

ECONOMIC SUPPORT SERVICES

P.O. Box 365

Oneida, WI 54155

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2640 West Point Rd. Green Bay, WI 54304



TANF Summer Youth Program Application

The program provides career exploration and work experience opportunities for youth ages 14-19 who are attending high school or returning to high school full-time in the fall. As per GTC Resolution 05-23-11-A, enrolled Oneida Tribal members are given first preference in hiring. The program runs **June 14 – August 20**. This will be paid employment up to 20 hours per week.

Group Size	250% FPL
1	\$2,658.00
2	\$3,629.00
3	\$4,575.00
4	\$5,520.00
5	\$6,466.00
6	\$7,412.00
7	\$8,358.00
8	\$9,304.00
9	\$10,250.00
10	\$11,195.00
For each additional person	+\$945.00

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. We will work together with our customers and other community resources to promote program goals in a comprehensive manner while respecting individual dignity, culture, and self-worth.

Minimum Eligibility Criteria:

At least one person in the family group must be an Oneida enrolled tribal member living in the home, and residing in Brown 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.

All applications require:

- ____ Tribal enrollment verification (tribal ID card or 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, etc.)
- ____ Proof of residency (post marked, dated piece of mail within the last 30 days or current utility bill)
- ____ Copies of the Birth Certificate & Social Security card for Youth Applicant

The priority deadline to apply is Thursday May 07, 2021. The staff will contact the youth in the order that the applications were received. Once the work slots are filled, the remaining youth will be placed on a waiting list in the order his/her application was received. Youth on the waiting list will be contacted if a position becomes available. Any applications received after the priority deadline (**May 7th – 4:30 p.m.**) will be placed at the end of the waiting list.

Applications are available from April 05, 2021 through May 07, 2021. They can be picked up Monday through Friday from 8:00 AM to 4:30 PM, at the Oneida Economic Support reception desk located at 2640 West Point Rd, Green Bay. Any questions please contact the front desk at 920.490.3939.

YOUTH APPLICANT INFORMATION			
Last Name	First	M.I.	Date of Birth
Physical Address			Apartment/Unit #
City	State	Zip	County
Phone Number	Message Number	Tribal Enrollment	Tribal Enrollment #
Social Security Number			
Ethnicity	Female <input type="checkbox"/> Male <input type="checkbox"/>	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, are you authorized to work in the U.S. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Educational Level Completed <input type="checkbox"/> 8 th <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th		Are you currently enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What school will you attend for the 2021/22 school year?		Email Address	

PARENT/GUARDIAN #1 INFORMATION			
Parent/Guardian Name		Social Security Number	
Telephone #		County	
Address		City	State Zip
Place of Employment			Work #
Tribal Enrollment		Tribal Enrollment #	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Email Address	

PARENT/GUARDIAN #2 INFORMATION			
Parent/Guardian Name		Social Security Number	
Telephone #		County	
Address		City	State Zip
Place of Employment			Work #
Tribal Enrollment		Tribal Enrollment #	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Email Address	

HOUSEHOLD MEMBERS (If more room is needed, attach a separate piece of paper)

Full Name	Date of Birth	Relationship to Applicant
1.		
2.		
3.		
4.		
5.		

INCOME INFORMATION – MONTHLY AMOUNT

<input type="checkbox"/> Employment	\$ _____	<input type="checkbox"/> Food Stamps	\$ _____	<input type="checkbox"/> Child Care Asst	\$ _____
<input type="checkbox"/> Unemployment	\$ _____	<input type="checkbox"/> Child Support	\$ _____	<input type="checkbox"/> Housing Subsidy	\$ _____
<input type="checkbox"/> Social Security	\$ _____	<input type="checkbox"/> Per Capita	\$ _____	<input type="checkbox"/> WHEAP	\$ _____
<input type="checkbox"/> SSI	\$ _____	<input type="checkbox"/> Workman's Comp	\$ _____	<input type="checkbox"/> Commodities	\$ _____
<input type="checkbox"/> Retirement	\$ _____	<input type="checkbox"/> Disability	\$ _____	<input type="checkbox"/> Other	\$ _____
<input type="checkbox"/> VA/Military Benefits	\$ _____	<input type="checkbox"/> Other	\$ _____		

PARENT/GUARDIAN EMPLOYMENT INFORMATION

Employee	Employer Name/Address	Position	Wages / Frequency of Pay
1.			
2.			
3.			
4.			

CONSENT FOR RELEASE/DISCLOSE & SIGNATURE

I consent to release any and all information for the determination of benefits to be made on my behalf, to the Oneida Nation TANF Program. I understand this release may include, any information regarding income, salary, benefits, and disability. I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application or interview may result in denial of benefits.

Youth Signature**Parent/Guardian Signature****Date****PLEASE COMPLETE THIS SECTION REGARDING THE INTAKE APPOINTMENT THAT YOU'LL BE REQUIRED TO ATTEND**Preferred Time: ☐ AM ☐ PM Preferred Day: ☐ Mon ☐ Tue ☐ Wed ☐ Thur ☐ Fri