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Green Bay, WI 54304
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Oneida, WI 54155

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1.800.216.3216
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TANF Program Application

Mission Statement:

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

Crisis Assistance: Provide eligible adult parents or caregivers with assistance with rent, security deposit, and utilities.

Diversion Assistance: Provide eligible adult parents or caregivers with support services to assist with obtaining or retaining employment while working toward self-sufficiency.

Cash Assistance: Provide cash payment to families that are experiencing barrier to becoming self •sufficient.

Caretaker of a Newborn: Cash assistance for a newborn where no other resources exist. First time mothers may apply for services in their 7th month of pregnancy. All others may apply within 12 weeks of newborns birth.

Eligibility Criteria:

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

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

All SERVICES REQUIRE THE FOLLOWING VERIFICATIONS:

- Tribal enrollment verification (Tribal ID card or enrollment letter)
- Proof of all household income for the last 30 days (TANF/W2, pay stubs from employment, unemployment, SSI, SSDI, disability payments, workman's compensation, child support, alimony, veteran's benefits, self-employment (tax return), etc.)
- Proof of residency (postmarked piece of mail within the last 30 days or current utility bill)
- Non-custodian parent must provide current child support order and record of payments
- Legal guardian must provide court order of placement or statement from Child Protective Services or Social Worker
- Proof of pregnancy or birth announcement. Current medical documentation (if applicable)
- Cash Assistance Only- Six job search verifications if not employed.

SERVICES AVAILABLE AND REQUIRED VERIFICATION

AODA Assessment/Driver's Safety, Group Dynamics, Multi Offender

Verification of court ordered AODA assessment, driver's safety, group dynamics, multiple offender

Auto Insurance

Two six-month insurance quotes with matching coverage levels if you have no current provider. One six-month insurance quote with copy of proof of current insurance (card)

Auto Repair

Valid Driver's License

Valid Vehicle Registration

Proof of Insurance

Two estimates from an ASE certified auto repair dealer (unless vehicle is not safe to drive, noted on estimate)

Auto Replacement- (all verifications listed for Auto Repair) Plus

Verification from ASE Certified auto mechanic stating repairs exceed the value of vehicle and blue book value of vehicle

Verification of paystubs for last four consecutive months. Must be employed at least 32 hours per week for four (4) consecutive months at the same employer

Driver's License Fees

Verification from Department Motor Vehicle (DMV) of driver license fees

Educational Expense

Verification of short term (less than 10 weeks) training fees, must be employed in field or pending job offer

Household Items

Verification of temporary interruption of income (examples: loss of wages due to illness/injury more than three (3) consecutive days, major appliance repair/replace, vehicle repair, or expense of \$100 or more)

Ignition Interlock Device Installation

Verification of required device in vehicle, cost of installation, and first two (2) monthly fees

Newborn Assistance

Birth announcement (hospital documentation) of baby within the first 12 weeks of life

Rent/Security Deposit

Landlord Verification Form (agency form)

Current Rental Lease Agreement/Mortgage Statement

Verification of temporary interruption of income (example loss of wages due to illness/injury more than three (3) consecutive days, purchase of major appliance or vehicle repair expense of \$100 or more)

Traffic Fines

Verification of traffic fines showing amount, charge/violation code, with name and address

Utilities

Utility disconnection notice (you must first apply with Energy Assistance Program) Proof of last three (3) months of consecutive utility payments. Verification of temporary interruption of income (example loss of wages due to illness/injury more than three (3) consecutive days, purchase of major appliance or vehicle repair expense of \$100 or more)

Work clothes/shoes/tools

Verification of new employment on letterhead (to include employer name and address, start date, wage, hours, and pay frequency, list of required tools, clothing, shoes, required) or TANF Employment Verification Form (provided by agency)

TANF Program Application



OFFICE USE ONLY	
RECEIVED	_____
INTAKE	_____
CASEWORKER	_____

CHECK ALL SERVICES YOU ARE APPLYING FOR

- Cash Payment Assistance
 Utilities
 Rent/Security Deposit

Required Must be employed minimum of 20 hours a week for services listed below except Auto Replacement:

- | | | |
|--|---|--|
| <input type="checkbox"/> Auto Repair | <input type="checkbox"/> Auto towing fees | <input type="checkbox"/> Professional License |
| <input type="checkbox"/> Auto Insurance | <input type="checkbox"/> Education Expense | <input type="checkbox"/> Household/Personal Supplies |
| <input type="checkbox"/> Work Clothes/Tools/Shoes | <input type="checkbox"/> Transportation (fuel, transit, bus) | <input type="checkbox"/> Vehicle Diagnostic Testing |
| <input type="checkbox"/> Traffic Fines | <input type="checkbox"/> Ignition Interlock Device Install | <input type="checkbox"/> Newborn Assistance |
| <input type="checkbox"/> Auto Replacement (32 hours) | List Number of vehicles owned for all members inhousehold _____ | |

NO employment required for services listed below:

- Driver's License/ID
 AODA/Mental Health Treatment
 Birth Certificates
 AODA Assessment

Applicant Information				
Last Name:	First Name:	M.I.:	DOB:	
Address:		Apt #:	City:	
State:	ZIP:	County:	Phone Number:	
Email:	Tribal Affiliation:		Enrollment #:	
Social Security #:	Do you live on the reservation?		US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Marital Status (check one): <input type="checkbox"/> Single/Never Married <input type="checkbox"/> Married Living together <input type="checkbox"/> Married Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				
How are you related to the children on the application?			Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Are you a non-custodial parent?		Do you pay Child Support?		List Agency:
Current source of income earned/unearned list all:				

Co Applicant Information				
Last Name:	First Name:	M.I.:	DOB:	
Phone Number:	Email:	US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Social Security #:	Driver's License#	Enrollment Number:		
Email:	Tribal Affiliation:	Do you live on the reservation?		
Marital Status (check one): <input type="checkbox"/> Single/Never Married <input type="checkbox"/> Married Living together <input type="checkbox"/> Married Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				
How are you related to the children on the application?			Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Are you a non-custodial parent?		Do you pay Child Support?		List Agency:
Current source of income earned/unearned list all:				

LIST ALL OTHER ADULTS IN HOUSEHOLD				
Full Name	Relationship	Monthly Income	Cost Share Expenses	Tribal Affiliation

CURRENT HOUSEHOLD INCOME FOR ALL ADULTS				
Applicant Name	Employer Name/Address	Dates of Employment	Hours Per Week/Wages	Quitte/Fired in the last 60 days?

CHILD INFORMATION: Please write the name of ALL children in the household		
Childs Name:	DOB:	List Current custody/placement of child:
Relationship to Head of Household: County of Child Support Order: Name of Absent Parent:		School Child Attends & Grade Level: Special Needs:
Social Security #:	Tribal Enrollment #:	<input type="checkbox"/> Female <input type="checkbox"/> Male US Citizen:
Childs Name:	DOB:	List Current custody/placement of child:
Relationship to Head of Household: County of Child Support Order: Name of Absent Parent:		School Child Attends & Grade Level: Special Needs:
Social Security #:	Tribal Enrollment #:	<input type="checkbox"/> Female <input type="checkbox"/> Male US Citizen:
Childs Name:	DOB:	List Current custody/placement of child:
Relationship to Head of Household: County of Child Support Order: Name of Absent Parent:		School Child Attends & Grade Level: Special Needs:
Social Security #:	Tribal Enrollment #:	<input type="checkbox"/> Female <input type="checkbox"/> Male US Citizen:
Childs Name:	DOB:	List Current custody/placement of child:
Relationship to Head of Household: County of Child Support Order: Name of Absent Parent:		School Child Attends & Grade Level: Special Needs:
Social Security #:	Tribal Enrollment #:	<input type="checkbox"/> Female <input type="checkbox"/> Male US Citizen:

If additional children, please add on a separate sheet and attach to the application.

Please Provide Statement Below

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

<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

CURRENT VEHICLE OWNERSHIP				
Applicant Name	Make, Model, and Year of Vehicle	Registration	Insurance Provider	Length of Ownership

CONSENT FOR RELEASE/DISCLOSE & SIGNATURE

I consent to release all information necessary for the determination of benefits to be made on my behalf, to the Oneida TANF Program. I understand this release may include, but not limited to, any information regarding income, salary benefits, and disability. I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application or interview may result in denial of current and future benefits.

TANF Crisis Program policy for receiving benefits requires all clients to attend the required budgeting course. I have read and understand requirement for receiving TANF Crisis Program and further acknowledge my understanding that failure to attend the required budgeting course may result in a denial of future requests for assistance until I have verified my compliance with this program.

Applicant Signature:	Co Applicant Signature:
Date:	Date:

OFFICE USE ONLY

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