Meetings	
October 19, 2017	Landlord-Tenant Amendments

Featured Legislation: General Tribal Council Meetings Law

The LOC added this item to the Active Files List in September 2017. The early drafts of this law will include 1) scheduling GTC meetings, 2) agendas, 3) the GTC petition process, 4) and the Oneida Nation's Core Values. Before any drafting began, the LRO carried out community outreach efforts- in order to gather comments from the community before any policy decisions were made, or any drafting began.

A survey was conducted. The summary results include;

- 291 surveys were completed
- 73% have attended four or more GTC Meetings in the past year.
- 52% are very dissatisfied or dissatisfied with GTC Meetings.
- 85% strongly agree or agree that change at GTC meetings is needed.
- 74% strongly agree or agree that a GTC Meetings Law is necessary.
- "GTC behavior" is the most commonly identified item that should be in the law. "Speaking at the microphone" and "Safety" were listed as second and third respectively.
- Most of the people that completed a survey were between the ages of 55-64.
- 70% of the people who completed the survey were women.
- 53% of the people who completed the survey were Oneida Nation employees.

If you would like to read the entire GTC Meetings Law Survey Report go to: [https://oneida-nasn.gov/government/register/GTC Meetings Law](https://oneida-nasn.gov/government/register/GTC%20Meetings%20Law).

In addition, a community meeting was held on October 23, 2017. The purpose of the meeting was to collect comments and ideas from the community regarding GTC meetings and a potential law.

Legislative Reference Office (LRO) First Quarter Activities

The LRO is the support office for the LOC. The LRO drafts law, analyzes law, holds public meetings, collects public comment, and involves various departments in work meetings where the LOC discusses policy and makes decisions. The LRO also maintains a legislative record of the LOC's work, including the Oneida Register. Other activities in the first quarter included;

- GTC Meetings Law surveys- dissemination and analysis
- LRO and MIS developed a plan to transition LOC records to On Base software.
- LRO Director provided a presentation on Oneida's legislative process and rulemaking for the Oneida Food Summit and the EPA Region 5 Tribal Operating Committee.
- A Legislative Analyst was hired.
- Participation in the TAP Lawmaking and Policies sub-committee began.
- LRO participated in the community budget meetings and the budget showcase.

Second Quarter Plans

The LOC will focus on a few specific items in the second quarter;

- Completing and reviewing first drafts of a GTC Meetings Law and amendments to the Comprehensive Policy Governing Boards, Committees, and Commissions.
- Completing and submitting legislative analyses for current GTC petitions.
- Evaluating the success of the Administrative Rulemaking law and making decisions based on facilitated discussion.
- Working with students from Michigan State University to assist in the development of a Wellness Court.
- Meeting with the Election Board to begin identifying potential amendments to the Election Law, per the November 12, 2017 GTC motion (listed above).



Oneida Nation
 Oneida Business Committee
 Legislative Operating Committee
 PO Box 365 • Oneida, WI 54155-0365
 Oneida-nsn.gov



AGENDA REQUEST FORM

- 1) Request Date: January 25, 2018
- 2) Contact Person(s): Rob Collins
 Dept: Law Office
 Phone Number: 920-869-4327 Email: rcollins@oneidanation.org
- 3) Agenda Title: LOC Certification of Voiding Unlawful Membership Rule
- 4) Detailed description of the item and the reason/justification it is being brought before the LOC:
The Membership Ordinance delegates administrative rulemaking authority to the Oneida
Trust Enrollment Committee as authorized by the Administrative Rulemaking law.
Pursuant to section 106.7-1 of the Administrative Rulemaking law, the Committee
is submitting the Distributions Rule to be certified by the LOC.

List any supporting materials included and submitted with the Agenda Request Form

- 1) Proposed rule
- 2) _____
- 3) Complete record of the rule
- 4) _____
- 5) Please list any laws, policies or resolutions that might be affected:
Membership Ordinance
- 6) Please list all other departments or person(s) you have brought your concern to:
This rule has been discussed with the Judiciary, Child Support, Indian Child Welfare, and Community Economic Support.
- 7) Do you consider this request urgent? ☐ Yes ☒ No
 If yes, please indicate why:

I, the undersigned, have reviewed the attached materials, and understand that they are subject to action by the Legislative Operating Committee.

Signature of Requester:

Please send this form and all supporting materials to:

LOC@oneidanation.org
 or
Legislative Operating Committee (LOC)
 P.O. Box 365
 Oneida, WI 54155
 Phone 920-869-4376



TO: Legislative Operating Committee (LOC)
FROM: Clorissa N. Santiago, Legislative Reference Office Staff Attorney *CNS*
DATE: February 7, 2018
RE: Certification of Membership Ordinance Rule No. 2 – Voiding Unlawful Membership

The Legislative Reference Office has reviewed the certification packet provided by the Oneida Trust Enrollment Committee for the Membership Ordinance Rule No. 2 – Voiding Unlawful Membership (“the Rule”). The Rule creates a process by which the Oneida Nation may void the membership of a Tribal member who no longer qualifies for enrollment pursuant to the Membership Ordinance under limited circumstances.

The Rule would become effective upon adoption by the Oneida Business Committee.

Administrative Record

The certification packet contains all documentation required by the Administrative Rulemaking law for a complete administrative record. The certification packet contains:

- A memorandum from Susan White, Trust Enrollment Department Director, containing the Rule’s procedural timeline;
- Final draft of the Rule;
- Summary Report;
- Statement of Effect;
- Financial analyses from both the Trust Enrollment Department and Judiciary;
- Memorandum addressing public comments;
- Public meeting sign-in sheet;
- Public Meeting Notice as it appeared in the Kalihwisaks;
- Draft of the Rule considered at the public meeting; and
- Minutes from Oneida Trust Enrollment Committee Meetings during which the proposed rule was discussed and approved.

Procedural Requirements

The certification packet demonstrates that the promulgation of the rule complies with the procedural requirements contained in the Administrative Rulemaking law.

In accordance with the Administrative Rulemaking law:

- A public meeting notice for the Rule was published in the Kalihwisaks on November 16 2017;

- A public meeting for the Rule was held on December 21, 2017;
- The public comment period was held open until January 2, 2017;
- Oneida Trust Enrollment Committee considered public comments and approved Rule on January 23, 2018.

Rulemaking Authority

The Rule did not exceed the rulemaking authority granted under the law for which the Rule is being promulgated.

Conclusion

Promulgation of the Membership Ordinance Rule No. 2 – Voiding Unlawful Membership complies with all requirements of the Administrative Rulemaking law.



Trust Enrollment Department

PO Box 365, Oneida WI 54155

(920) 869-6200 * 1-800-571-9902

Fax: (920) 869-2995

TrustEnrollments@oneidanation.org

<https://oneida-nsn.gov/resources/enrollments/>



TO: Legislative Operating Committee (LOC)
 FROM: Susan White, Trust Enrollment Department Director
 DATE: January 24, 2018
 RE: Voiding Unlawful Membership

This memorandum is being provided by the Trust Enrollment Department to outline the dates that the procedural timelines outlined in the Administrative Rulemaking law were complied with. Those dates are as follows:

- Notice published in Kaliwisaks and on the Oneida Register: November 16, 2017.
- Public meeting: December 21, 2017.
- Close of public comment period: January 2, 2018.
- Oneida Trust Enrollment Committee considered public comments: January 23, 2018.

The supporting documents submitted with this memorandum include:

- Draft of the rule (updated).
- Summary Report.
- Statement of Effect.
- Financial Analysis.
 - Trust Enrollment Department
 - Judiciary
- Memorandum addressing public comments.
- Public meeting sign-in sheets.
- Public meeting notice.
- Draft of the rule (for public meeting)
- Minutes from the Oneida Trust Enrollment Committee's meetings during which the proposed rule was addressed as an agenda item.

I am requesting that the effective date of the rule be the date the Oneida Business Committee adopts the rule pursuant to section 106.8-2(a) of the Administrative Rulemaking law.



Title 1. Government and Finances – Chapter 124

MEMBERSHIP ORDINANCE

Rule #2 – Voiding Unlawful Membership

- 1.1 Purpose and Delegation
- 1.2 Adoption and Authority
- 1.3 Definitions
- 1.4 Applicability
- 1.5 Voiding an Unlawful Membership
- 1.6 Implications of a Voided Membership

1.1. Purpose and Delegation

1.1-1. *Purpose.* The purpose of this rule is to create a process by which the Oneida Nation may void the membership of a Tribal member who no longer qualifies for enrollment pursuant to the Membership Ordinance under limited circumstances.

1.1-2. *Delegation.* The Membership Ordinance delegated the Oneida Trust Enrollment Committee rulemaking authority pursuant to the Administrative Rulemaking law.

1.2. Adoption and Authority

1.2-1. This rule was adopted by the Oneida Trust Enrollment Committee in accordance with the procedures of the Administrative Rulemaking law.

1.2-2. This rule may be amended or repealed pursuant to the procedures set out in the Administrative Rulemaking law.

1.2-3. Should a provision of this rule or the application thereof to any person or circumstances be held as invalid, such invalidity shall not affect other provisions of this rule which are considered to have legal force without the invalid portions.

1.2-4. In the event of a conflict between a provision of this rule and a provision of another rule, internal policy, procedure, or other regulation; the provisions of this rule control.

1.2-5. This rule supersedes all prior rules, regulations, internal policies, or other requirements relating to the Membership Ordinance.

1.3. Definitions

1.3-1. This section governs the definitions of words and phrases used within this rule. All words not defined herein are to be used in their ordinary and everyday sense.

(a) “Clear and convincing evidence” means that a particular fact is substantially more likely than not to be true.

(b) “Committee” means the Oneida Trust Enrollment Committee.

(c) “Department” means the Trust Enrollment Department.

(d) “Judiciary” means the judicial system responsible for applying the laws of the Oneida Nation. The three branches, as identified in resolutions BC-05-08-13-A and GTC 01-07-13-B are the Family Court, Trial Court, and Court of Appeals.

(e) “Nation” means the Oneida Nation.

(f) “Tribal Member” means an individual who is an enrolled member of the Nation.

(g) “Void” or “Voidance” means to cancel an enrollment with the resulting Tribal membership having no legal effect.

1.4. Applicability.

1.4-1. This rule applies only to future enrollments that occur after the effective date of the rule.

1.5. Voiding an Unlawful Membership.

1.5-1. *Limited Circumstances for Voiding an Unlawful Membership.* Under the following limited circumstances, an enrolled party's Tribal membership may be voided as unlawful because it does not satisfy the qualifications for enrollment pursuant to the Membership Ordinance:

- (a) When enrollment is based on a birth certificate or an acknowledgement of paternity and the father on the birth certificate or acknowledgement is later determined not to be the father based on a subsequent paternity determination by a court of competent jurisdiction and that determination affects eligibility; and/or
- (b) When the person obtained membership rights by fraud, deceit, or misrepresentation; and/or
- (c) When the person, who would otherwise not have been eligible for membership, obtained membership rights through an enrolled member who is subject to section 1.5-1(a) or (b).

1.5-2. *Initiating a Voidance.* A Tribal member or Tribal department who has knowledge of facts supporting one or more of the grounds listed in section 1.5-1(a)-(c) may initiate the voidance of the enrolled party's Tribal membership by filing a petition with the Judiciary's Trial Court.

- (a) The petition shall, at a minimum, include the following information:
 - (1) The name and address of the enrolled party in question; and
 - (2) A statement of the facts supporting that one of the grounds listed in section 1.5-1(a)-(c) has been satisfied.
- (b) In regard to taking actions under this rule, petitions filed with the Judiciary shall be served on the Department who may intervene as an interested party to either oppose or support the proposed voidance. Regardless of whether the Department intervenes, a copy of all orders issued under this section shall be forwarded to the Department.

1.5-3. *Hearing.* The Petitioner has the burden to prove by clear and convincing evidence that one of the circumstances named in section 1.5-1(a)-(c) apply to the enrolled party in question.

1.5-4. *Appeal.* Decisions of the Trial Court under this section may be appealed to the Court of Appeals in accordance with the Rules of Appellate Procedure.

1.5-5. *Final Voidance of an Enrollment.* The Department shall officially void the subject individual's enrollment and remove the individual from the Nation's tribal roll by sending a notice of official voidance including the implications of the voidance under the following circumstances:

- (a) If the time frame for filing a Notice of Appeal with the Oneida Judiciary Court of Appeals has expired; or
- (b) If a Notice of Appeal was filed, upon receipt of a determination from the Oneida Judiciary Court of Appeals regarding the voidance.

1.5-6. *Voidance Hearings Closed to the Public.* Voidance hearings shall be closed to the public.

1.6. Implications of a Voided Membership.

1.6-1. *Termination of Benefits Contingent on Tribal Membership Status.* All benefits provided by the Nation that are contingent upon Tribal member status shall be terminated upon the

voidance of enrollment. Such benefits include, but are not limited to the following:

(a) *Per Capita Payments.* A party whose enrollment is voided is no longer eligible for per capita payments, provided that payments received while enrolled are not subject to repayment.

(b) *Per Capita Trust Accounts.* Should the party whose enrollment has been voided have a balance in a per capita trust account, the balance of the account shall be redirected to the Disability Fund.

(c) *Higher Education.* A party whose enrollment is voided is no longer eligible for the higher education or trust scholarships, provided that any scholarship payments received while enrolled are not subject to repayment. While the subject individual would be able to complete any classes that have already been paid for, any future higher education expenses shall be the responsibility of the subject individual.

(d) *Voting in the Nation's Elections.* A party whose enrollment is voided is no longer eligible to vote in the Nation's elections.

(e) *Health, Vision, and Dental Services at Oneida Community Health Center.* A party whose enrollment is voided may no longer qualify for enrolled membership services provided at the Oneida Community Health Center.

1.6-2. *Future Eligibility for Enrollment.* A party whose membership is voided is not eligible for re-enrollment with the Nation unless the party meets the qualifications for enrollment.

1.6-3. *Appeal of Eligibility for Re-Enrollment.* A party that is dissatisfied with the Committee's determination of eligibility for re-enrollment may appeal that determination in accordance with the Membership Ordinance.

End.

Original effective date:

Summary Report for Voiding Unlawful Membership

Original effective date: N/A

Amendment effective date: N/A

Name of rule: Voiding Unlawful Membership

Name of law being interpreted: Membership Ordinance

Rule number: 2

Other laws or rules that may be affected: N/A

Brief summary of the proposed rule: The purpose of this rule is to create a process by which the Oneida Nation may void the membership of a Tribal member who no longer qualifies for enrollment pursuant to the Membership Ordinance under limited circumstances.

In January 2017, the first draft of this rule went to public meeting. Since then, significant changes have been made to the rule including, but not limited to:

- The prospective nature of the rule was added (voidance will not apply to those who were enrolled prior to the rule going into effect).
- The circumstances for voiding membership were amended to be more limited in nature and only include:
 - Situations where enrollment was based on a birth certificate or an acknowledgement of paternity and the father is later determined not to be the father based on a subsequent paternity determination by a court of competent jurisdiction and that determination affects eligibility.
 - Situations where the person obtained membership rights by fraud, deceit, or misrepresentation.
- Additional due process was added such as: right to a hearing, intervention, burden of proof, and right to appeal.

Changes made based on the public comment(s): In response to the comment that questioned what should be done with descendants of those that obtained membership under the two limited circumstances identified in the rule, the Oneida Trust Enrollment Committee added section 1.5-1(c) which allows a petition to be filed “[w]hen the person, who would otherwise not have been eligible for membership, obtained membership rights through an enrolled member who is subject to section 1.5-1(a) or (b).” References to section 1.5-1(a)-(b) were then revised to state 1.5-1(a)-(c).

Statement of Effect: Obtained after requesting from the Legislative Reference Office.

Financial Analysis: See Attached.



Oneida Nation
 Oneida Business Committee
 Legislative Operating Committee
 PO Box 365 • Oneida, WI 54155-0365
 Oneida-nsn.gov



Statement of Effect

Membership Ordinance Law Rule No.2 – Voidance Rule

Summary

Membership Ordinance Law Rule No.2 – Voidance Rule creates a process by which the Oneida Nation may void the membership of a Tribal member who no longer qualifies for enrollment pursuant to the Membership Ordinance when:

- Enrollment is based on a birth certificate or an acknowledgement of paternity and the father on the birth certificate or acknowledgement is later determined not to be the father based on a subsequent paternity determination by a court of competent jurisdiction and that determination affects eligibility; and/or
- When the person obtained membership rights by fraud, deceit, or misrepresentation.

Submitted by: Clorissa N. Santiago, Staff Attorney, Legislative Reference Office

Date: October 19, 2017

Analysis by the Legislative Reference Office

The Administrative Rulemaking law states that authorized agencies must be granted rulemaking authority by a law of a Nation, and that once granted rulemaking authority the authorized agency can then create rules which interpret provisions of any law enforced or administered by it as long as the rule does not exceed the rulemaking authority granted under the law for which the rule is being created for. *[see Administrative Rulemaking law section 106.4-1]*.

The Membership Ordinance was adopted by the General Tribal Council pursuant to GTC Resolution 07-02-84-A. The Membership Ordinance states that the Oneida Trust Committee, now known as the Oneida Trust Enrollment Committee, is delegated the responsibility for maintaining the official rolls of the Oneida Nation, and is tasked with developing and drafting rules and procedures for carrying out that responsibility. *[see Membership Ordinance section 124.5-1]*. Minimum requirements for what should be included in the rules are then described in the Membership Ordinance. *[see Membership Ordinance section 124.5-1(a)-(f)]*. The Membership Ordinance then states that enrollment procedures developed by the Oneida Trust Enrollment Committee shall be strictly followed, and that Tribal Enrollment Officers shall implement such rules after they have been approved by the Oneida Business Committee. *[see Membership Ordinance section 124.5-2]*.

Although the Membership Ordinance was adopted thirty-two (32) years prior to the Administrative Rulemaking law, it may be interpreted that the Membership Ordinance delegates administrative rulemaking authority to the Trust Enrollment Committee as authorized by the Administrative Rulemaking law since the Membership Ordinance delegates authority to the Trust Enrollment Committee to develop rules which must be adopted by the Oneida Business Committee, which is a similar process to that contained in the Administrative Rulemaking law.

The purpose of the Membership Ordinance Law Rule No.2 – Voidance Rule (“the Rule”) is to allow the Oneida Trust Enrollment Committee to maintain an accurate official roll for the Oneida Nation by voiding the memberships of those individuals who should not have rightfully qualified for membership, but received enrollment in the Oneida Nation due to fraud, deceit, misrepresentation, or enrollment due to an acknowledgement of paternity that was later determined to be an inaccurate paternity determination.

After reviewing applicable resolutions of the Nation it has been determined that there is at least one circumstance in which the Trust Enrollment Committee has dis-enrolled an individual from the official rolls of the Oneida Nation. Resolution #02-12-88-C adopted by the Oneida Business Committee approves the disenrollment of an individual based on research by the Oneida Enrollment Office that the individual was not a descendant of Oneida ancestry. The individual was given notice by certified mail of the disenrollment recommendation, and given thirty (30) days to request a hearing. The individual did not request a hearing so the Oneida Trust/Enrollment Committee approved the disenrollment on January 26, 1988 by formal action, and then the Oneida Business Committee approved the disenrollment of the individual and the removal of the individual’s name from the Official 1967 Tribal Roll through resolution #02-12-88-C. This disenrollment was not due to fraud, deceit, misrepresentation, or enrollment due to an acknowledgement of paternity that was later determined to be an inaccurate paternity determination, but the disenrollment was based on the individual being an adopted child of a member of the Nation.

Conclusion

There are no legal bars to adopting Membership Ordinance Law Rule No.2 – Voidance Rule.

Financial Analysis for Voiding Unlawful Membership (Trust Enrollment Department)

Type of Cost	Description/Comment	Dollar Amount
Start Up Costs	Would be absorbed within the current budget.	\$0
Personnel	N/A	\$0
Office	N/A	\$0
Documentation Costs	N/A	\$0
Estimate of time necessary for an individual or agency to comply with the rule after implementation	One week.	\$0
Other, please explain	N/A	\$0
Total Cost (Annual)		\$0

Financial Analysis for Voiding Unlawful Membership (Judiciary)

Type of Cost	Description/Comment	Dollar Amount
Start Up Costs	Would be absorbed within the current budget.	\$0
Personnel	N/A	\$0
Office	N/A	\$0
Documentation Costs	N/A	\$0
Estimate of time necessary for an individual or agency to comply with the rule after implementation	One week.	\$0
Other, please explain	N/A	\$0
Total Cost (Annual)		\$0



TO: Legislative Operating Committee (LOC) *RJC*
FROM: Robert J. Collins II, Oneida Law Office
DATE: January 24, 2018
RE: Voiding Unlawful Membership Rule: Public Meeting Comment Review

On December 21, 2017, a public meeting was held regarding the proposed Voiding Unlawful Membership Rule. This memorandum, which was approved by the Oneida Trust Enrollment Committee on January 23, 2018, is submitted as a review of the oral and written comments that were presented at the public meeting and submitted within the public comment period.

Comment 1.

Bonnie Pigman – Oral Comment: Good afternoon, my name is Bonnie Pigman. I'm enrolled tribal member, 5361. I was looking at section 1.6, "Implication of a voided membership." The Oneida Life Insurance Plan Plus is not indicated on there. There is a conversion privilege that as a staff member of the department, we have to be conscious of that. Technically they could participate in the conversion privilege of that particular benefit, so we need to make sure we identify with that particular area for the members that may be subject to this and how that works with that.

I understand that from what you said that, it goes into effect after the date of the rule is adopted. My question would be then, would anybody, effective with the date for example, let's say it's December 2018, would everybody from December 2018 forward regardless - so we would look back at those people that were enrolled as of December 2018 as being participants that you could go back and as far back as 2018 and, and look at those individuals and make them susceptible to this rule? So, for example, let's say my child is born in November and I enroll them in December 2018, and ten years later, 2028, it's found that he is no longer eligible because of this rule. Would that make him and all of his descendants ineligible too? So I think there's some other information that needs to be presented to it. Thank you.

Oneida Trust Enrollment Committee Response:

Section 1.6-1 lists some but not all of the benefits that may be affected by a voided membership. While the Oneida Life Insurance Plan Plus (OLIPP) would be affected by a voidance, those impacts are lengthy, complicated, and are currently outlined in the Term Life Certificate for Oneida Nation located on the Trust Enrollment Department website. As section 1.6-1 is not an exhaustive list, there are no recommended changes to the draft based on this comment.

The rule as currently drafted would potentially affect the Tribal membership of an individual who fits the limited circumstances outlined in sections 1.5-1(a) and (b). What was not addressed in the initial draft of the rule is what would happen to those individuals, who would otherwise have not been eligible, who became members based on the membership status of the individual

Page 2

who fits the limited circumstances outlined in sections 1.5-1(a) and (b). Based on this comment, the Oneida Trust Enrollment Committee made the following revision to section 1.5-1:

- (a) When enrollment is based on a birth certificate or an acknowledgement of paternity and the father on the birth certificate or acknowledgement is later determined not to be the father based on a subsequent paternity determination by a court of competent jurisdiction and that determination affects eligibility; and/or
- (b) When the person obtained membership rights by fraud, deceit, or misrepresentation; and/or
- (c) When the person, who would otherwise not have been eligible for membership, obtained membership rights through an enrolled member who is subject to section 1.5-1(a) or (b).

Comment 2.

Deborah Marcisz – Oral Comment: I'm just trying to learn what this is really truly all about. Um, you're going by what's going on now or is going to affect those who already uh, taken advantage of lying about the enrollment?

Oneida Trust Enrollment Committee Response:

Section 1.4-1 states that the rule applies only to future enrollments that occur after the effective date of the rule. There are no recommended changes to the draft based on this comment.

Public Meeting Sign In Sheet

VOIDING UNLAWFUL MEMBERSHIP RULE

December 21, 2017; 1:00 p.m.

	Name	Phone or Email
1	Bobbi Webster	bwebst@oneidation.org
2	Deborah Marcisz	Callgirl235@aol.com
3	Bonnie Pigman RTC	bpigman@oneidation.org
4	Susan White	SWHITE@ONEIDATION.ORG
5		
6		
7		
8		
9		
10		

www.kalihwisaks.com

Local

November 16, 2017 • Wisk Yawá·le 15

Review: Erdrich tries apocalyptic fiction in 'Future Home'

By Carla K. Johnson
Associated Press

"Future Home of the Living God" (Harper), by Louise Erdrich

Evolution runs amok in Louise Erdrich's new novel, "Future Home of the Living God." Ladybugs are the size of cats. Dragonflies have three-foot wingspans. Few women survive childbirth because of a fatal autoimmune response, and because infants are bigger, some are too big for the birth canal.

These babies also walk sooner and are thought to be incapable of speech. An authoritarian government recruits patriotic women as "womb volunteers" to harbor embryos frozen before the mysterious calamity. Gourmet food is promised: "Our chefs are waiting for you!" intones Mother, the voice of the new regime.

Witnessing these alarming developments is Cedar Hawk Songmaker, who is pregnant and learning how valuable she may be to those who have assumed power in the United States. She begins her story _ in diary entries addressed to her unborn child _ as she reconnects with her birth mother, an Ojibwe gas station owner on a nearby reservation. Cedar is the adopted daughter of a liberal white couple in Minneapolis. She re-

turns to the reservation to meet Mary Potts, known as "Sweetie," her birth mom, as society begins to disintegrate.

"This is how the world ends, I think, everything crazy yet people doing normal things," Cedar writes.

The details of normal life on the reservation, detached from the evolutionary goings-on and a larger political turmoil, make the story believable and therefore more frightening. Cedar accompanies Sweetie to a tribal council meeting - the entrance to the tribe's office sits under the "outspread wings of a cast fiberglass eagle" - and later to a casino parking lot where the pair lay sod for a shrine to Kateri, the first Native American Catholic saint.

Sweetie has worked out the potential financial boon to the reservation of a shrine at a spot where gamblers have sighted the saint. Cedar is impressed. She has been underestimating her birth mother.

Her growing appreciation of older women, who help her on an increasingly perilous journey, becomes one of many themes for Erdrich to explore.

Known for her fluid novels of families, reservation life and Catholic faith, Erdrich is new to speculative fiction. "Future Home" owes a debt to Margaret Atwood and P.D. James, but Erdrich

makes her own mark on the material.

The U.S. Postal Service is "still operating under a secular postmaster general" and postal employees not only deliver mail but also move dissidents along an underground railroad to safety.

In a tense and memorable scene, Cedar's adoptive mother, Sera, is reassuring and heroic with "the face of packing the car for a vacation ... the face of the household general." But Sera can still push Cedar's buttons, as only a mother can. Stuck hiding together in a mop closet at the Minneapolis Post Office, they play out old emotional dramas, wounding each other before coming to terms again.

Some threads are left unresolved by the time this short novel ends. Erdrich may be setting up a sequel, or leaving her options open. While the final pages are beautifully written, the unanswered questions feel unsatisfying rather than intriguing. Still, this is a journey worth taking and a worthy addition to contemporary apocalyptic fiction.

Online:
<https://www.harpercollins.com/cr-100712/louise-erdrich>

NOTICE OF

PUBLIC MEETING

TO BE HELD

December 21, 2017 at 1:00 p.m.

IN THE

Business Committee Conference Room

In accordance with the Administrative Rulemaking Law, the Oneida Trust Enrollment Committee is hosting this Public Meeting to gather feedback from the community regarding the following rule(s).

TOPIC: Voiding Unlawful Membership

This is a proposal to adopt a rule which would create a process by which the Oneida Nation may void the membership of a Tribal member who no longer qualifies for enrollment pursuant to the Membership Ordinance under two limited circumstances.

A previous version of this rule went to public meeting in January 2017. Since that time, significant changes have been made to the rule including:

- ♦ Rule only applies to future enrollments that occur after the effective date of the rule.
- ♦ Grounds for voiding unlawful membership were narrowed down to only two limited circumstances.

To obtain copies of the Public Meeting documents for this proposal, please visit www.oneida-nsn.gov/Register/PublicMeetings.

PUBLIC COMMENT PERIOD OPEN UNTIL January 2, 2018.

During the Public Comment Period, all interested persons may submit written comments and/or a transcript of any testimony/spoken comments made during the Public Meeting. These may be submitted to the Oneida Trust Enrollment Committee by U.S. mail, interoffice mail, e-mail or fax.

Oneida Trust Enrollment Committee
PO Box 365
Oneida, WI 54155
Enrollments@oneidanation.org
Telephone: (920) 869-6200
Fax: (920) 869-2995



Title 1. Government and Finances – Chapter 124

MEMBERSHIP ORDINANCE

Rule #2 – Voiding Unlawful Membership

- 1.1 Purpose and Delegation
- 1.2 Adoption and Authority
- 1.3 Definitions
- 1.4 Applicability
- 1.5 Voiding an Unlawful Membership
- 1.6 Implications of a Voided Membership

1.1. Purpose and Delegation

1.1-1. *Purpose.* The purpose of this rule is to create a process by which the Oneida Nation may void the membership of a Tribal member who no longer qualifies for enrollment pursuant to the Membership Ordinance under two limited circumstances.

1.1-2. *Delegation.* The Membership Ordinance delegated the Oneida Trust Enrollment Committee rulemaking authority pursuant to the Administrative Rulemaking law.

1.2. Adoption and Authority

1.2-1. This rule was adopted by the Oneida Trust Enrollment Committee in accordance with the procedures of the Administrative Rulemaking law.

1.2-2. This rule may be amended or repealed pursuant to the procedures set out in the Administrative Rulemaking law.

1.2-3. Should a provision of this rule or the application thereof to any person or circumstances be held as invalid, such invalidity shall not affect other provisions of this rule which are considered to have legal force without the invalid portions.

1.2-4. In the event of a conflict between a provision of this rule and a provision of another rule, internal policy, procedure, or other regulation; the provisions of this rule control.

1.2-5. This rule supersedes all prior rules, regulations, internal policies or other requirements relating to the Membership Ordinance.

1.3. Definitions

1.3-1. This section governs the definitions of words and phrases used within this rule. All words not defined herein are to be used in their ordinary and everyday sense.

(a) “Committee” means the Oneida Trust Enrollment Committee.

(b) “Clear and convincing evidence” means that a particular fact is substantially more likely than not to be true.

(c) “Department” means the Trust Enrollment Department.

(d) “Judiciary” means the judicial system responsible for applying the laws of the Oneida Nation. The three branches, as identified in resolutions BC-05-08-13-A and GTC 01-07-13-B are the Family Court, Trial Court and Court of Appeals.

(e) “Minor” means anyone who has not yet attained the age of eighteen (18).

(f) “Nation” means the Oneida Nation.

(g) “Tribal Member” means an individual who is an enrolled member of the Nation.

(h) “Void” or “Voidance” means to cancel an enrollment with the resulting Tribal membership having no legal effect.

1.4. Applicability.

1.4-1. This rule applies only to future enrollments that occur after the effective date of the rule.

1.5. Voiding an Unlawful Membership.

1.5-1. *Limited Circumstances for Voiding an Unlawful Membership.* Under the following limited circumstances, an enrolled party's Tribal membership may be voided as unlawful because it does not satisfy the qualifications for enrollment pursuant to the Membership Ordinance:

(a) When enrollment is based on a birth certificate or an acknowledgement of paternity and the father on the birth certificate or acknowledgement is later determined not to be the father based on a subsequent paternity determination by a court of competent jurisdiction and that determination affects eligibility; and/or

(b) When the person obtained membership rights by fraud, deceit, or misrepresentation.

1.5-2. *Initiating a Voidance.* A Tribal member or Tribal department who has knowledge of facts supporting one or more of the grounds listed in section 1.5-1(a)-(b) may initiate the voidance of the enrolled party's Tribal membership by filing a petition with the Judiciary's Trial Court.

(a) The petition shall, at a minimum, include the following information:

(1) The name and address of the enrolled party in question; and

(2) A statement of the facts supporting that one of the grounds listed in section 1.5-1(a)-(b) has been satisfied.

(b) In regard to taking actions under this rule, petitions filed with the Judiciary shall be served on the Department who may intervene as an interested party to either oppose or support the proposed voidance. Regardless of whether the Department intervenes, a copy of all orders issued under this section shall be forwarded to the Department.

1.5-3. *Hearing.* The Petitioner has the burden to prove by clear and convincing evidence that one of the circumstances named in section 1.5-1(a)-(b) apply to the enrolled party in question.

1.5-4. *Appeal.* Decisions of the Trial Court under this section may be appealed to the Court of Appeals in accordance with the Rules of Appellate Procedure.

1.5-5. *Final Voidance of an Enrollment.* The Department shall officially void the subject individual's enrollment and remove the individual from the Nation's tribal roll by sending a notice of official voidance including the implications of the voidance under the following circumstances:

(a) If the time frame for filing a Notice of Appeal with the Oneida Judiciary Court of Appeals has expired; or

(b) If a Notice of Appeal was filed, upon receipt of a determination from the Oneida Judiciary Court of Appeals regarding the voidance.

1.5-6. *Voidance Hearings Closed to the Public.* Voidance hearings shall be closed to the public.

1.6. Implications of a Voided Membership.

1.6-1. *Termination of Benefits Contingent on Tribal Membership Status.* All benefits provided by the Nation that are contingent upon Tribal member status shall be terminated upon the voidance of enrollment. Such benefits include, but are not limited to the following:

(a) *Per Capita Payments.* A party whose enrollment is voided is no longer eligible for per capita payments, provided that payments received while enrolled are not subject to repayment.

(b) *Per Capita Trust Accounts.* Should the party whose enrollment has been voided have a balance in a per capita trust account, the balance of the account shall be redirected to the Disability Fund.

(c) *Higher Education.* A party whose enrollment is voided is no longer eligible for the higher education or trust scholarships, provided that any scholarship payments received while enrolled are not subject to repayment. While the subject individual would be able to complete any classes that have already been paid for, any future higher education expenses shall be the responsibility of the subject individual.

(d) *Voting in the Nation's Elections.* A party whose enrollment is voided is no longer eligible to vote in the Nation's elections.

(e) *Health, Vision, and Dental Services at Oneida Community Health Center.* A party whose enrollment is voided may no longer qualify for enrolled membership services provided at the Oneida Community Health Center.

1.6-2. *Future Eligibility for Enrollment.* A party whose membership is voided is not eligible for re-enrollment with the Nation unless the party meets the qualifications for enrollment.

1.6-3. *Appeal of Eligibility for Re-Enrollment.* A party that is dissatisfied with the Committee's determination of eligibility for re-enrollment may appeal that determination in accordance with the Membership Ordinance.

End.

Original effective date:

Regular Trust Enrollment Committee Minutes
22 August 2017
Page 3 of 5

B. Voiding Unlawful Memberships – Rob Collins

7-10-17 Motioned to pursue Option 3.a.i & ii as stated in the memo from Trust Enrollment Staff Attorney Robert Collins II, dated June 14, 2017, and for the draft rule be presented to the Trust Enrollment Committee at their regular monthly meeting in September.

8-22-17 Status Update – Needs Direction

Elaine Skenandore-Cornelius was not in favor of voiding unlawful memberships due to community feedback from the January 19, 2017 Public Meeting. Kirby Metoxen noted that Trust Enrollment Committee cannot turn a blind eye to their responsibility, and that clear communication is key to dispelling negative reactions from the community. Carole Liggins suggested moving the hearing body of unlawful membership cases to the Judiciary.

Norbert Hill Jr. motioned to pursue Option 3 in Attorney Collins memo dated August 16, 2017, "To pursue the Voiding Unlawful Membership rule and Enrollment Rule (without avoidance included) as two separate rules; for Attorney Collins to provide information on potential cases for voiding unlawful memberships; and to revise the Voiding Unlawful Membership rule to include Judiciary as the hearing body of unlawful membership cases. Seconded Kirby Metoxen. Elaine Skenandore-Cornelius abstained. Motion carried.

Discussion: Dylan Benton asked the committee to consider which of the two rules to put forward for a public meeting first. The final draft of both rules will be an item on September's Regular Trust Enrollment Committee Meeting agenda.

V. Old Business

A.

[REDACTED]

B.

[REDACTED]

Regular Trust Enrollment Committee Minutes
 28 September 2017
 Page 2 of 5

IV. Minutes

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

V. Tabled Business

[REDACTED]

[REDACTED]

[REDACTED]

VI. Attorney Business

A. Voiding Unlawful Memberships – Rob Collins

7-10-17 Motioned to pursue Option 3.a.i & ii as stated in the memo from Trust Enrollment Staff Attorney Robert Collins II, dated June 14, 2017, and for the draft rule be presented to the Trust Enrollment Committee at their regular monthly meeting in September. 8-22-17 motioned to pursue the Voiding Unlawful Membership rule and Enrollment Rule (without voidance included) as two separate rules; for Attorney Collins to provide information on potential cases for voiding unlawful memberships; and to revise the Voiding Unlawful Membership rule to include Judiciary as the hearing body of unlawful membership cases.

9-28-17 Status Update

Cheryl Skolaski excused at 5:30pm

Loretta Metoxen in favor of voided unlawful memberships keeping their trust accounts. Debra Powless was not in favor of the Judiciary being the hearing body for cases of unlawful memberships. Bonnie Pigman noted the Per Capita Trust Agreement will need to be amended to coincide with the Voiding Unlawful Memberships Rule. Discussion of placement for trust account when an individual's membership is voided.

Debra Powless motioned to place trust accounts of voided members into the Disability Fund. Seconded Loretta Metoxen. Abstained Elaine Skenandore-Cornelius. Motion carried.

Debra Powless motioned to approve the Voiding Unlawful Memberships Rule with noted revisions, and for Attorney Robert Collins continue with the Administrative Rule Making Process for adoption. Seconded Dylan Benton. Abstained Elaine Skenandore-Cornelius. Motion carried.

[REDACTED]

IV. Tabled Business

A. [REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]

[REDACTED]
 [REDACTED]

[REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]

[REDACTED]
 [REDACTED]

V. Attorney Business

A. Voiding Unlawful Memberships – Rob Collins

11-28-17 Motion to approve the update; to direct the Trust Enrollment Department to revise the draft press release, and to circulate the revisions through the Trust Enrollment Committee for input. 12-28-17 Motion to approve the update.

1-23-18 Status Update – **Update Needs Approval**

Attorney Collins recommended a revision to the draft “Voiding Unlawful Memberships” rule in his draft memo to the LOC under Option B. The revision is to include sub-section (c) under 1.5-1 *Limited Circumstances for Voiding an Unlawful Membership*. Sub-section (c) would read “When the person, who would otherwise not have been eligible for membership, obtained membership rights through an enrolled member who is subject to section 1.5-1(a) or (b).”

Debra Powless motioned to approve the update and the recommended revision to the “Voiding Unlawful Memberships” rule under Option B of Attorney Collins’ draft memo, and to forward to LOC for certification. Seconded Dylan Benton. Elaine Skenandore-Cornelius abstained. Motion carried.

[REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]



Oneida Nation
 Oneida Business Committee
 Legislative Operating Committee
 PO Box 365 • Oneida, WI 54155-0365
Oneida-nsn.gov



AGENDA REQUEST FORM

- 1) Request Date: 01-25-18
- 2) Contact Person(s): Daniel Guzman King
 Dept: Business Committee
 Phone Number: 869-4461 Email: dguzman@oneidanation.org
- 3) Agenda Title: Tax Law
- 4) Detailed description of the item and the reason/justification it is being brought before the LOC:
The Oneida Nation has deemed the tribal action plan dealing with drug and alcohol addictions
a top priority for the Nation. A wellness center is a major part of the plan; however funding
is questionable. Thus I would like to propose a tax law that will authorize the Nation to tax
alcohol and cigarettes sold by our One stops and tribal entities.

List any supporting materials included and submitted with the Agenda Request Form

- 1) Legal opinions - taxation authority
- 2) _____
- 3) _____
- 4) _____
- 5) Please list any laws, policies or resolutions that might be affected:
Cigarette tax rebate w/ State, Tobacco law, Alcohol Beverage Licensing Law
- 6) Please list all other departments or person(s) you have brought your concern to:
Business Committee
- 7) Do you consider this request urgent? ☒ Yes ☐ No
 If yes, please indicate why:
Tribal Action plan indicates a wellness facility in 3 - 5 years

I, the undersigned, have reviewed the attached materials, and understand that they are subject to action by the Legislative Operating Committee.

Signature of Requester:

zune-tuner://windowsphone/399a8377%20-%205b15ac10%20-%2088a5fb70%20-%2011c009a8

Digitally signed by zune-tuner://windowsphone/399a8377%20-%205b15ac10%20-%2088a5fb70%20-%2011c009a8
 Date: 2018.01.29 10:34:54 -06'00'

Please send this form and all supporting materials to:

LOC@oneidanation.org
or
Legislative Operating Committee (LOC)
 P.O. Box 365
 Oneida, WI 54155
 Phone 920-869-4376

February 2018

February 2018

Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28			

March 2018

Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Jan 28 - Feb 3	Jan 28	29	30	31	Feb 1	2	3
Feb 4 - 10	4	5	6	7	8	9	10
		3:00pm 4:30pm FW: LOC Prep (BC_Exec_Conf_Room) - Jennifer A. Falck		9:00am 3:00pm LOC (BC_Conf_Room) - LOC			
Feb 11 - 17	11	12	13	14	15	16	17
		6:00pm 10:00pm FW: Annual GTC (Inclement Weather Date) (Radisson) - TribalSecretar		COOKIE SALE A 8:30am 4:30pm BC Meeting (Business Committee Conference Room, 2nd Floor Norbert			
Feb 18 - 24	18	19	20	21	22	23	24
		3:00pm 4:30pm FW: LOC Prep (BC_Exec_Conf_Room) - Jennifer A. Falck		9:00am 3:00pm LOC (BC_Conf_Room) - LOC			
Feb 25 - Mar 3	25	26	27	28	Mar 1	2	3
				8:30am 4:30pm BC Meeting (Business Committee Conference Room, 2nd Floor Norbert Hill			

LOC 2 2/1/2018 10:32 AM