

# 2020-2021 ONEIDA TANF BACK TO SCHOOL APPLICATION

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

Message#: \_\_\_\_\_

Please list Tribe you are enrolled in: \_\_\_\_\_ Enrollment#: \_\_\_\_\_

Please check if you are receiving the following: \_\_\_\_\_ TANF Grant \_\_\_\_\_ Kinship Care \_\_\_\_\_ Foster Care (includes Guardianship)

Is your child(ren) a part of the Oneida Y.E.S advocate program? \_\_\_\_\_ Yes \_\_\_\_\_ No

**\*If you did not turn in receipts or had inappropriate purchases last year you will not be eligible this year.**

SOURCE OF HOUSEHOLD INCOME (Check **ALL** that is received):

\_\_\_\_ Employment \_\_\_\_ Unemployment \_\_\_\_ Child Support \_\_\_\_ SSI/SSDI Short/Long Term Disability

\_\_\_\_ Other (Describe): \_\_\_\_\_ \_\_\_\_ No Income

Please list everyone living in the household:

Name	Date of Birth	Age of Child	Social Security #	Grade in School	Male/Female

I certify that the information provided on and with this TANF application is true and factual to the best of my knowledge. I understand that I am responsible for returning receipt/s within 10 days and if I do not, I will not be eligible for future back to school assistance. The agency will not replace letters that are issued and then reported lost or stolen. I further acknowledge that by signing this application I am authorizing the release of information from any source necessary for determination of TANF benefits and/or other program eligibility in the Nation.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

## FOR OFFICE USE ONLY

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ # Vouchers: \_\_\_\_\_ Case Manager: \_\_\_\_\_

Verifications: ☐ Tribal Id ☐ POR ☐ School Enrollment ☐ Receipts Returned ☐ Income \$ \_\_\_\_\_ Date: \_\_\_\_\_



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**APPLICATIONS WILL BE ACCEPTED FROM JULY 13, 2020 THRU AUGUST 14, 2020.**

**(NO EXCEPTIONS OR EXTENSIONS)**

### **ELIGIBILITY:**

School assistance is available to income eligible families and Child Only/Kinship/Foster Care cases with school age children who are currently enrolled in Head start age 3 to senior year of high school, or alternative school (attending a minimum of 4 hours per day). TANF eligible families defined as enrolled members of the Oneida Nation residing within Brown and Outagamie counties, or other income-eligible family consisting of enrolled members of a federally recognized Indian tribe residing within the Oneida Nation reservation boundaries.

\*Please note: Home schooled, GED/HSED, Early Head Start & FACE children will not be eligible\* If your household income is at or below the 200% Federal Poverty Level (FPL), the TANF Program may be able to assist with back to school assistance, see the monthly income chart below:

Household Size	Monthly FPL 200%
1	\$2,126.66
2	\$2,873.34
3	\$3,620.00
4	\$4,366.66
5	\$5,113.34
6	\$5,860.00
7	\$6,606.66
8	\$7,353.34
9	\$8,100.00
10	\$8,846.66
Each additional person	\$746.66

### **REQUIRED DOCUMENTS NEEDED WITH APPLICATION:**

- Verification of Tribal enrollment
- Verification of current school enrollment for each child age 3 (must be enrolled in head start)
- Verification of the last 30 days of all household income is required (Pay stubs must show name, pay period dates, AND gross income)
- Verification of current address (ex: piece of mail, utility bill, etc. dated within 30 days of application)
- Signature of applicant(s)

If the application is incomplete or missing required verifications, you will receive notification.

Applications are valid for 30 calendar days from the date received. If you fail to provide the required verifications within the 30 days, you will receive notification that you must re-apply. Please allow 30 business days for processing of all applications. **\*\* Please no phone calls to check the status of your application, as you will be contacted by phone or mail once processed\*\***