

# ***Notice of Virtual Public Meeting***

*To be held:*

***Monday, May 3rd, 2021 at***

***12:00-1:00 p.m. call in [+1 920-455-8831,656956682#](tel:+19204558831656956682)***

*Via Teams Meeting*

*In accordance with the Administrative Rulemaking Law, Oneida Nation Economic Support Department is hosting this Public Meeting to gather feedback to the following rule(s);*

***Topic: Oneida Community Support Law 125 rules***

***The following proposed changes in the Rule Handbook are:***

- Rule 4-Allowing for fuel/transportation assistance for applicants with local medical appointments;
- Rule 9-Increasing the amount of assistance for Medical Related Equipment, supplies, or Furniture;
- Rule 13-Increasing amount allowable for shelter assistance to align with other Rule amounts;
- Rule 14- Removing the requirement for funerals for out of state only, allowing for funeral assistance for in state as long as the funeral is more than 40 miles from current residence;
- Rule 16- Eliminate the restriction of Wisconsin being the only state for assistance, opening to any state within the United States. Eliminate repayment of program paid Security Deposit Assistance;
- Rule 17- Decrease Rent/Mortgage assistance to 12 months from 24 months.

To obtain copies of the proposed plan you may visit the Economic Support website.  
<https://oneida-nsn.gov/resources/economic-support/community-support/>

All interested persons may submit written/ verbal comments at the Public Meeting.  
If unable to attend, the deadline for written comments is

**May 10th, 2021, by 4:30 pm**

Written comments may be submitted to the Director of Economic Support, Delia Smith person at the Social Services Building (outdoor mailbox at door #5) or by U.S. mail, interoffice mail, e-mail or fax.

P.O. BOX 365 Oneida, WI 54155

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Title 1. Government and Finances – Chapter 125  
Community Support Fund  
Rule Nos. 1 through 18

9

10 **I. Purpose, Delegation, Adoption, Amendment and Repeal**

11 1-1. *Purpose.* The purpose of the Community Support Fund rules is to provide guidance on how  
12 the Community Support Fund is utilized so that the Nation can assist the greatest number of  
13 members of the Nation who apply for assistance to the Fund in times of a catastrophic event,  
14 ~~catastrophic~~ illness, ~~or~~ injury, or emergency event when no other resources for assistance exist.

15 1-2. *Authority.* The Community Support Fund Law, Chapter 125, delegates rulemaking authority  
16 to the ~~Social Services Area of the Government Services Division~~ Fund Operator pursuant to the  
17 Administrative Rulemaking law (Chapter ~~17106~~ Oneida Code of Laws).

18 1-3. These rules were adopted by the Economic Support Department of the Social Services Area  
19 of the Government Services Division in accordance with the procedures of the Administrative  
20 Rulemaking law.

21 1-4. These rules may be amended or repealed by the Economic Support Department and/or the  
22 Oneida Business Committee pursuant to the procedures set out in the Administrative Rulemaking  
23 Law. For the purpose of future amendments to these rules, each article is a separate rule and may  
24 be amended as such.

25 1-5. Should a provision of these rules or the application thereof to any person or circumstances be  
26 held as invalid, such invalidity shall not affect other provisions of these rules which are considered  
27 to have legal force without the invalid portions.

28 1-6. In the event of a conflict between a provision of these rules and a provision of another rule,  
29 internal policy, procedure, or other regulation; the provisions of these rules shall control.

30 1-7. These rules supersede all prior rules, regulations, internal policies or other requirements  
31 relating to the Community Support Fund.

32 1-8. This Article applies to each subsequent rule listed herein.

33

34 **II. Definitions**

35 2-1. This section shall govern the definitions of words and phrases used within this rule. All  
36 words not defined herein shall be used in their ordinary and everyday sense.

37 (a) “Applicant” means the subject of the application for assistance.

38 (b) “Business day” means Monday through Friday from 8:00 a.m. to 4:30 p.m., excluding  
39 holidays of the Nation.

40 (c) “Caregiver” means the person who assists an ill or incapacitated immediate family  
41 member that is in need of twenty-four (24) hour per day, seven (7) days a week care.

42 (d) “Case manager” means an employee within the Fund operator responsible for  
43 administering ~~Community Support~~ Fund benefits.

44 (e) “Catastrophic event” means a natural or man-made incident, which results in a  
45 substantial damage or loss requiring major financial resources to repair or recover. ~~This~~  
46 ~~includes~~ Including, but is not limited to, a house fire, tornado, flood, or other disaster.

47 (f) “Catastrophic illness/injury” means a serious debilitating illness, injury, impairment,  
48 or mental or physical condition that involves:

49 (1) In-patient care;

50 (2) A period of continuing treatment due to a chronic serious health condition,  
51 including, but not limited to, chemotherapy, radiation, dialysis, and daily~~/~~or weekly  
52 therapy resulting from trauma;

53 (3) A period of illness or injury that is long-term due to a condition for which  
54 treatment may be ineffective including, but not limited to, stroke or terminal disease  
55 or;

56 (4) Multiple treatments either for restorative surgery after an accident or other  
57 injury, or for a chronic condition, including, but not limited ~~to, cancer~~to cancer or  
58 kidney disease.

59 (g) “COBRA” means the Consolidated Omnibus Budget Reconciliation Act of 1985 also  
60 known as continued group health care coverage costs under an employer’s plan.

61 (h) “Cosmetic” means any medical service provided with the intent to enhance a person’s  
62 appearance, including, but not limited to, braces, veneers, teeth whitening, implants, or  
63 other plastic surgery.

64 (i) “Critical Medical” means professionally delivered care or treating a life threatening  
65 illness which requires immediate or regularly scheduled monitored medical care, which  
66 includes, but is not limited to dialysis, chemotherapy, radiation, daily/weekly therapy  
67 resulting from trauma. This does not include routine annual or semi-annual appointments.

68 (j) “Emergency event” means a situation that poses an immediate risk to health, life,  
69 safety, property or environment. Emergencies require urgent intervention to prevent further  
70 illness, injury, death, or other worsening of the situation.

71 (k) “Emergency medical travel” means an unexpected serious health situation or  
72 occurrence requiring the immediate presence of immediate family. This includes, but is not  
73 limited to, end of life situations, and ~~situations in which~~/or an immediate family member  
74 is placed on life support.

75 (l) “Eviction” means the legal notice received from a landlord or mortgage holder that  
76 orders the tenant(s) to vacate the property.

77 (m) “FMLA” means the Family Medical Leave Act, a Federal law authorizing temporary  
78 time off from an employment position to provide direct care to a family member, without  
79 losing their employment status.

80 (n) “Fund” means the Community Support Fund.

81 (o) “Fund Operator” means the Economic Support Department, or other area within the  
82 Governmental Services Division designated authority over the operation of the Fund.

83 ~~(p)~~ (p) “Garnishment” means a legal action that directs that money owed be seized to  
84 satisfy a debt.

85 ~~(q)~~ (q) “Household” means all persons who reside together at the same residence.

86 ~~(r)~~ (r) “Immediate family” means an individual’s applicant’s husband, wife, mother,  
87 father, ~~step mother, step father,~~ son, daughter, ~~step son, step daughter,~~ brother, sister, ~~step~~  
88 ~~brother, step sister,~~ grandparent, grandchild, ~~mother in law, father in law, daughter in~~  
89 ~~law, son in law, brother in law or sister in law~~ aunt, uncle, niece, nephew, cousin, and any  
90 of ~~the~~ these relations attained through marriage or legal adoption, ~~and/or~~ as well as a person  
91 who ~~is legally responsible or otherwise named the~~ has legal guardian responsibility for the  
92 applicant, or a person the applicant has legal responsibility of.

93 ~~(s)~~ (s) “Incapacitation” means a state in which a person is temporarily or permanently  
94 impaired by mental and/or physical deficiency, disability, illness or injury.

95 ~~(t)~~ (t) “Income” means a measurement including, but not limited to, a combination of  
96 salaries, wages, retirement pension, disability income, government benefits, and  
97 unemployment of all people sharing a particular household/residence.

98 ~~(u)~~ (u) “Legal guardian” means a person who has the legal authority to care for the  
99 personal and property interests of another person granted through a Court order.

100 ~~(v)~~ (v) “Legal responsibility” means specific duties imposed upon a person to care or  
101 provide for another including liability for personal obligations as granted through a Power  
102 of Attorney or Court order.

103 ~~(w)~~ (w) “Major medical surgery” means a surgical procedure that carries a degree of risk to  
104 the patient’s life, or the potential for severe disability if something goes wrong during  
105 surgery. It is a surgical procedure that usually requires a patient to be put under general  
106 anesthesia and given respiratory assistance because he or she cannot breathe independently.

107 ~~(x)~~ (x) “Nation” means the Oneida Nation.

108 (y) “Public health emergency” means the occurrence or imminent threat of an illness or  
109 health condition which:

110 (1) is a quarantinable disease, or is believed to be caused by bioterrorism or a  
111 biological agent; and

112 (2) poses a high probability of any of the following:

113 (A) a large number of deaths or serious or long-term disability among  
114 humans; or

115 (B) widespread exposure to a biological, chemical, or radiological agent  
116 that creates a significant risk of substantial future harm to a large number  
117 of people.

118 ~~(z)~~ (z) “Non-medical” means necessary intervention to support a patient with an on-going  
119 medical illness, injury or potential life threatening illness, and requires further testing or  
120 consultation with a specialist.

121 ~~(aa)~~ (aa) “Reimbursement” means to make repayment for expense(s) or a loss that incurred.

122 ~~(bb)~~ (bb) “Routine Exam” means an annual or semi-annual health exam provided by a  
123 physician, dentist, orthodontist, oral surgeon, or other similar health care specialist.

124 ~~(cc)~~ (cc) “Security Deposit” means the payment of money held by a landlord in trust  
125 to protect him/herself from unpaid rent or damage to the living space.

126 ~~(dd)~~ (dd) “Wages” means taxable income reported to the Internal Revenue Service  
127 for performing work.

128

### 129 III. SHELTER ASSISTANCE

130 3-1. *Purpose.* The purpose of shelter assistance is to assist enrolled members of the Nation with  
131 financial support for shelter expenses due to experiencing a catastrophic event, illness, or  
132 injury where no other resources exist.

133 3-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event,  
134 illness, injury or emergency event.

135 3-3. *Eligibility Criteria.* In order to be eligible for shelter assistance a person must provide a  
136 completed Community Support Fund application and the following:

137 (a) Proof of enrollment in the Nation;

- 138 (b) Documentation verifying catastrophic event, illness, injury or other emergency event  
139 within the last thirty (30) days, including but not limited to:  
140 (1) Medical verification specifying dates effected by illness or injury;  
141 (2) Verification of short and/or long term disability specifying the dates received  
142 and the amount of the benefit;  
143 (3) Other documentation listing damage or loss.
- 144 (c) Landlord Verification Form completed by the landlord of the applicant or a statement  
145 from the applicant's mortgage holder stating the applicant's monthly mortgage payment  
146 and current status;
- 147 (d) A current utility bill, such as a water, heat, or electricity bill;
- 148 ~~(e) Verification of all household income for the last thirty (30) days;~~  
149 ~~(f)~~(e) Verification of any mortgage disability insurance;
- 150 ~~(g)~~(f) Verification of an applicant's personal and/or vacation time from employment; and  
151 ~~(h)~~(g) Any other documentation requested by the Community Support Fund case  
152 manager.
- 153 3-4. *Receipt of Required Documentation.* Upon receipt of the completed application for shelter  
154 assistance, the case manager shall determine if all required documentation was received from  
155 the applicant.
- 156 (a) The applicant shall provide all documentation requested by the case manager.
- 157 (b) The case manager shall notify the applicant within five (5) business days in writing of  
158 any necessary documentation that was not received and is still needed.
- 159 (c) Upon receipt of a completed application along with all the required documentation,  
160 the case manager shall have up to ten (10) business days to provide the initial decision in  
161 writing to the applicant.
- 162 (d) An application for shelter assistance shall be valid for thirty (30) days. If the applicant  
163 has a determination of award and/or coverage pending with another support or assistance  
164 resource, the application will be valid for an additional fifteen (15) days upon proof of that  
165 such determination is pending. —If the applicant fails to provide all requested  
166 documentation, the case manager shall send the applicant an expiration notice for their  
167 application.
- 168 3-5. *Rent or Mortgage Assistance.* An applicant may request assistance for rent or mortgage  
169 payments.
- 170 (a) The amount provided for rent or mortgage assistance shall not exceed \$five hundred  
171 dollars (\$500.00) per month. The amount of rent or mortgage assistance shall not exceed a  
172 total of twenty-four (24) months per life-time of the applicant.
- 173 (b) Only the applicant's portion of the rent or mortgage owed shall be considered when  
174 determining the amount of rent or mortgage assistance if the applicant's household consists  
175 of other adults.
- 176 (c) Shelter assistance shall not be used to pay family members or caregivers of the  
177 applicant. Only a valid landlord or mortgage holder shall be paid.
- 178 3-6. *Utility Assistance.* An applicant may request assistance for utilities, such as heat, water, and  
179 electricity.
- 180 (a) The utility bill shall be in the applicant's or current household's member's name.
- 181 (b) Applicants shall provide verification of application to all other available resources and  
182 programs for utility assistance.

183 (1) The Wisconsin Home Energy Assistance Program (WHEAP) serves as an  
184 example of an alternate program the applicant should apply for before applying for  
185 ~~shelter~~utility assistance.

186 (c) Only the applicant's portion of the utility bill shall be considered when determining  
187 the amount of utility assistance if the applicant's household consists of other adults.

188 (d) The amount provided for utility assistance shall not exceed ~~\$~~three hundred dollars  
189 (\$300.00) and shall only be allowed once every two (2) years. Assistance requested under  
190 this Rule and under Rule 18 shall be counted towards the total number of requests for the  
191 two (2) year period limit.

192 3-7. *Reporting Changes in the Household.* The applicant shall report any changes in the household  
193 to the case manager within ten (10) business days from the change occurring.

194 (a) Changes in the household that shall be reported include, but are not limited to, the  
195 following: relocation, addition or subtraction of a household member, income changes,  
196 medical changes, submission of a social security disability application, submission of  
197 application or receipt of assistance from other agency or program.

198 (b) Failure of the applicant to report changes in the household may result in suspension  
199 of benefits until verification of the change(s) is provided to the case manager, not to exceed  
200 thirty (30) days.

201 3-8. *Discontinuation of Assistance.* The Community Support Fund Manager reserves the right to  
202 discontinue shelter assistance based on the following:

203 (a) A lack of funding availability

204 (b) A discovery that fraud or illegal activity has been determined to have caused  
205 homelessness.

206 (c) The case manager shall provide ten (10) day notification to an applicant whose shelter  
207 assistance will be discontinued.

208 3-9. *Changes in Household Information.* An applicant shall be responsible to report to the Fund  
209 Case Manager any change(s) in the household within ten (10) business days from the change.  
210 Changes shall include, but are not limited to the following:

211 (a) Relocation;

212 (b) Household member changes;

213 (c) Income;

214 (d) Medical changes;

215 (e) Submission of Social Security Disability application; and

216 (f) Receipt of other agency assistance

217 (1) Failure of an applicant to report changes in the household may result in  
218 suspension of assistance until verification of the change(s) is provided to the  
219 Fund Case Manager.

220 (2) An applicant shall have thirty (30) days to provide the verification once  
221 notification is received from the Fund Case Manager that verification is  
222 required.

223 3-10. *Hotel/Lodging Assistance.* ~~Hotel/Lodging~~ Assistance may be provided in the event of extreme  
224 situations as determined by the Fund Case Manager and the Director of Economic Support.

225

#### 226 IV. EMERGENCY/NON-EMERGENCY MEDICAL TRAVEL

- 227 4-1. *Purpose.* The purpose is to assist enrolled members of the Nation with emergency and non-  
228 emergency medical travel expenses. This assistance is limited to immediate family members  
229 to assist with travel expenses.
- 230 4-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event,  
231 illness, injury or emergency event.
- 232 4-3. *Eligibility Criteria.* In order to be eligible for emergency/non-emergency medical travel  
233 assistance, a person must provide a completed Community Support Fund application and the  
234 following:
- 235 (a) Proof of enrollment in the Nation;
  - 236 (b) Verifications of medical appointments which include the medical condition, date, time  
237 and location of the appointment;
  - 238 ~~(b)~~(c) Verification of the applicants relationship to the patient;
  - 239 ~~(e)~~(d) Verification of a valid driver's license for reimbursement of fuel purchases
  - 240 ~~(d)~~ Original receipts for hotel, gas, and/or airfare which shall be dated within thirty (30)  
241 days of travel and show total cost paid; and
  - 242 ~~(e) Verification of all household income within the last thirty (30) days of submission of~~  
243 ~~the application for assistance.~~
- 244 4-4. *Receipt of Required Documentation.* Upon receipt of the completed application for  
245 emergency/non-emergency medical travel assistance, the case manager shall determine if all  
246 required documentation was received from the applicant.
- 247 (a) The applicant shall provide all documentation requested by the case manager.
  - 248 (b) The case manager shall notify the applicant in writing of any necessary documentation  
249 that was not received and is still needed.
  - 250 (c) Upon receipt of a completed application along with all the required documentation,  
251 the case manager shall have up to ten (10) business days to provide the initial decision in  
252 writing to the applicant.
  - 253 (d) An application for emergency/non-emergency medical travel assistance shall be valid  
254 for thirty (30) days. If the applicant has a determination of award and/or coverage pending  
255 with another support or assistance resource, the application will be valid for an additional  
256 fifteen (15) days upon proof of that such determination is pending. If the applicant fails to  
257 provide all requested documentation, the case manager shall send the applicant an  
258 expiration notice for their application.
- 259 4-5. *Non-Emergency Travel.* Non-emergency travel is allowed when ~~an~~the applicant or  
260 immediate family member has scheduled medical appointments as shown through medical  
261 documentation.
- 262 ~~(a)~~ ~~(a)~~ Documentation of scheduled appointments must be submitted and have prior  
263 approval.
  - 264 ~~(b) The medical appointment must be more than sixty (60) miles one way from the~~  
265 ~~residence of the applicant.~~
  - 266 ~~(b)~~ ~~(e)~~ ~~Gas cards~~Non-emergent medical travel for local members with chronic serious  
267 medical needs may be reimbursed to the applicant with a valid receipt within forty-  
268 five (45) days of appointments. Once the application is approved, applicants within  
269 the reservation boundires may receive assistance direcelty from the program during  
270 regular business hours.
  - 271 (c) Non-Emergency Travel Less Than Sixty (60) Miles One Way.

272 (1) Applicants within the reservation boundaries traveling less than sixty (60) miles  
273 one way may be eligible for public or tribal transportation transit passes for  
274 verified chronic serious medical appointments.

275 (2) Applicants traveling less than sixty (60) miles one way may receive assistance  
276 or reimbursement not to exceed twenty dollars (\$20.00) per week for verified  
277 chronic serious medical appointments.

278 (d) Non-Emergency Travel At Least Sixty (60) Miles One Way.

279 (1) Those who travel from sixty (60) miles up to one hundred fifty (150) miles one-  
280 way shall receive a thirty dollar (\$30.00) fuel assistance. Travel may also be eligible  
281 for reimbursement for up to thirty dollars (\$30.00) with original receipts that  
282 coincide with a medical appointment.

283 (2) Those who travel over one hundred and fifty (150) miles one-way shall receive  
284 a forty dollar (\$40.00) fuel assistance. Travel may also be eligible for  
285 reimbursement for up to forty dollars (\$40.00) with original receipts that coincide  
286 with a medical appointment.

287 (e) Fuel Assistance will be disbursed the day prior to the appointment if application is  
288 timely and original receipts are due within seven (7) business days. If receipts are not  
289 turned in, future requests for assistance will be denied for six (6) consecutive months  
290 starting when the first new request is made.

291 ~~(1) Those who travel from sixty (60) miles up to one hundred fifty (150) miles one-~~  
292 ~~way shall receive a \$30.00 gas card. Travel may also be eligible for reimbursement~~  
293 ~~for up to \$30.00 with original receipts that coincide with an appointment.~~

294 ~~(2) Those who travel over one hundred fifty (150) miles one way shall receive a~~  
295 ~~\$40.00 gas card. Travel may also be eligible for reimbursement for up to \$40.00~~  
296 ~~with original receipts that coincide with an appointment.~~

297 ~~(f)~~ Hotel reimbursement shall be a maximum of \$seventy-five dollars (\$75.00) per night  
298 for up to a maximum of three (3) nights, and shall only be considered for approval by the  
299 Fund Case Manager where the appointment is more than one hundred (100) miles one-way  
300 from the residence of the applicant.

301 4-6. *Emergency Travel.* Emergency travel assistance is allowed when an immediate family  
302 member has a sudden or worsening life-threatening illness or injury, and is provided only on  
303 as a reimbursement of expenses.

304 (a) Airfare, bus, train, lodging, and vehicle fuel is limited to a combined maximum  
305 reimbursement amount of \$five hundred dollars (\$500.00).

306 (b) Multiple immediate family members are limited to a reimbursement amount of \$five  
307 hundred dollars (\$500.00) each.

308 (c) Reimbursement for emergency travel assistance is limited to those persons who must  
309 travel one hundred (100) miles or more one-way.

310 (d) Hotel reimbursement shall be a maximum of \$seventy-five dollars (\$75.00) per night.

311 (e) All receipts must coincide with the emergency event that required the applicant to  
312 travel. Applicant is responsible for providing all proper documentation regarding the  
313 illness or injury that required travel and the required receipts in order to be eligible for  
314 reimbursement.

315 4-7. *Auto Repairs.* Auto repair assistance is allowed when the vehicle is necessary to  
316 obtain/maintain ongoing critical medical care when no other resources exist.



- 317 (a) Auto repair assistance is limited to critical medical patients only and will be denied  
318 when an alternate vehicle is owned and available for use;
- 319 (b) Auto repair assistance will only cover repairs that are necessary to keep the vehicle in  
320 standard operating condition. No routine maintenance or auto body repairs shall be  
321 eligible for assistance. Routine maintenance or repairs shall include, but is not limited to,  
322 oil changes, brakes, tires, batteries/fuses, lights, tune-ups, exhaust systems, flushes, and  
323 glass replacement;
- 324 \_\_\_\_\_(c) Auto repair assistance is limited to a maximum amount of \$five hundred  
325 dollars (\$500.00) once every twelve ~~-(12)~~ months;
- 326 (d) Emergency repairs needed to obtain critical medical care which occurs outside of the  
327 program's business hours, may be considered on a case by case basis, in consultation  
328 with an independent ASE certified auto technician, and for services that occurred within  
329 the previous ten (10) days of the application;
- 330 \_\_\_\_\_(e) Towing assistance may be considered on a case by case basis for  
331 reimbursement up ~~to a~~ maximum of \$two hundred and fifty dollars (\$250.00) once  
332 every twelve (12) months when the vehicle is inoperable ~~—~~and towed to an ASE certified  
333 mechanic.
- 334 4-8. *Items not Covered.* The Fund Case Manager is not responsible and will not make any  
335 reservations for any form of travel. In addition, the following items, which are not all  
336 inclusive, are not a benefit of this assistance program:
- 337 (a) Auto insurance and deductibles;  
338 (b) Car Rentals;  
339 (c) Personal expenses, including, but not limited to, meals or personal care items;  
340 (d) Auto loans and vehicle registration.
- 341 4-9. This program encourages and requests that multiple family members traveling to the same  
342 destination carpool and share hotel rooms whenever possible.
- 343 4-10. CSF reserves the right to discontinue assistance based on funding availability.

344

#### 345 V. MEDICAL BILL ASSISTANCE

- 346 5-1. *Purpose.* The purpose of this program is to assist enrolled members of the Nation with  
347 financial support for the cost of unpaid medical bills (deductibles and copays not covered)  
348 where no other resources exist.
- 349 5-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event,  
350 illness, injury or emergency event.
- 351 5-3. *Eligibility Criteria.* In order to be eligible for Medical Bill assistance, a person must provide  
352 a completed Community Support Fund application and the following:
- 353 (a) Proof of enrollment in the Nation  
354 (1) a non-enrolled parent of an enrolled minor child may apply for assistance that  
355 directly affects the enrolled minor child;
- 356 (b) Medical billing statements for the dates of service which are within the last twelve (12)  
357 months; and be more than fifty dollars (\$50.00);
- 358 (c) Verification that the applicant's health insurance was utilized within his/her health care  
359 network;
- 360 (d) Explanation of Benefit (EOB) statements received from the health insurance provider  
361 showing what portion the health insurance covered;

- 362 (e) Verification that an Indian Health Service Clinic (IHS) was utilized if applicant is in  
363 its service area;
- 364 (f) Verification that the applicant applied for all of the financial care or assistance programs  
365 offered at the medical facility;
- 366 ~~(g) Verification of all household income within the last thirty (30) days of submission of~~  
367 ~~the application for assistance.~~
- 368 ~~(h)~~ (g) Statements of denial of assistance or caseworker verification of denial based on  
369 eligibility criteria, from an Indian Health Service (IHS) facility or (EOB) from any third  
370 party insurance carrier.
- 371 5-4. *Receipt of Required Documentation.* Upon receipt of the completed application for medical  
372 bill assistance, the case manager shall determine if all required documentation was received  
373 from the applicant.
- 374 (a) The applicant shall provide all documentation requested by the case manager.
- 375 (b) The case manager shall notify the applicant in writing of any necessary documentation  
376 that was not received and is still needed.
- 377 (c) Upon receipt of a completed application along with all the required documentation, the  
378 case manager shall have up to ~~ten (10-)~~ business days to provide the initial decision in  
379 writing to the applicant.
- 380 (d) An application for medical bill assistance shall be valid for thirty (30) days. If the  
381 applicant has a determination of award and/or coverage pending with another support or  
382 assistance resource, the application will be valid for an additional fifteen (15) days upon  
383 proof of that such determination is pending. If the applicant fails to provide all requested  
384 documentation, the case manager shall send the applicant an expiration notice for their  
385 application.
- 386 5-5. Financial assistance will only be available for services already rendered by a Health Care  
387 Provider for up to a maximum of ~~\$five thousand dollars (\$5,000.00)~~ within a twelve (12)  
388 month period. An extension of this twelve (12) month period can be considered only for  
389 chronic medical conditions, but may not exceed an additional ~~\$five thousand dollars~~  
390 ~~(\$5,000.00-).~~
- 391 5-6. Medical and/or hospital bills incurred from illegal activity (i.e. operating while intoxicated,  
392 injuries due to alcohol or drug use, etc.), or medical conditions that are a direct result from  
393 ~~drug use, including the abuse of prescription drugs, are not eligible for assistance, except for~~  
394 Rule 8 which covers Inpatient or Intensive Outpatient treatment.
- 395 5-7. Insurance denials resulting from an applicant's failure to submit information pertinent to  
396 processing an insurance claim are not eligible or assistance.
- 397 5-8. Medical bills that have aged beyond twelve (12) months, or which have been referred to a  
398 collection agency are not eligible for assistance.
- 399 5-9. Chiropractic care, holistic treatment, pain clinic treatment/injections, methadone clinic,  
400 ~~Saboxin~~ Saboxon injection and/or nursing home and/or any assisted living facility are not  
401 eligible for assistance.
- 402 5-10. CSF reserves the right to discontinue assistance based on funding availability.

403

## 404 VI. DENTAL RELATED EXPENSES

- 405 6-1. *Purpose.* The purpose of dental related expenses assistance is to assist enrolled members of  
406 the Nation with financial support with the cost of dental-related services where no other  
407 resources exist.

- 408 6-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event,  
409 illness, injury or emergency event.
- 410 6-3. Approval is from the Community Support Fund case manager is required prior to receiving  
411 treatment from a dental health care provider.
- 412 6-4. *Eligibility Criteria.* In order to be eligible for dental related expenses assistance, a person must  
413 provide a completed Community Support Fund application and the following:
- 414 (a) Proof of enrollment in the Nation;  
415 (1) a non-enrolled parent of an enrolled minor child may apply for assistance that  
416 directly affects the enrolled minor child;
- 417 (b) Verification by a dentist, orthodontist, or oral surgeon of the dental procedures to be  
418 completed, and that they are a medical need, not cosmetic, and the cost or estimated cost  
419 of the dental services, which shall include the name, address, and Federal tax ID number  
420 of the dental health care provider;
- 421 (c) Verification of dental insurance and that the dental health care provider is an in-  
422 network provider;
- 423 (d) Verification that the applicant is utilizing the Indian Health Service Clinic in his/her  
424 service area if available;
- 425 ~~(e) Verification of all household income within the last thirty (30) days of submission of~~  
426 ~~the application for assistance.~~
- 427 6-5. *Receipt of Required Documentation.* Upon receipt of the completed application for dental  
428 related expenses assistance, the case manager shall determine if all required documentation  
429 was received from the applicant.
- 430 (a) The applicant shall provide all documentation requested by the case manager.  
431 (b) The case manager shall notify the applicant in writing of any necessary documentation  
432 that was not received and is still needed.
- 433 (c) Upon receipt of a completed application along with all the required documentation, the  
434 case manager shall have up to ~~ten (10)~~ business days to provide the initial decision in  
435 writing to the applicant.
- 436 ~~(d) An application for dental related expenses assistance shall be valid for thirty (30)~~  
437 ~~\_\_\_\_\_ days. If the applicant has a determination of award and/or coverage pending~~  
438 ~~with another \_\_\_\_\_ support or assistance resource, the application will be valid for an additional~~  
439 ~~fifteen (15) \_\_\_\_\_ days upon proof of that such determination is pending. If the applicant fails~~  
440 ~~to provide all \_\_\_\_\_ requested documentation, the case manager shall send the applicant an~~  
441 ~~expiration notice \_\_\_\_\_ for their application.~~
- 442 6-6. Upper and lower dentures are limited to a maximum of ~~\$two hundred and fifty dollars~~  
443 ~~(\$250.00)~~ each per lifetime.
- 444 6-7. Financial assistance for dental related services other than dentures is limited to a maximum of  
445 ~~\$five hundred dollars (\$500.00)~~ within a twelve (12) month period.
- 446 6-8. Dental services requiring surgery or hospital care will be referred to the Medical Bill  
447 Assistance Program (Rule 3).
- 448 6-9. Braces, implants, veneers, teeth whitening, or any other services considered strictly cosmetic  
449 are not eligible for assistance.
- 450 6-10. CSF reserves the right to discontinue assistance based on funding availability.

451  
452 **VII. OPTICAL RELATED ASSISTANCE**

- 453 7-1. *Purpose.* The purpose of the Optical related assistance program is to provide enrolled members  
454 of the Nation with financial support with the costs associated with optical related services  
455 where no other resources exist.
- 456 7-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event,  
457 illness, injury or emergency event.
- 458 7-3. Approval from CSF is required prior to treatment or purchase.
- 459 7-4. *Eligibility Criteria.* In order to be eligible for Optical Related Equipment assistance, a person  
460 must provide a completed Community Support Fund application and the following:
- 461 (a) Proof of enrollment in the Nation;  
462 (1) a non-enrolled parent of an enrolled minor child may apply for assistance that  
463 directly affects the enrolled minor child.
- 464 (b) Cost estimate of optical services this includes the name, address and Federal Tax ID  
465 of the provider;
- 466 (c) Verification of the severe optical illness/injury from an ophthalmologist, optician, or  
467 optometrist;
- 468 (d) Verification of optical insurance and that the ophthalmologist, optician, or optometrist  
469 is an in-network provider.
- 470 ~~(e) Verification of all household income within the last thirty (30) days of submission of~~  
471 ~~the application for assistance.~~
- 472 7-5. Applicant must utilize an Indian Health Service Clinic if available, or provided verification  
473 that such a clinic is not available.
- 474 7-6. *Receipt of Required Documentation.* Upon receipt of the completed application for Optical  
475 Related assistance, the case manager shall determine if all required documentation was  
476 received from the applicant.
- 477 (a) The applicant shall provide all documentation requested by the case manager.
- 478 (b) The case manager shall notify the applicant in writing of any necessary documentation  
479 that was not received and is still needed.
- 480 (c) Upon receipt of a completed application along with all the required documentation, the  
481 case manager shall have up to ~~ten (10)~~ business days to provide the initial decision in  
482 writing to the applicant.
- 483 (d) An application for Optical Related assistance shall be valid for thirty (30) days. If the  
484 applicant has a determination of award and/or coverage pending with another support or  
485 assistance resource, the application will be valid for an additional fifteen (15) days upon  
486 proof of that such determination is pending. If the applicant fails to provide all requested  
487 documentation, the case manager shall send the applicant an expiration notice for their  
488 application.
- 489 7-7. Eye glass frames and lenses are limited to a maximum of ~~\$two hundred and fifty dollars~~  
490 ~~(\$250.00)~~ once per twelve (12) month period, and only the actual frame and lenses are eligible  
491 for assistance. Enhancements, including, but not limited to transitional lenses, tinting, or anti-  
492 reflective coatings, are not eligible for assistance.
- 493 7-8. Optical services requiring surgery or hospital care will be referred to the CSF Critical Medical  
494 Bill program.
- 495 7-9. Transportation costs associated with reporting to a treatment/medical facility will be referred  
496 to the CSF Critical Medical Travel Assistance program.

497 7-10. The following are not eligible for assistance: contact lenses, routine eye exams, vision  
498 correction surgery (eye laser surgery), or any other services that are considered cosmetic. This  
499 list is not exhaustive.

500 7-11. CSF reserves the right to discontinue assistance based on funding availability.

501

502 **VIII. INPATIENT OR INTENSIVE OUTPATIENT TREATMENT ASSISTANCE**

503 8-1. *Purpose.* The purpose of the Inpatient or Intensive Outpatient Treatment assistance is to  
504 provide enrolled members of the Nation with financial support for inpatient or Intensive  
505 Outpatient treatment who have been referred by a licensed or certified counseling agency or  
506 program, or who have voluntarily entered into an inpatient or Intensive Outpatient treatment  
507 program where no other resources exist.

508 8-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event,  
509 illness, injury or emergency event.

510 8-3. Approval from CSF is required prior to the inpatient stay or intensive outpatient treatment in  
511 order to receive assistance.

512 8-4. *Eligibility Criteria.* In order to be eligible for Inpatient or Intensive Outpatient Treatment  
513 assistance, a person must provide a completed Community Support Fund application and the  
514 following:

515 (a) Proof of enrollment in the Nation;

516 (b) Cost estimate of the Treatment Center including the name, address and Federal Tax  
517 ID number;

518 (c) A referral from a licensed or certified counseling agency or program verifying the  
519 catastrophic illness;

520 (d) Verification of health insurance and that the treatment facility is in network. If not in  
521 network, verification is to be provided that attempts were made to find a facility in network;

522 ~~(e) Verification of all household income within the last thirty (30) days of submission of~~  
523 ~~the application for assistance.~~

524 8-5. *Receipt of Required Documentation.* Upon receipt of the completed application for Inpatient  
525 Treatment assistance, the case manager shall determine if all required documentation was  
526 received from the applicant.

527 (a) The applicant shall provide all documentation requested by the case manager.

528 (b) The case manager shall notify the applicant in writing of any necessary documentation  
529 that was not received and is still needed.

530 (c) Upon receipt of a completed application along with all the required documentation, the  
531 case manager shall have up to ten (10) business days to provide the initial decision in  
532 writing to the applicant.

533 (d) An application for Inpatient Treatment assistance shall be valid for thirty (30) days. If  
534 the applicant has a determination of award and/or coverage pending with another support  
535 or assistance resource, the application will be valid for an additional fifteen (15) days  
536 upon proof of that such determination is pending. If the applicant fails to provide all  
537 requested documentation, the case manager shall send the applicant an expiration notice  
538 for their application.

539 8-6. Inpatient or intensive outpatient treatment assistance is available up to a maximum of \$five  
540 thousand dollars (\$5,000.00) per lifetime.

541 8-7. Inpatient or intensive outpatient treatment assistance will be paid directly to the treatment  
542 facility and the treatment facility must be located within the continental United States.

543 8-8. Transportation costs associated with reporting to a treatment facility will be referred to the  
544 CSF Emergency/Non-emergency Medical Travel program (Rule ~~2~~4 section 4-5).

545 ~~8-9. Inpatient or intensive outpatient treatment stay requests that are court ordered due to a criminal~~  
546 ~~conviction, or as an alternative to a criminal conviction, are not a benefit of this program.~~

547 ~~8-10~~8-9. Follow up care expenses in a residential facility, half-way house, or transitional shelter  
548 shall ~~be limited to one (1) month, and shall~~ not exceed ~~\$five hundred dollars (\$500.00)~~ per  
549 month for two (2) months. Follow up care expenses do not apply to intensive outpatient  
550 treatment stays.

551 ~~8-11~~10. Shelter Assistance may be considered for intensive outpatient treatment when immediate  
552 prior working hours are during the hours of treatment. These hours must be verified through  
553 the employer and treatment facility, and shall not exceed ~~\$500.00~~five hundred dollars  
554 (\$500.00) per month for two (2) months.

555 ~~8-12~~11. Costs for incidentals such as food, personal care items, clothing, etc. are not eligible for  
556 assistance.

557 ~~8-13~~12. CSF reserves the right to discontinue assistance based on funding availability.

558

### 559 IX. MEDICAL RELATED EQUIPMENT, SUPPLIES, OR FURNITURE

560 9-1. *Purpose.* The purpose of the Medical Related Equipment, Supplies, or Furniture assistance  
561 program is to provide enrolled members of the Nation with financial assistance with furniture,  
562 equipment, or supplies verified by a licensed doctor as being necessary to improve or maintain  
563 the quality of life for those applicants who are diagnosed with a life-threatening or chronic  
564 medical condition where no other resources exist.

565 9-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event,  
566 illness, injury or emergency event.

567 9-3. Prior approval must be received from the CSF before any purchases are made in order to be  
568 eligible for assistance.

569 9-4. Medically related equipment, supplies, or furniture must be rented whenever available.

570 9-5. *Eligibility Criteria.* In order to be eligible for Medical Related Equipment assistance, a person  
571 must provide a completed Community Support Fund application and the following:

572 (a) Proof of enrollment in the Nation;

573 (1) a non-enrolled parent of an enrolled minor child may apply for assistance that  
574 directly affects the enrolled minor child.

575 (b) The cost estimate of supplies or equipment prior to purchasing, which shall include  
576 the vendor name, address, and Federal Tax ID number;

577 (c) The prescription from a licensed medical physician which must specify the following:

578 (1) If the need is on a short-term basis (less than six (6) months);

579 (2) The specific life-threatening or chronic medical condition; and

580 (3) That the equipment, supplies or furniture are need to improve or maintain  
581 the applicant's quality of life;

582 (d) Statement of denial of assistance from an Indian Health Service (HIS) facility or EOB  
583 from any third party insurance carrier;

584 (e) Proof of home ownership or rental lease agreement; and

585 ~~(f) Verification of all household income within the last thirty (30) days of submission of~~  
586 ~~the application for assistance.~~

587 9-6. *Receipt of Required Documentation.* Upon receipt of the completed application for Medical  
588 Related Equipment, Supplies, or Furniture assistance, the case manager shall determine if all  
589 required documentation was received from the applicant.

590 (a) The applicant shall provide all documentation requested by the case manager.

591 (b) The case manager shall notify the applicant in writing of any necessary documentation  
592 that was not received and is still needed.

593 (c) Upon receipt of a completed application along with all the required documentation, the  
594 case manager shall have up to ten (10) business days to provide the initial decision in  
595 writing to the applicant.

596 (d) An application for Medical Related Equipment, Supplies, or Furniture assistance shall  
597 be valid for thirty (30) days. If the applicant has a determination of award and/or  
598 coverage pending with another support or assistance resource, the application will be  
599 valid for an additional fifteen (15) days upon proof of that such determination is pending.  
600 If the applicant fails to provide all requested documentation, the case manager shall send  
601 the applicant an expiration notice for their application.

602 9-7. Financial assistance for this program is limited to a maximum of \$~~two thousand dollars~~  
603 (\$2,000.00) within a twelve (12) month period.

604 9-8. An additional \$~~five hundred dollars~~ (\$500.00) may be considered based on medical  
605 documentation.

606 9-9. Permanent ramps require the applicant to be the homeowner. Temporary ramps must have the  
607 written consent of the property owner.

608 9-10. Home renovations necessary for handicap accessibility are limited to a maximum of \$~~two~~  
609 thousand dollars (\$2,000) once per twelve (12) month period.

610 (a) Renters are not eligible for home renovations.

611 (b) Home renovations may include, but is not limited to, accommodations to  
612 bathrooms, doorways, hallways for wheelchairs, or a walk-in or roll in shower.

613 9-11. The types of equipment, furniture or supplies to be considered for assistance may include, but  
614 is not limited to the following: ~~hospital bed, lift chair, wheelchair, scooter,~~ portable or  
615 permanent ramps, air conditioners, room air purification systems, hearing aids, artificial limbs,  
616 vision aids, wigs, and specialty made undergarments.

617 9-12. CSF reserves the right to discontinue assistance based on funding availability.

618

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620

621

## 622 **X. PRESCRIPTION REIMBURSEMENT ASSISTANCE.**

623 10-1. *Purpose.* The purpose of Prescription Reimbursement assistance is to assist enrolled members  
624 of the Nation with reimbursement of emergency prescribed medications that are needed after  
625 regular business hours or not available at Indian Health Service Clinic.

626 10-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event,  
627 illness, injury or emergency event.

628 10-3. *Eligibility Criteria.* In order to be eligible for Prescription Reimbursement assistance, a person  
629 must provide a completed Community Support Fund application and the following:

630 (a) Proof of enrollment in the Nation;

631 (b) Verification of current group health insurance policy that covers prescriptions;

632 (c) Verification of coverage under a spouse/parent if available;

- 633 (d) Original receipts of prescription medication;
- 634 (e) Verification that the emergency medical prescription was needed after hours, which
- 635 shall include the emergency room report or discharge summary;
- 636 (f) Verification that there is no Indian Health Service Clinic within ninety (90) miles of
- 637 the applicant;
- 638 ~~(g) Verification of all household income within the last thirty (30) days of submission of~~
- 639 ~~the application for assistance.~~
- 640 10-4. *Receipt of Required Documentation.* Upon receipt of the completed application for
- 641 Prescription Reimbursement assistance, the case manager shall determine if all required
- 642 documentation was received from the applicant.
- 643 (a) The applicant shall provide all documentation requested by the case manager.
- 644 (b) The case manager shall notify the applicant in writing of any necessary documentation
- 645 that was not received and is still needed.
- 646 (c) Upon receipt of a completed application along with all the required documentation, the
- 647 case manager shall have up to ~~ten (10-)~~ business days to provide the initial decision in
- 648 writing to the applicant.
- 649 (d) An application for Prescription Reimbursement assistance shall be valid for thirty (30)
- 650 days. If the applicant has a determination of award and/or coverage pending with another
- 651 support or assistance resource, the application will be valid for an additional fifteen (15)
- 652 days upon proof of that such determination is pending. If the applicant fails to provide all
- 653 requested documentation, the case manager shall send the applicant an expiration notice
- 654 for their application.
- 655 10-5. Reimbursement for emergency prescriptions is limited to ~~\$three hundred dollars (\$300.00)~~
- 656 within a twelve (12) month period.
- 657 10-6. Prescription reimbursement must be submitted within ~~thirty (30)~~~~forty-five (45)~~ days of the
- 658 original receipt date.
- 659 10-7. Prescribed medications for chemical dependency (i.e. methadone, ~~soapboxingsuboxon~~, etc.)
- 660 are not a covered benefit.
- 661 10-8. Denials from the IHS clinic resulting from not following preferred purchasing/care team
- 662 (contract health) will not be covered (i.e. proof of residency not provided, application not
- 663 updated, no ~~seventy-two (72)~~ hours notice, etc.)
- 664 10-9. CSF reserves the right to discontinue assistance based on funding availability.

665

## 666 XI. COBRA INSURANCE PAYMENTS

- 667 11-1. *Purpose.* The purpose of COBRA insurance payments assistance is to assist enrolled members
- 668 of the Nation with payment of COBRA insurance premiums when they experience an
- 669 interruption of employment.
- 670 11-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event,
- 671 illness, injury or emergency event.
- 672 11-3. *Eligibility Criteria.* In order to be eligible for COBRA insurance assistance, a person must
- 673 provide a completed Community Support Fund application and the following:
- 674 (a) Proof of enrollment in the Nation;
- 675 (b) Verification of current group health insurance policy;
- 676 (c) Verification of coverage under a spouse/parent if available;
- 677 (d) Verification of all state and public benefits applied for if eligible;



- 678 (e) Written estimate of employer's group health care coverage plan premium for COBRA  
679 coverage;
- 680 (f) Verification of medical diagnosis, prognosis, and approximate length of employment  
681 interruption;
- 682 (g) Verification of the approved medical leave from employer;
- 683 (h) Verification of all household ~~income~~employment within the last thirty (30) days of  
684 submission of the application for assistance.

685 11-4. *Receipt of Required Documentation.* Upon receipt of the completed application for COBRA  
686 insurance payments, the case manager shall determine if all required documentation was  
687 received from the applicant.

- 688 (a) The applicant shall provide all documentation requested by the case manager.
- 689 (b) The case manager shall notify the applicant in writing of any necessary documentation  
690 that was not received and is still needed.
- 691 (c) Upon receipt of a completed application along with all the required documentation, the  
692 case manager shall have up to ten (10) business days to provide the initial decision in  
693 writing to the applicant.
- 694 (d) An application for COBRA insurance payments shall be valid for thirty (30) days. If  
695 the applicant has a determination of award and/or coverage pending with another support  
696 or assistance resource, the application will be valid for an additional fifteen (15) days upon  
697 proof of that such determination is pending. If the applicant fails to provide all requested  
698 documentation, the case manager shall send the applicant an expiration notice for their  
699 application.

700 11-5. COBRA insurance premium payments are limited to a maximum of ~~\$~~five hundred dollars  
701 (\$500.00) per month for a total period of three (3) months. An additional three (3) months of  
702 COBRA Insurance premiums may be requested with additional supporting documentation  
703 from a medical professional which indicates the applicant's return to employment is  
704 established and with documentation from the employer approving the extended leave time.

705 11-6. Upon notification of employment termination, a referral to state or public assistance will be  
706 made.

707 11-7. CSF reserves the right to discontinue assistance based on funding availability.

708

## 709 **XII. FAMILY MEDICAL LEAVE ACT WAGE REPLACEMENT**

710 12-1. *Purpose.* The purpose of the Family Medical Leave Act (FMLA) Wage Replacement  
711 assistance program is to assist enrolled members of the Nation with wage replacement when  
712 wages are interrupted due to the need to care for an immediate family member as approved  
713 under the Family Medical Leave Act.

714 12-2. FMLA wage replacement assistance is available only to employed immediate family members  
715 utilizing the FMLA or approved medical leave by the caregiver's employer.

716 12-3. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event,  
717 illness, injury or emergency event.

718 12-4. *Eligibility Criteria.* In order to be eligible for FMLA Wage Replacement assistance, a person  
719 must provide a completed Community Support Fund application and the following:

- 720 (a) Proof of enrollment in the Nation;
- 721 (b) Verification that the caregiver has been employed with their company for at least  
722 twelve (12) months, and must have worked for at least ~~1250~~one thousand two hundred and  
723 fifty (1250) hours in the last twelve (12) months;

- 724 (c) Verification of approved FMLA or equivalent leave from the caregiver’s employer;  
725 (d) Verification of the medical need requiring full-time care of the immediate family  
726 member, which indicates that continuous care is needed twenty four (24) hours per day, for  
727 seven (7) days a week. Said verification must also specify the approximate length of time  
728 this direct care is needed.  
729 (e) Verification of all household income within the last thirty (30) days of submission of  
730 the application for assistance.
- 731 12-5. *Receipt of Required Documentation.* Upon receipt of the completed application for FMLA  
732 Wage Replacement assistance, the case manager shall determine if all required documentation  
733 was received from the applicant.
- 734 (a) The applicant shall provide all documentation requested by the case manager.  
735 (b) The case manager shall notify the applicant in writing of any necessary documentation  
736 that was not received and is still needed.  
737 (c) Upon receipt of a completed application along with all the required documentation, the  
738 case manager shall have up to ten (10) business days to provide the initial decision in  
739 writing to the applicant.  
740 (d) An application for FMLA Wage Replacement assistance shall be valid for thirty (30)  
741 days. If the applicant has a determination of award and/or coverage pending with another  
742 support or assistance resource, the application will be valid for an additional fifteen (15)  
743 days upon proof of that such determination is pending. If the applicant fails to provide all  
744 requested documentation, the case manager shall send the applicant an expiration notice  
745 for their application.
- 746 12-6. FMLA wage replacement shall be for a maximum of \$three hundred and fifty dollars (\$350.00)  
747 per week for up to twelve (12) weeks. However, wages that are less than \$three hundred and  
748 fifty dollars (\$350.00) per week will be paid at the actual wage rate appearing on the  
749 caregiver’s pay stubs.
- 750 12-7. An extension of an additional twelve (12) weeks of wage replacement may be considered on a  
751 case by case basis, and updated verification must be provided showing additional approved  
752 FMLA leave from the caregiver’s employer.
- 753 12-8. FMLA wage replacement will not be available to caregivers who are unemployed, receiving  
754 social security benefits, retirement benefits, or any other source of income.
- 755 12-9. A W-2 tax statement will be issued to the caregiver from the Oneida Nation Central Accounting  
756 Department. This will be a separate W-2 tax statement from regular earnings if the caregiver  
757 is an employee of the Oneida Nation.
- 758 12-10. The applicant must notify the case manager ten (10) business days prior to the end of the  
759 approved FMLA.
- 760 12-11. The wage replacement will end seven (7) days after the immediate family member being cared  
761 for is institutionalized or passes away.
- 762 12-12. Failure of the applicant to report changes in the household will result in the termination of  
763 benefits.
- 764 12-13. Applicants are not eligible for shelter, utilities, or any other supportive service during the time  
765 of receiving wage replacement.
- 766 12-14. The applicant must be directly caring for an immediate family member, and not oneself.
- 767 12-15. CSF reserves the right to discontinue assistance based on funding availability.  
768  
769

770  
771

772 **XIII. FIRE/NATURAL DISASTER ASSISTANCE**

773 13-1. *Purpose.* The purpose of the Fire/Natural Disaster Assistance program is to assist enrolled  
774 members of the Nation with financial support for fire or natural disaster shelter expenses where  
775 no other resources exist.

776 13-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event,  
777 illness, injury or emergency event.

778 13-3. *Eligibility Criteria.* In order to be eligible for Fire/Natural Disaster assistance, a person must  
779 provide a completed Community Support Fund application and the following:

- 780 (a) Proof of enrollment in the Nation;
- 781 (b) A police and/or fire department report specifying the fire/natural disaster and  
782 confirming that the home is uninhabitable;
- 783 (c) Verification of claim submitted to homeowner's or renter's insurance if insured;
- 784 (d) Verification of assistance provided or applied for from disaster relief organizations  
785 such as Red Cross, FEMA, etc.;
- 786 (e) Verification of all household members at the time of the fire/natural disaster;
- 787 (f) ~~Verification of all household income within the last thirty (30) days of submission~~  
788 ~~of the application for assistance~~ lease or mortgage lender information.

789 13-4. *Receipt of Required Documentation.* Upon receipt of the completed application for  
790 Fire/Natural Disaster assistance, the case manager shall determine if all required  
791 documentation was received from the applicant.

- 792 (a) The applicant shall provide all documentation requested by the case manager.
- 793 (b) The case manager shall notify the applicant in writing of any necessary documentation  
794 that was not received and is still needed.
- 795 (c) Upon receipt of a completed application along with all the required documentation, the  
796 case manager shall have up to ten (10) business days to provide the initial decision in  
797 writing to the applicant.
- 798 ~~\_\_\_\_\_~~(d) An application for Fire/Natural Disaster assistance shall be valid for  
799 thirty ~~(30)~~ 45 days. If the applicant has a determination of award and/or coverage  
800 pending with another ~~support or assistance resource~~ such as Red Cross, the application  
801 will be valid for an additional fifteen (15) ~~—~~days upon proof of that such determination is  
802 pending. If the applicant fails to provide all ~~requested~~ documentation, the case manager  
803 shall send the applicant an expiration notice ~~for their application.~~

804 13-5. Temporary shelter assistance will be given for up to a maximum of fifteen (15) days with the  
805 limit of ~~\$60~~ seventy-five dollars (\$75.00) per day for a grand total of ~~\$900~~ one thousand and  
806 one hundred and twenty-five dollars (\$1,125.00) if shelter expenses have not been paid by  
807 other resources.

808 13-6. Temporary shelter may be extended for up to an additional five (5) days upon verification from  
809 a licensed contractor that repairs are not able to be completed within the original fifteen (15)  
810 day time period, and alternate shelter is verified as not being available.

811 13-7. Immediate shelter arrangements may be made by the case manager for a hotel/motel, making  
812 an effort to obtain a room with appliances for storing and preparing meals.

813 13-8. Security deposit and first month's rent shall not exceed one thousand dollars (\$1,000.00) if  
814 the current home is uninhabitable and is in need of major repair beyond thirty (30) days. The  
815 following additional information must be provided:

- 816 (a) Landlord verification form which shall include the amount of security deposit and  
817 monthly rent;  
818 (b) Copy of ~~the~~a new rental lease agreement;  
819 (c) Verification that the household income can support the monthly rent expense.

820 ~~13-9. The security deposit paid pursuant to 9.8 above, shall be repaid at 100% of the funds paid to~~  
821 ~~the Landlord and returned to the Oneida Nation Economic Support Department and shall be in~~  
822 ~~the form of a cashier's check or money order upon vacating the premises and/or eviction from~~  
823 ~~the premises.~~

824 ~~13-10.~~ Applicant is responsible to report to the Case Manager any changes in the current catastrophic  
825 situation, such as assistance from other agencies, or long-term housing arrangements.

826 ~~13-11. Retail gift cards~~Direct vendor payment may be ~~given~~made up to \$one hundred dollars  
827 (\$100.00) per family member for clothing and basic household item needs.

828 13-12. Any claim of items stored in a household by persons other than residents of the household will  
829 not be considered for assistance (i.e. stored items in basement, garage, etc.)

830 13-13. Some services are not eligible for assistance, including, but not limited to auto replacement,  
831 transportation, food, storage fees, furnishings, smoke or water damage cleaning fees, and  
832 rebuilding costs.

833 13-14. The CSF will not pay family members or caregivers, rather payment will be made to a valid  
834 landlord or mortgage holder.

835 13-15. The CSF reserves the right to discontinue assistance in cases where fraud or illegal activity has  
836 been determined to have caused the catastrophic event, illness, injury or emergency event  
837 resulting in the need for shelter.

838 13-16. The CSF reserves the right to discontinue assistance based on funding availability.

839

#### 840 **XIV. FUNERAL TRAVEL REIMBURSEMENT (~~OUTSIDE OF STATE ONLY~~)**

841 14-1. *Purpose.* The purpose of the Funeral travel reimbursement program is to provide a consistent  
842 process of reimbursing enrolled members of the Nation with expenses associated with funeral  
843 travel ~~outside of the state where the applicant resides and~~ when there are no other resources  
844 that exist.

845 14-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event,  
846 illness, injury or emergency event.

847 14-3. *Eligibility Criteria.* In order to be eligible for Funeral travel reimbursement, a person must  
848 provide a completed Community Support Fund application and the following:

- 849 (a) Proof of enrollment in the Nation;  
850 (b) A copy of the obituary that lists ~~and~~the immediate family member;  
851 (c) A copy of the applicant's valid driver's license if requesting fuel reimbursement;  
852 (d) Original receipts that show payment for hotel, gas, and/or airfare turned in for  
853 reimbursement within thirty ~~(30)~~45 days of the date of the funeral;  
854 ~~(e) Verification of all household income within the last thirty (30) days of submission of~~  
855 ~~the application for assistance.~~

856 14-4. *Receipt of Required Documentation.* Upon receipt of the completed application for Funeral  
857 Travel Reimbursement assistance, the case manager shall determine if all required  
858 documentation was received from the applicant.

859 (a) The applicant shall provide all documentation requested by the case manager.

860 (b) The case manager shall notify the applicant in writing of any necessary documentation  
861 that was not received and is still needed.

862 (c) Upon receipt of a completed application along with all the required documentation, the  
863 case manager shall have up to ~~ten (10-)~~ business days to provide the initial decision in  
864 writing to the applicant.

865 (d) An application for Funeral Travel Reimbursement assistance shall be valid for thirty  
866 (30) days. If the applicant has a determination of award and/or coverage pending with  
867 another support or assistance resource, the application will be valid for an additional  
868 fifteen (15) days upon proof of that such determination is pending. If the applicant fails  
869 to provide all requested documentation, the case manager ~~shall~~ send the applicant an  
870 expiration notice for their application.

871 14-5. Airfare, train, bus, lodging and vehicle fuel is limited to a combined maximum reimbursement  
872 amount of ~~\$five hundred dollars (\$500.00-)~~.

873 ~~(a)~~ ~~Multiple immediate family members are limited to~~  
874 ~~reimbursement of \$five hundred dollars (\$500.00) each.~~

875 ~~(b)~~ Hotel lodging is limited to a maximum of ~~\$seventy-five dollars (\$75.00)~~ per  
876 night and up to two (2) ~~nights~~ of stay and is only for those who reside in excess of  
877 sixty (60) miles one-way from ~~the~~ location of the funeral.

878 (c) All receipts must coincide with the initial funeral date.

879 ~~(d) Payments will not be made for “celebrations of life” or similiar gatherings after the~~  
880 ~~family members death.~~

881 14-6. Purchases not eligible for reimbursement include, but are not limited to, rental car, car repair,  
882 food, clothing, flowers, and actual funeral costs.

883 14-7. Vehicle fuel reimbursement is limited to those persons who must travel ~~sixty (60)~~ ~~forty (40)~~ or  
884 more miles one-way to attend a funeral service.

885 14-8. Reimbursement of travel expenses will not be considered when travel was completed more  
886 than ~~thirty (30)~~ ~~forty-five (45)~~ days after the verified date of the funeral.

887 14-9. CSF will not make any reservations for any form of travel. This assistance is by reimbursement  
888 only.

889 14-10. This program encourages multiple family members traveling to the same destination to  
890 carpool, and/or share hotel rooms whenever possible.

891 14-11. CSF reserves the right to discontinue assistance based on funding availability.

892

### 893 **XV. APPLIANCE REPAIR AND REPLACEMENT: FURNACE AND WATER HEATER**

894 15-1. *Purpose.* The purpose of Appliance Repair and Replacement assistance is to assist enrolled  
895 members of the Nation with an emergency repair or replacement of a furnace or water heater  
896 where no other resources exist.

897 15-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event,  
898 illness, injury or emergency event.

899 15-3. This assistance is limited to furnaces and water heaters, and shall not include any other kind of  
900 appliances.

901 15-4. *Eligibility Criteria.* In order to be eligible for Appliance Repair and Replacement assistance,  
902 a person must provide a completed Community Support Fund application and the following:

903 (a) Proof of enrollment in the Nation;

904 (b) Two (2) cost estimates for repair of a water heater or furnace from a licensed/certified  
905 repair professional, one (1) estimate is acceptable when weather is extremely cold and/or  
906 during a National emergency, to include the name, address, phone number, and Federal  
907 Tax Identification number of the professional;

- 908 (c) Verification that the applicant applied for Energy Assistance with the county agency  
909 in which the applicant resides, along with proof assistance was denied; and  
910 (d) Verification that the applicant is the owner of the home;  
911 ~~(e) Verification of all household income within the last thirty (30) days of submission of~~  
912 ~~the application for assistance.~~
- 913 15-5. *Receipt of Required Documentation.* Upon receipt of the completed application for appliance  
914 repair and/or replacement assistance, the case manager shall determine if all required  
915 documentation was received from the applicant.
- 916 (a) The applicant shall provide all documentation requested by the case manager.  
917 (b) The case manager shall notify the applicant in writing of any necessary documentation  
918 that was not received and is still needed.  
919 (c) Upon receipt of a completed application along with all the required documentation, the  
920 case manager shall have up to ten (10-) business days to provide the initial decision in  
921 writing to the applicant.  
922 (d) An application for appliance repair and/or replacement assistance shall be valid for  
923 thirty (30) days. If the applicant has a determination of award and/or coverage pending  
924 with another support or assistance resource, the application will be valid for an additional  
925 fifteen (15) days upon proof of that such determination is pending. If the applicant fails  
926 to provide all requested documentation, the case manager shall send the applicant an  
927 expiration notice for their application.
- 928 15-6. When a cost estimate indicates that the repair costs will exceed the value of the appliance,  
929 replacement will be considered and approved on a case by case basis.
- 930 15-7. The repair and/or replacement of a water heater shall ~~not exceed \$350.00~~ be at least one hundred  
931 dollars (\$100.00) and not exceed six hundred dollars (\$600.00) once every ten (10) years.
- 932 15-8. The repair and/or replacement of a furnace shall not exceed \$two thousand and five hundred  
933 dollars (\$2,500.00) once per lifetime.
- 934 15-9. The CSF reserves the right to discontinue assistance based on funding availability.  
935

## 936 **XVI. SECURITY DEPOSIT ASSISTANCE**

- 937 16-1. *Purpose.* The purpose of the Security Deposit assistance program is to provide enrolled  
938 members of the Nation residing in the State of Wisconsin with financial support to ensure  
939 quality of life when shelter expenses are threatened with eviction.
- 940 16-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event,  
941 illness, injury or emergency event.
- 942 16-3. *Eligibility Criteria.* In order to be eligible for Security Deposit assistance, a person must  
943 provide a completed Community Support Fund application and the following:
- 944 (a) Proof of enrollment in the Nation;  
945 ~~(b) Proof of residency in the State of Wisconsin, which shall include a~~ (b) A landlord  
946 verification form completed by the potential landlord or a current rental/lease agreement  
947 showing the amount of the security deposit;  
948 (c) Verification of a current emergency situation, which shall include, but is not limited  
949 to, a pending eviction;  
950 ~~(d) Must have repaid any prior security deposit assistance received to the CSF;~~  
951 (d) Eviction cannot be due to illegal activity with charges against the applicant see (125.7-  
952 2);

953 (e) ~~Verification of all household income within the last thirty (30) days of submission of~~  
954 ~~the application for assistance.~~

955 (f) ~~Household members must~~The applicant shall demonstrate the ability to fulfill the  
956 terms of the rental ~~agreement~~lease. The operators of the Fund shall not co-sign any lease.

957 16-4. *Receipt of Required Documentation.* Upon receipt of the completed application for Security  
958 Deposit assistance, the case manager shall determine if all required documentation was  
959 received from the applicant.

960 (a) The applicant shall provide all documentation requested by the case manager.

961 (b) The case manager shall notify the applicant in writing of any necessary documentation  
962 that was not received and is still needed.

963 (c) Upon receipt of a completed application along with all the required documentation, the  
964 case manager shall have up to ten (10) business days to provide the initial decision in  
965 writing to the applicant.

966 (d) An application for Security Deposit assistance shall be valid for thirty (30) days. If  
967 the applicant has a determination of award and/or coverage pending with another support  
968 or assistance resource, the application will be valid for an additional fifteen (15) days  
969 upon proof of that such determination is pending. If the applicant fails to provide all  
970 requested documentation, the case manager shall send the applicant an expiration notice  
971 for their application.

972 16-5. Security Deposit assistance shall not exceed the amount of ~~\$500.00~~five hundred dollars  
973 (\$500.00) and approved once per lifetime

974 ~~16-6. Applicants who receive assistance in paying their security deposit shall repay those funds at~~  
975 ~~100 percent (100%) of the funds received.~~

976 ~~(a) All repayments must be made payable to the Oneida Nation in the form of a~~  
977 ~~cashier's check, or money order.~~

978 ~~(b) Payments must be brought to the Economic Support Department.~~

979 ~~(c) Requests for security deposit assistance with no repayment of funds for prior~~  
980 ~~assistance received will result in the application being denied.~~

981 ~~16-7~~16-6. Security Deposit assistance is limited to one (1) person per household.

982 ~~16-8~~7. CSF will not pay family members or caregivers a security deposit; it must be a valid landlord.

983 ~~16-9~~8. CSF reserves the right to discontinue assistance based on funding availability.

984

## 985 **XVII. SOCIAL SECURITY DISABILITY DETERMINATION SHELTER ASSISTANCE**

986 17-1. *Purpose.* The purpose of the Social Security Disability Determination Shelter assistance  
987 program is to assist enrolled members of the Nation with financial support for shelter expenses  
988 for those waiting an eligibility determination for the Social Security Administration for a  
989 disability finding.

990 17-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event,  
991 illness, injury or emergency event.

992 17-3. *Eligibility Criteria.* In order to be eligible for Social Security Disability Determination Shelter  
993 assistance, a person must provide a completed Community Support Fund application and the  
994 following:

995 (a) Proof of enrollment in the Nation;

996 (b) Verification of a pending Social Security Disability Application;

997 (c) A Landlord verification form completed by a landlord or other statement from the  
998 mortgage holder that show the monthly rent and the applicant's current status;

- 999 (d) Verification of the applicant's current utility bills for water, heat, and electricity,  
1000 however energy assistance must be applied for before any utility bills will be considered  
1001 for payment;
- 1002 (e) Verification of mortgage disability insurance, if applicable;
- 1003 (f) Verification of all household income within the last thirty (30) days of submission of  
1004 the application for assistance.
- 1005 17-4. *Receipt of Required Documentation.* Upon receipt of the completed application for Social  
1006 Security Disability Determination Shelter assistance, the case manager shall determine if all  
1007 required documentation was received from the applicant.
- 1008 (a) The applicant shall provide all documentation requested by the case manager.
- 1009 (b) The case manager shall notify the applicant in writing of any necessary documentation  
1010 that was not received and is still needed.
- 1011 (c) Upon receipt of a completed application along with all the required documentation, the  
1012 case manager shall have up to ~~ten (10-)~~ business days to provide the initial decision in  
1013 writing to the applicant.
- 1014 (d) An application for Social Security Disability Determination Shelter assistance shall  
1015 be valid for thirty (30) days. If the applicant has a determination of award and/or  
1016 coverage pending with another support or assistance resource, the application will be  
1017 valid for an additional fifteen (15) days upon proof of that such determination is pending.  
1018 If the applicant fails to provide all requested documentation, the case manager shall send  
1019 the applicant an expiration notice for their application.
- 1020 17-5. Rent/mortgage assistance shall not exceed the amount of ~~\$five hundred dollars (\$500.00)~~ per  
1021 month, not to exceed ~~twenty four (24)~~~~twelve (12)~~ months.
- 1022 (a) Only the applicant's portion will be considered when the household consists of other  
1023 adults.
- 1024 (b) Rent/mortgage assistance will be terminated if the household fails to meet their  
1025 timely portion of the scheduled payments.
- 1026 (c) Retro-payment for back rent/mortgage assistance is not eligible for assistance.
- 1027 17-6. Upon receipt of the verification that all other resources have been applied for, utility assistance  
1028 will be considered for water, heat, and electricity.
- 1029 (a) Only the applicant's portion of the utility bill will be considered when the household  
1030 consists of other adults.
- 1031 (b) The utility bill must be in the applicant or current household member's name.
- 1032 (c) Payment for past due amounts owed for utilities are not eligible for assistance.
- 1033 17-7. The applicant is responsible to report to the Case Manager any change(s) in the household  
1034 within ten (10) business day from the change occurring.
- 1035 (a) Examples of household change shall include, but is not limited to the following:  
1036 relocation, household members, income, medical changes, submitted social security  
1037 disability application, or application for or receipt of other agency assistance such as  
1038 housing allowance, etc.
- 1039 (b) Failure of the applicant to report changes in the household may result in suspension  
1040 of benefits until verification of the change(s) is provided to the Case Manager, but  
1041 shall not exceed thirty (30) days.
- 1042 17-8. CSF will not pay family members or caregivers; the assistance is paid only to a valid landlord  
1043 or mortgage holder.
- 1044 17-9. CSF reserves the right to discontinue this assistance based on funding availability.



1045 17-10. CSF reserves the right to discontinue this assistance in cases where fraud or illegal activity has  
1046 been determined to have caused the eviction.

1047 17-11. The Case Manager will provide ten (10) day written notification to an applicant whose  
1048 assistance under this program is being discontinued.

1049  
1050

1051 **XVIII. UTILITY DISCONNECTION ASSISTANCE**

1052 18-1. *Purpose.* The purpose of the Utility Disconnection assistance program is to assist enrolled  
1053 members of the Nation with emergency financial support to ensure quality of life when home  
1054 heating and electric services are threatened with disconnection.

1055 18-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event,  
1056 illness, injury or emergency event.

1057 18-3. *Eligibility Criteria.* In order to be eligible for Utility Disconnection assistance, a person must  
1058 provide a completed Community Support Fund application and the following:

- 1059 (a) Proof of enrollment in the Nation;
- 1060 (b) A copy of the current disconnection notice received from the utility company for the  
1061 household in which the applicant is residing;
- 1062 (c) Verification of address;
- 1063 (d) Verification of application for Energy Assistance and crisis assistance with the county  
1064 agency in which the applicant resides;
- 1065 (e) Verification of payments made in each of the three (3) previous months of at least  
1066 ~~\$twenty-five follars (\$25.00)~~ per month;
- 1067 ~~(f) Verification of all household income within the last thirty (30) days of submission of~~  
1068 ~~the application for assistance.~~

1069 18-4. *Receipt of Required Documentation.* Upon receipt of the completed application for Utility  
1070 Disconnection assistance, the case manager shall determine if all required documentation was  
1071 received from the applicant.

- 1072 (a) The applicant shall provide all documentation requested by the case manager.
- 1073 (b) The case manager shall notify the applicant in writing of any necessary documentation  
1074 that was not received and is still needed.
- 1075 (c) Upon receipt of a completed application along with all the required documentation, the  
1076 case manager shall have up to ~~ten (10)~~ business days to provide the initial decision in  
1077 writing to the applicant.
- 1078 (d) An application for Utility Disconnection assistance shall be valid for thirty (30)  
1079 days. If the applicant has a determination of award and/or coverage pending with another  
1080 support or assistance resource, the application will be valid for an additional fifteen (15)  
1081 days upon proof of that such determination is pending. If the applicant fails to provide all  
1082 requested documentation, the case manager shall send the applicant an expiration notice  
1083 for their application.

1084 18-5. Requests for assistance for the payment of utilities shall only be allowed once every two (2)  
1085 years by the responsible payee. Assistance requested under this Rule and under Rule 3 shall  
1086 be counted towards the total number of requests for the two (2) year period limit.

1087 18-6. Utility assistance shall not exceed the amount of ~~\$three hundred dollars (\$300.00-).~~

1088 18-7. CSF reserves the right to discontinue assistance based on funding availability.

1089  
1090  
1091

*End.*

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1092 Adopted in whole 01-24-2018 – Effective 01-25-2018 – LOC Certified 01-17-2018  
1093 Amended - - - Effective - - - LOC Certified - -



Title 1. Government and Finances – Chapter 125  
Community Support Fund  
Rule Nos. 1 through 18

9

10 **I. Purpose, Delegation, Adoption, Amendment and Repeal**

11 1-1. *Purpose.* The purpose of the Community Support Fund rules is to provide guidance on how  
12 the Community Support Fund is utilized so that the Nation can assist the greatest number of  
13 members of the Nation who apply for assistance to the Fund in times of a catastrophic event,  
14 catastrophic illness or injury, or emergency event when no other resources for assistance exist.

15 1-2. *Authority.* The Community Support Fund Law, Chapter 125, delegates rulemaking authority  
16 to the Fund Operator pursuant to the Administrative Rulemaking law (Chapter 106 Oneida Code  
17 of Laws).

18 1-3. These rules were adopted by the Economic Support Department of the Social Services Area  
19 of the Government Services Division in accordance with the procedures of the Administrative  
20 Rulemaking law.

21 1-4. These rules may be amended or repealed by the Economic Support Department and/or the  
22 Oneida Business Committee pursuant to the procedures set out in the Administrative Rulemaking  
23 Law. For the purpose of future amendments to these rules, each article is a separate rule and may  
24 be amended as such.

25 1-5. Should a provision of these rules or the application thereof to any person or circumstances be  
26 held as invalid, such invalidity shall not affect other provisions of these rules which are considered  
27 to have legal force without the invalid portions.

28 1-6. In the event of a conflict between a provision of these rules and a provision of another rule,  
29 internal policy, procedure, or other regulation; the provisions of these rules shall control.

30 1-7. These rules supersede all prior rules, regulations, internal policies or other requirements  
31 relating to the Community Support Fund.

32 1-8. This Article applies to each subsequent rule listed herein.

33

34 **II. Definitions**

35 2-1. This section shall govern the definitions of words and phrases used within this rule. All  
36 words not defined herein shall be used in their ordinary and everyday sense.

37 (a) “Applicant” means the subject of the application for assistance.

38 (b) “Business day” means Monday through Friday from 8:00 a.m. to 4:30 p.m., excluding  
39 holidays of the Nation.

40 (c) “Caregiver” means the person who assists an ill or incapacitated immediate family  
41 member that is in need of twenty-four (24) hour per day, seven (7) days a week care.

42 (d) “Case manager” means an employee within the Fund operator responsible for  
43 administering Fund benefits.

44 (e) “Catastrophic event” means a natural or man-made incident, which results in a  
45 substantial damage or loss requiring major financial resources to repair or recover.  
46 Including, but is not limited to, a house fire, tornado, flood, or other disaster.

- 47 (f) “Catastrophic illness/injury” means a serious debilitating illness, injury, impairment,  
48 or mental or physical condition that involves:  
49 (1) In-patient care;  
50 (2) A period of continuing treatment due to a chronic serious health condition,  
51 including, but not limited to, chemotherapy, radiation, dialysis, and daily or weekly  
52 therapy resulting from trauma;  
53 (3) A period of illness or injury that is long-term due to a condition for which  
54 treatment may be ineffective including, but not limited to, stroke or terminal disease  
55 or;  
56 (4) Multiple treatments either for restorative surgery after an accident or other  
57 injury, or for a chronic condition, including, but not limited to cancer or kidney  
58 disease.
- 59 (g) “COBRA” means the Consolidated Omnibus Budget Reconciliation Act of 1985 also  
60 known as continued group health care coverage costs under an employer’s plan.
- 61 (h) “Cosmetic” means any medical service provided with the intent to enhance a person’s  
62 appearance, including, but not limited to, braces, veneers, teeth whitening, implants, or  
63 other plastic surgery.
- 64 (i) “Critical Medical” means professionally delivered care or treating a life threatening  
65 illness which requires immediate or regularly scheduled monitored medical care, which  
66 includes, but is not limited to dialysis, chemotherapy, radiation, daily/weekly therapy  
67 resulting from trauma. This does not include routine annual or semi-annual appointments.
- 68 (j) “Emergency event” means a situation that poses an immediate risk to health, life,  
69 safety, property or environment. Emergencies require urgent intervention to prevent further  
70 illness, injury, death, or other worsening of the situation.
- 71 (k) “Emergency medical travel” means an unexpected serious health situation or  
72 occurrence requiring the immediate presence of immediate family. This includes, but is not  
73 limited to, end of life situations, and/or an immediate family member is placed on life  
74 support.
- 75 (l) “Eviction” means the legal notice received from a landlord or mortgage holder that  
76 orders the tenant(s) to vacate the property.
- 77 (m) “FMLA” means the Family Medical Leave Act, a Federal law authorizing temporary  
78 time off from an employment position to provide direct care to a family member, without  
79 losing their employment status.
- 80 (n) “Fund” means the Community Support Fund.
- 81 (o) “Fund Operator” means the Economic Support Department, or other area within the  
82 Governmental Services Division designated authority over the operation of the Fund.
- 83 (p) “Garnishment” means a legal action that directs that money owed be seized to satisfy  
84 a debt.
- 85 (q) “Household” means all persons who reside together at the same residence.
- 86 (r) “Immediate family” means an applicant’s husband, wife, mother, father, son,  
87 daughter, brother, sister, grandparent, grandchild, aunt, uncle, niece, nephew, cousin, and  
88 any of these relations attained through marriage or legal adoption, as well as a person who  
89 has legal responsibility for the applicant, or a person the applicant has legal responsibility  
90 of.
- 91 (s) “Incapacitation” means a state in which a person is temporarily or permanently  
92 impaired by mental and/or physical deficiency, disability, illness or injury.

93 (t) "Income" means a measurement including, but not limited to, a combination of  
94 salaries, wages, retirement pension, disability income, government benefits, and  
95 unemployment of all people sharing a particular household/residence.

96 (u) "Legal guardian" means a person who has the legal authority to care for the personal  
97 and property interests of another person granted through a Court order.

98 (v) "Legal responsibility" means specific duties imposed upon a person to care or provide  
99 for another including liability for personal obligations as granted through a Power of  
100 Attorney or Court order.

101 (w) "Major medical surgery" means a surgical procedure that carries a degree of risk to  
102 the patient's life, or the potential for severe disability if something goes wrong during  
103 surgery. It is a surgical procedure that usually requires a patient to be put under general  
104 anesthesia and given respiratory assistance because he or she cannot breathe independently.

105 (x) "Nation" means the Oneida Nation.

106 (y) "Public health emergency" means the occurrence or imminent threat of an illness or  
107 health condition which:

108 (1) is a quarantinable disease, or is believed to be caused by bioterrorism or a  
109 biological agent; and

110 (2) poses a high probability of any of the following:

111 (A) a large number of deaths or serious or long-term disability among  
112 humans; or

113 (B) widespread exposure to a biological, chemical, or radiological agent  
114 that creates a significant risk of substantial future harm to a large number  
115 of people.

116 (z) "Non-medical" means necessary intervention to support a patient with an on-going  
117 medical illness, injury or potential life threatening illness, and requires further testing or  
118 consultation with a specialist.

119 (aa) "Reimbursement" means to make repayment for expense(s) or a loss that incurred.

120 (bb) "Routine Exam" means an annual or semi-annual health exam provided by a  
121 physician, dentist, orthodontist, oral surgeon, or other similar health care specialist.

122 (cc) "Security Deposit" means the payment of money held by a landlord in trust to protect  
123 him/herself from unpaid rent or damage to the living space.

124 (dd) "Wages" means taxable income reported to the Internal Revenue Service for  
125 performing work.

126

### 127 **III. SHELTER ASSISTANCE**

128 3-1. *Purpose.* The purpose of shelter assistance is to assist enrolled members of the Nation with  
129 financial support for shelter expenses due to experiencing a catastrophic event, illness, or  
130 injury where no other resources exist.

131 3-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event,  
132 illness, injury or emergency event.

133 3-3. *Eligibility Criteria.* In order to be eligible for shelter assistance a person must provide a  
134 completed Community Support Fund application and the following:

135 (a) Proof of enrollment in the Nation;

136 (b) Documentation verifying catastrophic event, illness, injury or other emergency event  
137 within the last thirty (30) days, including but not limited to:

- 138 (1) Medical verification specifying dates effected by illness or injury;  
139 (2) Verification of short and/or long term disability specifying the dates received  
140 and the amount of the benefit;  
141 (3) Other documentation listing damage or loss.
- 142 (c) Landlord Verification Form completed by the landlord of the applicant or a statement  
143 from the applicant's mortgage holder stating the applicant's monthly mortgage payment  
144 and current status;
- 145 (d) A current utility bill, such as a water, heat, or electricity bill;
- 146 (e) Verification of any mortgage disability insurance;
- 147 (f) Verification of an applicant's personal and/or vacation time from employment; and
- 148 (g) Any other documentation requested by the Community Support Fund case manager.
- 149 3-4. *Receipt of Required Documentation.* Upon receipt of the completed application for shelter  
150 assistance, the case manager shall determine if all required documentation was received from  
151 the applicant.
- 152 (a) The applicant shall provide all documentation requested by the case manager.
- 153 (b) The case manager shall notify the applicant within five (5) business days in writing of  
154 any necessary documentation that was not received and is still needed.
- 155 (c) Upon receipt of a completed application along with all the required documentation,  
156 the case manager shall have up to ten (10) business days to provide the initial decision in  
157 writing to the applicant.
- 158 (d) An application for shelter assistance shall be valid for thirty (30) days. If the applicant  
159 has a determination of award and/or coverage pending with another support or assistance  
160 resource, the application will be valid for an additional fifteen (15) days upon proof of that  
161 such determination is pending. If the applicant fails to provide all requested documentation,  
162 the case manager shall send the applicant an expiration notice for their application.
- 163 3-5. *Rent or Mortgage Assistance.* An applicant may request assistance for rent or mortgage  
164 payments.
- 165 (a) The amount provided for rent or mortgage assistance shall not exceed five hundred  
166 dollars (\$500.00) per month. The amount of rent or mortgage assistance shall not exceed a  
167 total of twenty-four (24) months per life-time of the applicant.
- 168 (b) Only the applicant's portion of the rent or mortgage owed shall be considered when  
169 determining the amount of rent or mortgage assistance if the applicant's household consists  
170 of other adults.
- 171 (c) Shelter assistance shall not be used to pay family members or caregivers of the  
172 applicant. Only a valid landlord or mortgage holder shall be paid.
- 173 3-6. *Utility Assistance.* An applicant may request assistance for utilities, such as heat, water, and  
174 electricity.
- 175 (a) The utility bill shall be in the applicant's or current household's member's name.
- 176 (b) Applicants shall provide verification of application to all other available resources and  
177 programs for utility assistance.
- 178 (1) The Wisconsin Home Energy Assistance Program (WHEAP) serves as an  
179 example of an alternate program the applicant should apply for before applying for  
180 utility assistance.
- 181 (c) Only the applicant's portion of the utility bill shall be considered when determining  
182 the amount of utility assistance if the applicant's household consists of other adults.

183 (d) The amount provided for utility assistance shall not exceed three hundred dollars  
184 (\$300.00) and shall only be allowed once every two (2) years. Assistance requested under  
185 this Rule and under Rule 18 shall be counted towards the total number of requests for the  
186 two (2) year period limit.

187 3-7. *Reporting Changes in the Household.* The applicant shall report any changes in the household  
188 to the case manager within ten (10) business days from the change occurring.

189 (a) Changes in the household that shall be reported include, but are not limited to, the  
190 following: relocation, addition or subtraction of a household member, income changes,  
191 medical changes, submission of a social security disability application, submission of  
192 application or receipt of assistance from other agency or program.

193 (b) Failure of the applicant to report changes in the household may result in suspension  
194 of benefits until verification of the change(s) is provided to the case manager, not to exceed  
195 thirty (30) days.

196 3-8. *Discontinuation of Assistance.* The Community Support Fund Manager reserves the right to  
197 discontinue shelter assistance based on the following:

198 (a) A lack of funding availability

199 (b) A discovery that fraud or illegal activity has been determined to have caused  
200 homelessness.

201 (c) The case manager shall provide ten (10) day notification to an applicant whose shelter  
202 assistance will be discontinued.

203 3-9. *Changes in Household Information.* An applicant shall be responsible to report to the Fund  
204 Case Manager any change(s) in the household within ten (10) business days from the change.  
205 Changes shall include, but are not limited to the following:

206 (a) Relocation;

207 (b) Household member changes;

208 (c) Income;

209 (d) Medical changes;

210 (e) Submission of Social Security Disability application; and

211 (f) Receipt of other agency assistance

212 (1) Failure of an applicant to report changes in the household may result in  
213 suspension of assistance until verification of the change(s) is provided to the  
214 Fund Case Manager.

215 (2) An applicant shall have thirty (30) days to provide the verification once  
216 notification is received from the Fund Case Manager that verification is  
217 required.

218 3-10. *Lodging Assistance.* Lodging Assistance may be provided in the event of extreme situations  
219 as determined by the Fund Case Manager and the Director of Economic Support.  
220

#### 221 **IV. EMERGENCY/NON-EMERGENCY MEDICAL TRAVEL**

222 4-1. *Purpose.* The purpose is to assist enrolled members of the Nation with emergency and non-  
223 emergency medical travel expenses. This assistance is limited to immediate family members  
224 to assist with travel expenses.

225 4-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event,  
226 illness, injury or emergency event.

- 227 4-3. *Eligibility Criteria.* In order to be eligible for emergency/non-emergency medical travel  
228 assistance, a person must provide a completed Community Support Fund application and the  
229 following:
- 230 (a) Proof of enrollment in the Nation;
  - 231 (b) Verifications of medical appointments which include the medical condition, date, time  
232 and location of the appointment;
  - 233 (c) Verification of the applicants relationship to the patient;
  - 234 (d) Verification of a valid driver's license for reimbursement of fuel purchases
  - 235 (e) Original receipts for hotel, gas, and/or airfare which shall be dated within thirty (30)  
236 days of travel and show total cost paid; and
- 237 4-4. *Receipt of Required Documentation.* Upon receipt of the completed application for  
238 emergency/non-emergency medical travel assistance, the case manager shall determine if all  
239 required documentation was received from the applicant.
- 240 (a) The applicant shall provide all documentation requested by the case manager.
  - 241 (b) The case manager shall notify the applicant in writing of any necessary documentation  
242 that was not received and is still needed.
  - 243 (c) Upon receipt of a completed application along with all the required documentation,  
244 the case manager shall have up to ten (10) business days to provide the initial decision in  
245 writing to the applicant.
  - 246 (d) An application for emergency/non-emergency medical travel assistance shall be valid  
247 for thirty (30) days. If the applicant has a determination of award and/or coverage pending  
248 with another support or assistance resource, the application will be valid for an additional  
249 fifteen (15) days upon proof of that such determination is pending. If the applicant fails to  
250 provide all requested documentation, the case manager shall send the applicant an  
251 expiration notice for their application.
- 252 4-5. *Non-Emergency Travel.* Non-emergency travel is allowed when the applicant or immediate  
253 family member has scheduled medical appointments as shown through medical  
254 documentation.
- 255 (a) Documentation of scheduled appointments must be submitted and have prior approval.
  - 256 (b) Non-emergent medical travel for local members with chronic serious medical needs  
257 may be reimbursed to the applicant with a valid receipt within forty-five (45) days of  
258 appointments. Once the application is approved, applicants within the reservation  
259 boundaries may receive assistance directly from the program during regular business  
260 hours.
  - 261 (c) *Non-Emergency Travel Less Than Sixty (60) Miles One Way.*
    - 262 (1) Applicants within the reservation boundaries traveling less than sixty (60) miles  
263 one way may be eligible for public or tribal transportation transit passes for  
264 verified chronic serious medical appointments.
    - 265 (2) Applicants traveling less than sixty (60) miles one way may receive assistance  
266 or reimbursement not to exceed twenty dollars (\$20.00) per week for verified  
267 chronic serious medical appointments.
  - 268 (d) *Non-Emergency Travel At Least Sixty (60) Miles One Way.*
    - 269 (1) Those who travel from sixty (60) miles up to one hundred fifty (150) miles one-  
270 way shall receive a thirty dollar (\$30.00) fuel assistance. Travel may also be eligible  
271 for reimbursement for up to thirty dollars (\$30.00) with original receipts that  
272 coincide with a medical appointment.



273 (2) Those who travel over one hundred and fifty (150) miles one-way shall receive  
274 a forty dollar (\$40.00) fuel assistance. Travel may also be eligible for  
275 reimbursement for up to forty dollars (\$40.00) with original receipts that coincide  
276 with a medical appointment.

277 (e) Fuel Assistance will be disbursed the day prior to the appointment if application is  
278 timely and original receipts are due within seven (7) business days. If receipts are not  
279 turned in, future requests for assistance will be denied for six (6) consecutive months  
280 starting when the first new request is made.

281 (f) Hotel reimbursement shall be a maximum of seventy-five dollars (\$75.00) per night for  
282 up to a maximum of three (3) nights, and shall only be considered for approval by the Fund  
283 Case Manager where the appointment is more than one hundred (100) miles one-way from  
284 the residence of the applicant.

285 4-6. *Emergency Travel.* Emergency travel assistance is allowed when an immediate family  
286 member has a sudden or worsening life-threatening illness or injury, and is provided only on  
287 as a reimbursement of expenses.

288 (a) Airfare, bus, train, lodging, and vehicle fuel is limited to a combined maximum  
289 reimbursement amount of five hundred dollars (\$500.00).

290 (b) Multiple immediate family members are limited to a reimbursement amount of five  
291 hundred dollars (\$500.00) each.

292 (c) Reimbursement for emergency travel assistance is limited to those persons who must  
293 travel one hundred (100) miles or more one-way.

294 (d) Hotel reimbursement shall be a maximum of seventy-five dollars (\$75.00) per night.

295 (e) All receipts must coincide with the emergency event that required the applicant to  
296 travel. Applicant is responsible for providing all proper documentation regarding the  
297 illness or injury that required travel and the required receipts in order to be eligible for  
298 reimbursement.

299 4-7. *Auto Repairs.* Auto repair assistance is allowed when the vehicle is necessary to  
300 obtain/maintain ongoing critical medical care when no other resources exist.

301 (a) Auto repair assistance is limited to critical medical patients only and will be denied  
302 when an alternate vehicle is owned and available for use;

303 (b) Auto repair assistance will only cover repairs that are necessary to keep the vehicle in  
304 standard operating condition. No routine maintenance or auto body repairs shall be  
305 eligible for assistance. Routine maintenance or repairs shall include, but is not limited to,  
306 oil changes, brakes, tires, batteries/fuses, lights, tune-ups, exhaust systems, flushes, and  
307 glass replacement;

308 (c) Auto repair assistance is limited to a maximum amount of five hundred dollars  
309 (\$500.00) once every twelve (12) months;

310 (d) Emergency repairs needed to obtain critical medical care which occurs outside of the  
311 program's business hours, may be considered on a case by case basis, in consultation  
312 with an independent ASE certified auto technician, and for services that occurred within  
313 the previous ten (10) days of the application;

314 (e) Towing assistance may be considered on a case by case basis for reimbursement up to  
315 maximum of two hundred and fifty dollars (\$250.00) once every twelve (12) months when  
316 the vehicle is inoperable and towed to an ASE certified mechanic.

317 4-8. *Items not Covered.* The Fund Case Manager is not responsible and will not make any  
318 reservations for any form of travel. In addition, the following items, which are not all  
319 inclusive, are not a benefit of this assistance program:

- 320 (a) Auto insurance and deductibles;
- 321 (b) Car Rentals;
- 322 (c) Personal expenses, including, but not limited to, meals or personal care items;
- 323 (d) Auto loans and vehicle registration.

324 4-9. This program encourages and requests that multiple family members traveling to the same  
325 destination carpool and share hotel rooms whenever possible.

326 4-10. CSF reserves the right to discontinue assistance based on funding availability.

327

## 328 **V. MEDICAL BILL ASSISTANCE**

329 5-1. *Purpose.* The purpose of this program is to assist enrolled members of the Nation with  
330 financial support for the cost of unpaid medical bills (deductibles and copays not covered)  
331 where no other resources exist.

332 5-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event,  
333 illness, injury or emergency event.

334 5-3. *Eligibility Criteria.* In order to be eligible for Medical Bill assistance, a person must provide  
335 a completed Community Support Fund application and the following:

- 336 (a) Proof of enrollment in the Nation
  - 337 (1) a non-enrolled parent of an enrolled minor child may apply for assistance that
  - 338 directly affects the enrolled minor child;
- 339 (b) Medical billing statements for the dates of service which are within the last twelve (12)
- 340 months and be more than fifty dollars (\$50.00);
- 341 (c) Verification that the applicant's health insurance was utilized within his/her health care
- 342 network;
- 343 (d) Explanation of Benefit (EOB) statements received from the health insurance provider
- 344 showing what portion the health insurance covered;
- 345 (e) Verification that an Indian Health Service Clinic (IHS) was utilized if applicant is in
- 346 its service area;
- 347 (f) Verification that the applicant applied for all of the financial care or assistance programs
- 348 offered at the medical facility;
- 349 (g) Statements of denial of assistance or caseworker verification of denial based on
- 350 eligibility criteria, from an Indian Health Service (IHS) facility or (EOB) from any third
- 351 party insurance carrier.

352 5-4. *Receipt of Required Documentation.* Upon receipt of the completed application for medical  
353 bill assistance, the case manager shall determine if all required documentation was received  
354 from the applicant.

- 355 (a) The applicant shall provide all documentation requested by the case manager.
- 356 (b) The case manager shall notify the applicant in writing of any necessary documentation
- 357 that was not received and is still needed.
- 358 (c) Upon receipt of a completed application along with all the required documentation, the
- 359 case manager shall have up to ten (10) business days to provide the initial decision in
- 360 writing to the applicant.
- 361 (d) An application for medical bill assistance shall be valid for thirty (30) days. If the
- 362 applicant has a determination of award and/or coverage pending with another support or

- 363 assistance resource, the application will be valid for an additional fifteen (15) days upon  
 364 proof of that such determination is pending. If the applicant fails to provide all requested  
 365 documentation, the case manager shall send the applicant an expiration notice for their  
 366 application.
- 367 5-5. Financial assistance will only be available for services already rendered by a Health Care  
 368 Provider for up to a maximum of five thousand dollars (\$5,000.00) within a twelve (12) month  
 369 period. An extension of this twelve (12) month period can be considered only for chronic  
 370 medical conditions, but may not exceed an additional five thousand dollars (\$5,000.00).
- 371 5-6. Medical and/or hospital bills incurred from illegal activity (i.e. operating while intoxicated,  
 372 injuries due to alcohol or drug use, etc.), or medical conditions that are a direct result from  
 373 drug use, including the abuse of prescription drugs, are not eligible for assistance, except for  
 374 Rule 8 which covers Inpatient or Intensive Outpatient treatment.
- 375 5-7. Insurance denials resulting from an applicant's failure to submit information pertinent to  
 376 processing an insurance claim are not eligible or assistance.
- 377 5-8. Medical bills that have aged beyond twelve (12) months, or which have been referred to a  
 378 collection agency are not eligible for assistance.
- 379 5-9. Chiropractic care, holistic treatment, pain clinic treatment/injections, methadone clinic,  
 380 Saboxon injection and/or nursing home and/or any assisted living facility are not eligible for  
 381 assistance.
- 382 5-10. CSF reserves the right to discontinue assistance based on funding availability.

383

#### 384 **VI. DENTAL RELATED EXPENSES**

- 385 6-1. *Purpose.* The purpose of dental related expenses assistance is to assist enrolled members of  
 386 the Nation with financial support with the cost of dental-related services where no other  
 387 resources exist.
- 388 6-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event,  
 389 illness, injury or emergency event.
- 390 6-3. Approval is from the Community Support Fund case manager is required prior to receiving  
 391 treatment from a dental health care provider.
- 392 6-4. *Eligibility Criteria.* In order to be eligible for dental related expenses assistance, a person must  
 393 provide a completed Community Support Fund application and the following:
- 394 (a) Proof of enrollment in the Nation;
- 395 (1) a non-enrolled parent of an enrolled minor child may apply for assistance that  
 396 directly affects the enrolled minor child;
- 397 (b) Verification by a dentist, orthodontist, or oral surgeon of the dental procedures to be  
 398 completed, and that they are a medical need, not cosmetic, and the cost or estimated cost  
 399 of the dental services, which shall include the name, address, and Federal tax ID number  
 400 of the dental health care provider;
- 401 (c) Verification of dental insurance and that the dental health care provider is an in-  
 402 network provider;
- 403 (d) Verification that the applicant is utilizing the Indian Health Service Clinic in his/her  
 404 service area if available;
- 405 6-5. *Receipt of Required Documentation.* Upon receipt of the completed application for dental  
 406 related expenses assistance, the case manager shall determine if all required documentation  
 407 was received from the applicant.
- 408 (a) The applicant shall provide all documentation requested by the case manager.

- 409 (b) The case manager shall notify the applicant in writing of any necessary documentation  
410 that was not received and is still needed.
- 411 (c) Upon receipt of a completed application along with all the required documentation, the  
412 case manager shall have up to ten (10) business days to provide the initial decision in  
413 writing to the applicant.
- 414 (d) An application for dental related expenses assistance shall be valid for thirty (30) days.  
415 If the applicant has a determination of award and/or coverage pending with another support  
416 or assistance resource, the application will be valid for an additional fifteen (15) days upon  
417 proof of that such determination is pending. If the applicant fails to provide all requested  
418 documentation, the case manager shall send the applicant an expiration notice for their  
419 application.
- 420 6-6. Upper and lower dentures are limited to a maximum of two hundred and fifty dollars (\$250.00)  
421 each per lifetime.
- 422 6-7. Financial assistance for dental related services other than dentures is limited to a maximum of  
423 five hundred dollars (\$500.00) within a twelve (12) month period.
- 424 6-8. Dental services requiring surgery or hospital care will be referred to the Medical Bill  
425 Assistance Program (Rule 3).
- 426 6-9. Braces, implants, veneers, teeth whitening, or any other services considered strictly cosmetic  
427 are not eligible for assistance.
- 428 6-10. CSF reserves the right to discontinue assistance based on funding availability.

429

#### 430 **VII. OPTICAL RELATED ASSISTANCE**

- 431 7-1. *Purpose.* The purpose of the Optical related assistance program is to provide enrolled members  
432 of the Nation with financial support with the costs associated with optical related services  
433 where no other resources exist.
- 434 7-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event,  
435 illness, injury or emergency event.
- 436 7-3. Approval from CSF is required prior to treatment or purchase.
- 437 7-4. *Eligibility Criteria.* In order to be eligible for Optical Related Equipment assistance, a person  
438 must provide a completed Community Support Fund application and the following:
- 439 (a) Proof of enrollment in the Nation;  
440 (1) a non-enrolled parent of an enrolled minor child may apply for assistance that  
441 directly affects the enrolled minor child.
- 442 (b) Cost estimate of optical services this includes the name, address and Federal Tax ID  
443 of the provider;
- 444 (c) Verification of the severe optical illness/injury from an ophthalmologist, optician, or  
445 optometrist;
- 446 (d) Verification of optical insurance and that the ophthalmologist, optician, or optometrist  
447 is an in-network provider.  
448 the application for assistance.
- 449 7-5. Applicant must utilize an Indian Health Service Clinic if available, or provided verification  
450 that such a clinic is not available.
- 451 7-6. *Receipt of Required Documentation.* Upon receipt of the completed application for Optical  
452 Related assistance, the case manager shall determine if all required documentation was  
453 received from the applicant.
- 454 (a) The applicant shall provide all documentation requested by the case manager.

455 (b) The case manager shall notify the applicant in writing of any necessary documentation  
456 that was not received and is still needed.

457 (c) Upon receipt of a completed application along with all the required documentation, the  
458 case manager shall have up to ten (10) business days to provide the initial decision in  
459 writing to the applicant.

460 (d) An application for Optical Related assistance shall be valid for thirty (30) days. If the  
461 applicant has a determination of award and/or coverage pending with another support or  
462 assistance resource, the application will be valid for an additional fifteen (15) days upon  
463 proof of that such determination is pending. If the applicant fails to provide all requested  
464 documentation, the case manager shall send the applicant an expiration notice for their  
465 application.

466 7-7. Eye glass frames and lenses are limited to a maximum of two hundred and fifty dollars  
467 (\$250.00) once per twelve (12) month period, and only the actual frame and lenses are eligible  
468 for assistance. Enhancements, including, but not limited to transitional lenses, tinting, or anti-  
469 reflective coatings, are not eligible for assistance.

470 7-8. Optical services requiring surgery or hospital care will be referred to the CSF Critical Medical  
471 Bill program.

472 7-9. Transportation costs associated with reporting to a treatment/medical facility will be referred  
473 to the CSF Critical Medical Travel Assistance program.

474 7-10. The following are not eligible for assistance: contact lenses, routine eye exams, vision  
475 correction surgery (eye laser surgery), or any other services that are considered cosmetic. This  
476 list is not exhaustive.

477 7-11. CSF reserves the right to discontinue assistance based on funding availability.

478

#### 479 **VIII. INPATIENT OR INTENSIVE OUTPATIENT TREATMENT ASSISTANCE**

480 8-1. *Purpose.* The purpose of the Inpatient or Intensive Outpatient Treatment assistance is to  
481 provide enrolled members of the Nation with financial support for inpatient or Intensive  
482 Outpatient treatment who have been referred by a licensed or certified counseling agency or  
483 program, or who have voluntarily entered into an inpatient or Intensive Outpatient treatment  
484 program where no other resources exist.

485 8-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event,  
486 illness, injury or emergency event.

487 8-3. Approval from CSF is required prior to the inpatient stay or intensive outpatient treatment in  
488 order to receive assistance.

489 8-4. *Eligibility Criteria.* In order to be eligible for Inpatient or Intensive Outpatient Treatment  
490 assistance, a person must provide a completed Community Support Fund application and the  
491 following:

492 (a) Proof of enrollment in the Nation;

493 (b) Cost estimate of the Treatment Center including the name, address and Federal Tax  
494 ID number;

495 (c) A referral from a licensed or certified counseling agency or program verifying the  
496 catastrophic illness;

497 (d) Verification of health insurance and that the treatment facility is in network. If not in  
498 network, verification is to be provided that attempts were made to find a facility in network;

- 499 8-5. *Receipt of Required Documentation.* Upon receipt of the completed application for Inpatient  
500 Treatment assistance, the case manager shall determine if all required documentation was  
501 received from the applicant.
- 502 (a) The applicant shall provide all documentation requested by the case manager.  
503 (b) The case manager shall notify the applicant in writing of any necessary documentation  
504 that was not received and is still needed.
- 505 (c) Upon receipt of a completed application along with all the required documentation, the  
506 case manager shall have up to ten (10) business days to provide the initial decision in  
507 writing to the applicant.
- 508 (d) An application for Inpatient Treatment assistance shall be valid for thirty (30) days. If  
509 the applicant has a determination of award and/or coverage pending with another support  
510 or assistance resource, the application will be valid for an additional fifteen (15) days  
511 upon proof of that such determination is pending. If the applicant fails to provide all  
512 requested documentation, the case manager shall send the applicant an expiration notice  
513 for their application.
- 514 8-6. Inpatient or intensive outpatient treatment assistance is available up to a maximum of five  
515 thousand dollars (\$5,000.00) per lifetime.
- 516 8-7. Inpatient or intensive outpatient treatment assistance will be paid directly to the treatment  
517 facility and the treatment facility must be located within the continental United States.
- 518 8-8. Transportation costs associated with reporting to a treatment facility will be referred to the  
519 CSF Emergency/Non-emergency Medical Travel program (Rule 4 section 4-5).
- 520 8-9. Follow up care expenses in a residential facility, half-way house, or transitional shelter shall  
521 not exceed five hundred dollars (\$500.00) per month for two (2) months. Follow up care  
522 expenses do not apply to intensive outpatient treatment stays.
- 523 8-10. Shelter Assistance may be considered for intensive outpatient treatment when immediate prior  
524 working hours are during the hours of treatment. These hours must be verified through the  
525 employer and treatment facility, and shall not exceed five hundred dollars (\$500.00) per month  
526 for two (2) months.
- 527 8-11. Costs for incidentals such as food, personal care items, clothing, etc. are not eligible for  
528 assistance.
- 529 8-12. CSF reserves the right to discontinue assistance based on funding availability.

530

### 531 **IX. MEDICAL RELATED EQUIPMENT, SUPPLIES, OR FURNITURE**

- 532 9-1. *Purpose.* The purpose of the Medical Related Equipment, Supplies, or Furniture assistance  
533 program is to provide enrolled members of the Nation with financial assistance with furniture,  
534 equipment, or supplies verified by a licensed doctor as being necessary to improve or maintain  
535 the quality of life for those applicants who are diagnosed with a life-threatening or chronic  
536 medical condition where no other resources exist.
- 537 9-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event,  
538 illness, injury or emergency event.
- 539 9-3. Prior approval must be received from the CSF before any purchases are made in order to be  
540 eligible for assistance.
- 541 9-4. Medically related equipment, supplies, or furniture must be rented whenever available.
- 542 9-5. *Eligibility Criteria.* In order to be eligible for Medical Related Equipment assistance, a person  
543 must provide a completed Community Support Fund application and the following:  
544 (a) Proof of enrollment in the Nation;

- 545 (1) a non-enrolled parent of an enrolled minor child may apply for assistance that  
546 directly affects the enrolled minor child.
- 547 (b) The cost estimate of supplies or equipment prior to purchasing, which shall include  
548 the vendor name, address, and Federal Tax ID number;
- 549 (c) The prescription from a licensed medical physician which must specify the following:  
550 (1) If the need is on a short-term basis (less than six (6) months);  
551 (2) The specific life-threatening or chronic medical condition; and  
552 (3) That the equipment, supplies or furniture are need to improve or maintain  
553 the applicant's quality of life;
- 554 (d) Statement of denial of assistance from an Indian Health Service (HIS) facility or EOB  
555 from any third party insurance carrier;
- 556 (e) Proof of home ownership or rental lease agreement; and
- 557 9-6. *Receipt of Required Documentation.* Upon receipt of the completed application for Medical  
558 Related Equipment, Supplies, or Furniture assistance, the case manager shall determine if all  
559 required documentation was received from the applicant.
- 560 (a) The applicant shall provide all documentation requested by the case manager.  
561 (b) The case manager shall notify the applicant in writing of any necessary documentation  
562 that was not received and is still needed.
- 563 (c) Upon receipt of a completed application along with all the required documentation, the  
564 case manager shall have up to ten (10) business days to provide the initial decision in  
565 writing to the applicant.
- 566 (d) An application for Medial Related Equipment, Supplies, or Furniture assistance shall  
567 be valid for thirty (30) days. If the applicant has a determination of award and/or  
568 coverage pending with another support or assistance resource, the application will be  
569 valid for an additional fifteen (15) days upon proof of that such determination is pending.  
570 If the applicant fails to provide all requested documentation, the case manager shall send  
571 the applicant an expiration notice for their application.
- 572 9-7. Financial assistance for this program is limited to a maximum of two thousand dollars  
573 (\$2,000.00) within a twelve (12) month period.
- 574 9-8. An additional five hundred dollars (\$500.00) may be considered based on medical  
575 documentation.
- 576 9-9. Permanent ramps require the applicant to be the homeowner. Temporary ramps must have the  
577 written consent of the property owner.
- 578 9-10. Home renovations necessary for handicap accessibility are limited to a maximum of two  
579 thousand dollars (\$2,000) once per twelve (12) month period.
- 580 (a) Renters are not eligible for home renovations.  
581 (b) Home renovations may include, but is not limited to, accommodations to  
582 bathrooms, doorways, hallways for wheelchairs, or a walk-in or roll in shower.
- 583 9-11. The types of equipment, furniture or supplies to be considered for assistance may include, but  
584 is not limited to the following: hospital bed, lift chair, wheelchair, scooter, portable or  
585 permanent ramps, air conditioners, room air purification systems, hearing aids, artificial limbs,  
586 vision aids, wigs, and specialty made undergarments.
- 587 9-12. CSF reserves the right to discontinue assistance based on funding availability.  
588  
589  
590

591

592 **X. PRESCRIPTION REIMBURSEMENT ASSISTANCE.**

593 10-1. *Purpose.* The purpose of Prescription Reimbursement assistance is to assist enrolled members  
594 of the Nation with reimbursement of emergency prescribed medications that are needed after  
595 regular business hours or not available at Indian Health Service Clinic.

596 10-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event,  
597 illness, injury or emergency event.

598 10-3. *Eligibility Criteria.* In order to be eligible for Prescription Reimbursement assistance, a person  
599 must provide a completed Community Support Fund application and the following:

600 (a) Proof of enrollment in the Nation;

601 (b) Verification of current group health insurance policy that covers prescriptions;

602 (c) Verification of coverage under a spouse/parent if available;

603 (d) Original receipts of prescription medication;

604 (e) Verification that the emergency medical prescription was needed after hours, which  
605 shall include the emergency room report or discharge summary;

606 (f) Verification that there is no Indian Health Service Clinic within ninety (90) miles of  
607 the applicant;

608 10-4. *Receipt of Required Documentation.* Upon receipt of the completed application for  
609 Prescription Reimbursement assistance, the case manager shall determine if all required  
610 documentation was received from the applicant.

611 (a) The applicant shall provide all documentation requested by the case manager.

612 (b) The case manager shall notify the applicant in writing of any necessary documentation  
613 that was not received and is still needed.

614 (c) Upon receipt of a completed application along with all the required documentation, the  
615 case manager shall have up to ten (10) business days to provide the initial decision in  
616 writing to the applicant.

617 (d) An application for Prescription Reimbursement assistance shall be valid for thirty (30)  
618 days. If the applicant has a determination of award and/or coverage pending with another  
619 support or assistance resource, the application will be valid for an additional fifteen (15)  
620 days upon proof of that such determination is pending. If the applicant fails to provide all  
621 requested documentation, the case manager shall send the applicant an expiration notice  
622 for their application.

623 10-5. Reimbursement for emergency prescriptions is limited to three hundred dollars (\$300.00)  
624 within a twelve (12) month period.

625 10-6. Prescription reimbursement must be submitted within forty-five (45) days of the original  
626 receipt date.

627 10-7. Prescribed medications for chemical dependency (i.e. methadone, suboxon, etc.) are not a  
628 covered benefit.

629 10-8. Denials from the IHS clinic resulting from not following preferred purchasing/care team  
630 (contract health) will not be covered (i.e. proof of residency not provided, application not  
631 updated, no seventy-two (72) hours notice, etc.)

632 10-9. CSF reserves the right to discontinue assistance based on funding availability.

633

634 **XI. COBRA INSURANCE PAYMENTS**



635 11-1. *Purpose.* The purpose of COBRA insurance payments assistance is to assist enrolled members  
636 of the Nation with payment of COBRA insurance premiums when they experience an  
637 interruption of employment.

638 11-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event,  
639 illness, injury or emergency event.

640 11-3. *Eligibility Criteria.* In order to be eligible for COBRA insurance assistance, a person must  
641 provide a completed Community Support Fund application and the following:

- 642 (a) Proof of enrollment in the Nation;
- 643 (b) Verification of current group health insurance policy;
- 644 (c) Verification of coverage under a spouse/parent if available;
- 645 (d) Verification of all state and public benefits applied for if eligible;
- 646 (e) Written estimate of employer's group health care coverage plan premium for COBRA  
647 coverage;
- 648 (f) Verification of medical diagnosis, prognosis, and approximate length of employment  
649 interruption;
- 650 (g) Verification of the approved medical leave from employer;
- 651 (h) Verification of all household employment within the last thirty (30) days of  
652 submission of the application for assistance.

653 11-4. *Receipt of Required Documentation.* Upon receipt of the completed application for COBRA  
654 insurance payments, the case manager shall determine if all required documentation was  
655 received from the applicant.

- 656 (a) The applicant shall provide all documentation requested by the case manager.
- 657 (b) The case manager shall notify the applicant in writing of any necessary documentation  
658 that was not received and is still needed.
- 659 (c) Upon receipt of a completed application along with all the required documentation, the  
660 case manager shall have up to ten (10) business days to provide the initial decision in  
661 writing to the applicant.
- 662 (d) An application for COBRA insurance payments shall be valid for thirty (30) days. If  
663 the applicant has a determination of award and/or coverage pending with another support  
664 or assistance resource, the application will be valid for an additional fifteen (15) days upon  
665 proof of that such determination is pending. If the applicant fails to provide all requested  
666 documentation, the case manager shall send the applicant an expiration notice for their  
667 application.

668 11-5. COBRA insurance premium payments are limited to a maximum of five hundred dollars  
669 (\$500.00) per month for a total period of three (3) months. An additional three (3) months of  
670 COBRA Insurance premiums may be requested with additional supporting documentation  
671 from a medical professional which indicates the applicant's return to employment is  
672 established and with documentation from the employer approving the extended leave time.

673 11-6. Upon notification of employment termination, a referral to state or public assistance will be  
674 made.

675 11-7. CSF reserves the right to discontinue assistance based on funding availability.

676

## 677 **XII. FAMILY MEDICAL LEAVE ACT WAGE REPLACEMENT**

678 12-1. *Purpose.* The purpose of the Family Medical Leave Act (FMLA) Wage Replacement  
679 assistance program is to assist enrolled members of the Nation with wage replacement when

- 680 wages are interrupted due to the need to care for an immediate family member as approved  
681 under the Family Medical Leave Act.
- 682 12-2. FMLA wage replacement assistance is available only to employed immediate family members  
683 utilizing the FMLA or approved medical leave by the caregiver's employer.
- 684 12-3. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event,  
685 illness, injury or emergency event.
- 686 12-4. *Eligibility Criteria.* In order to be eligible for FMLA Wage Replacement assistance, a person  
687 must provide a completed Community Support Fund application and the following:
- 688 (a) Proof of enrollment in the Nation;  
689 (b) Verification that the caregiver has been employed with their company for at least  
690 twelve (12) months, and must have worked for at least one thousand two hundred and fifty  
691 (1250) hours in the last twelve (12) months;  
692 (c) Verification of approved FMLA or equivalent leave from the caregiver's employer;  
693 (d) Verification of the medical need requiring full-time care of the immediate family  
694 member, which indicates that continuous care is needed twenty four (24) hours per day, for  
695 seven (7) days a week. Said verification must also specify the approximate length of time  
696 this direct care is needed.  
697 (e) Verification of all household income within the last thirty (30) days of submission of  
698 the application for assistance.
- 699 12-5. *Receipt of Required Documentation.* Upon receipt of the completed application for FMLA  
700 Wage Replacement assistance, the case manager shall determine if all required documentation  
701 was received from the applicant.
- 702 (a) The applicant shall provide all documentation requested by the case manager.  
703 (b) The case manager shall notify the applicant in writing of any necessary documentation  
704 that was not received and is still needed.  
705 (c) Upon receipt of a completed application along with all the required documentation, the  
706 case manager shall have up to ten (10) business days to provide the initial decision in  
707 writing to the applicant.  
708 (d) An application for FMLA Wage Replacement assistance shall be valid for thirty (30)  
709 days. If the applicant has a determination of award and/or coverage pending with another  
710 support or assistance resource, the application will be valid for an additional fifteen (15)  
711 days upon proof of that such determination is pending. If the applicant fails to provide all  
712 requested documentation, the case manager shall send the applicant an expiration notice  
713 for their application.
- 714 12-6. FMLA wage replacement shall be for a maximum of three hundred and fifty dollars (\$350.00)  
715 per week for up to twelve (12) weeks. However, wages that are less than three hundred and  
716 fifty dollars (\$350.00) per week will be paid at the actual wage rate appearing on the  
717 caregiver's pay stubs.
- 718 12-7. An extension of an additional twelve (12) weeks of wage replacement may be considered on a  
719 case by case basis, and updated verification must be provided showing additional approved  
720 FMLA leave from the caregiver's employer.
- 721 12-8. FMLA wage replacement will not be available to caregivers who are unemployed, receiving  
722 social security benefits, retirement benefits, or any other source of income.
- 723 12-9. A W-2 tax statement will be issued to the caregiver from the Oneida Nation Central Accounting  
724 Department. This will be a separate W-2 tax statement from regular earnings if the caregiver  
725 is an employee of the Oneida Nation.

726 12-10. The applicant must notify the case manager ten (10) business days prior to the end of the  
727 approved FMLA.

728 12-11. The wage replacement will end seven (7) days after the immediate family member being cared  
729 for is institutionalized or passes away.

730 12-12. Failure of the applicant to report changes in the household will result in the termination of  
731 benefits.

732 12-13. Applicants are not eligible for shelter, utilities, or any other supportive service during the time  
733 of receiving wage replacement.

734 12-14. The applicant must be directly caring for an immediate family member, and not oneself.

735 12-15. CSF reserves the right to discontinue assistance based on funding availability.

736

### 737 **XIII. FIRE/NATURAL DISASTER ASSISTANCE**

738 13-1. *Purpose.* The purpose of the Fire/Natural Disaster Assistance program is to assist enrolled  
739 members of the Nation with financial support for fire or natural disaster shelter expenses where  
740 no other resources exist.

741 13-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event,  
742 illness, injury or emergency event.

743 13-3. *Eligibility Criteria.* In order to be eligible for Fire/Natural Disaster assistance, a person must  
744 provide a completed Community Support Fund application and the following:

745 (a) Proof of enrollment in the Nation;

746 (b) A police and/or fire department report specifying the fire/natural disaster and  
747 confirming that the home is uninhabitable;

748 (c) Verification of claim submitted to homeowner's or renter's insurance if insured;

749 (d) Verification of assistance provided or applied for from disaster relief organizations  
750 such as Red Cross, FEMA, etc.;

751 (e) Verification of all household members at the time of the fire/natural disaster;

752 (f) Verification of lease or mortgage lender information.

753 13-4. *Receipt of Required Documentation.* Upon receipt of the completed application for  
754 Fire/Natural Disaster assistance, the case manager shall determine if all required  
755 documentation was received from the applicant.

756 (a) The applicant shall provide all documentation requested by the case manager.

757 (b) The case manager shall notify the applicant in writing of any necessary documentation  
758 that was not received and is still needed.

759 (c) Upon receipt of a completed application along with all the required documentation, the  
760 case manager shall have up to ten (10) business days to provide the initial decision in  
761 writing to the applicant.

762 (d) An application for Fire/Natural Disaster assistance shall be valid for thirty (45) days.  
763 If the applicant has a determination of award and/or coverage pending with another support  
764 or assistance resource such as Red Cross, the application will be valid for an additional  
765 fifteen (15) days upon proof of that such determination is pending. If the applicant fails to  
766 provide all requested documentation, the case manager shall send the applicant an  
767 expiration notice for their application.

768 13-5. Temporary shelter assistance will be given for up to a maximum of fifteen (15) days with the  
769 limit of seventy-five dollars (\$75.00) per day for a grand total of one thousand and one hundred  
770 and twenty-five dollars (\$1,125.00) if shelter expenses have not been paid by other resources.

- 771 13-6. Temporary shelter may be extended for up to an additional five (5) days upon verification from  
772 a licensed contractor that repairs are not able to be completed within the original fifteen (15)  
773 day time period, and alternate shelter is verified as not being available.
- 774 13-7. Immediate shelter arrangements may be made by the case manager for a hotel/motel, making  
775 an effort to obtain a room with appliances for storing and preparing meals.
- 776 13-8. Security deposit and first month's rent shall not exceed one thousand dollars (\$1,000.00) if the  
777 current home is uninhabitable and is in need of major repair beyond thirty (30) days. The  
778 following additional information must be provided:
- 779 (a) Landlord verification form which shall include the amount of security deposit and  
780 monthly rent;
  - 781 (b) Copy of a new rental lease agreement;
  - 782 (c) Verification that the household income can support the monthly rent expense.
- 783 13-10. Applicant is responsible to report to the Case Manager any changes in the current catastrophic  
784 situation, such as assistance from other agencies, or long-term housing arrangements.
- 785 13-11. Direct vendor payment may be made up to one hundred dollars (\$100.00) per family member  
786 for clothing and basic household item needs.
- 787 13-12. Any claim of items stored in a household by persons other than residents of the household will  
788 not be considered for assistance (i.e. stored items in basement, garage, etc.)
- 789 13-13. Some services are not eligible for assistance, including, but not limited to auto replacement,  
790 transportation, food, storage fees, furnishings, smoke or water damage cleaning fees, and  
791 rebuilding costs.
- 792 13-14. The CSF will not pay family members or caregivers, rather payment will be made to a valid  
793 landlord or mortgage holder.
- 794 13-15. The CSF reserves the right to discontinue assistance in cases where fraud or illegal activity has  
795 been determined to have caused the catastrophic event, illness, injury or emergency event  
796 resulting in the need for shelter.
- 797 13-16. The CSF reserves the right to discontinue assistance based on funding availability.  
798

799 **XIV. FUNERAL TRAVEL REIMBURSEMENT**

- 800 14-1. *Purpose.* The purpose of the Funeral travel reimbursement program is to provide a consistent  
801 process of reimbursing enrolled members of the Nation with expenses associated with funeral  
802 travel when there are no other resources that exist.
- 803 14-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event,  
804 illness, injury or emergency event.
- 805 14-3. *Eligibility Criteria.* In order to be eligible for Funeral travel reimbursement, a person must  
806 provide a completed Community Support Fund application and the following:
- 807 (a) Proof of enrollment in the Nation;
  - 808 (b) A copy of the obituary that lists the immediate family member;
  - 809 (c) A copy of the applicant's valid driver's license if requesting fuel reimbursement;
  - 810 (d) Original receipts that show payment for hotel, gas, and/or airfare turned in for  
811 reimbursement within thirty (45) days of the date of the funeral;
- 812 14-4. *Receipt of Required Documentation.* Upon receipt of the completed application for Funeral  
813 Travel Reimbursement assistance, the case manager shall determine if all required  
814 documentation was received from the applicant.
- 815 (a) The applicant shall provide all documentation requested by the case manager.

816 (b) The case manager shall notify the applicant in writing of any necessary documentation  
817 that was not received and is still needed.

818 (c) Upon receipt of a completed application along with all the required documentation, the  
819 case manager shall have up to ten (10) business days to provide the initial decision in  
820 writing to the applicant.

821 (d) An application for Funeral Travel Reimbursement assistance shall be valid for thirty  
822 (30) days. If the applicant has a determination of award and/or coverage pending with  
823 another support or assistance resource, the application will be valid for an additional  
824 fifteen (15) days upon proof of that such determination is pending. If the applicant fails  
825 to provide all requested documentation, the case manager shall send the applicant an  
826 expiration notice for their application.

827 14-5. Airfare, train, bus, lodging and vehicle fuel is limited to a combined maximum reimbursement  
828 amount of five hundred dollars (\$500.00).

829 (a) Multiple immediate family members are limited to reimbursement of five hundred  
830 dollars (\$500.00) each.

831 (b) Hotel lodging is limited to a maximum of seventy-five dollars (\$75.00) per night  
832 and up to two (2) nights of stay and is only for those who reside in excess of sixty (60)  
833 miles one-way from the location of the funeral.

834 (c) All receipts must coincide with the initial funeral date.

835 (d) Payments will not be made for “celebrations of life” or similiar gatherings after the  
836 family members death.

837 14-6. Purchases not eligible for reimbursement include, but are not limited to, rental car, car repair,  
838 food, clothing, flowers, and actual funeral costs.

839 14-7. Vehicle fuel reimbursement is limited to those persons who must travel forty (40) or more  
840 miles one-way to attend a funeral service.

841 14-8. Reimbursement of travel expenses will not be considered when travel was completed more  
842 than forty-five (45) days after the verified date of the funeral.

843 14-9. CSF will not make any reservations for any form of travel. This assistance is by reimbursement  
844 only.

845 14-10. This program encourages multiple family members traveling to the same destination to  
846 carpool, and/or share hotel rooms whenever possible.

847 14-11. CSF reserves the right to discontinue assistance based on funding availability.

848

#### 849 **XV. APPLIANCE REPAIR AND REPLACEMENT: FURNACE AND WATER HEATER**

850 15-1. *Purpose.* The purpose of Appliance Repair and Replacement assistance is to assist enrolled  
851 members of the Nation with an emergency repair or replacement of a furnace or water heater  
852 where no other resources exist.

853 15-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event,  
854 illness, injury or emergency event.

855 15-3. This assistance is limited to furnaces and water heaters, and shall not include any other kind of  
856 appliances.

857 15-4. *Eligibility Criteria.* In order to be eligible for Appliance Repair and Replacement assistance,  
858 a person must provide a completed Community Support Fund application and the following:

859 (a) Proof of enrollment in the Nation;

860 (b) Two (2) cost estimates for repair of a water heater or furnace from a licensed/certified  
861 repair professional, one (1) estimate is acceptable when weather is extremely cold and/or

- 862 during a National emergency, to include the name, address, phone number, and Federal  
863 Tax Identification number of the professional;
- 864 (c) Verification that the applicant applied for Energy Assistance with the county agency  
865 in which the applicant resides, along with proof assistance was denied; and
- 866 (d) Verification that the applicant is the owner of the home.
- 867 15-5. *Receipt of Required Documentation.* Upon receipt of the completed application for appliance  
868 repair and/or replacement assistance, the case manager shall determine if all required  
869 documentation was received from the applicant.
- 870 (a) The applicant shall provide all documentation requested by the case manager.
- 871 (b) The case manager shall notify the applicant in writing of any necessary documentation  
872 that was not received and is still needed.
- 873 (c) Upon receipt of a completed application along with all the required documentation, the  
874 case manager shall have up to ten (10) business days to provide the initial decision in  
875 writing to the applicant.
- 876 (d) An application for appliance repair and/or replacement assistance shall be valid for  
877 thirty (30) days. If the applicant has a determination of award and/or coverage pending  
878 with another support or assistance resource, the application will be valid for an additional  
879 fifteen (15) days upon proof of that such determination is pending. If the applicant fails  
880 to provide all requested documentation, the case manager shall send the applicant an  
881 expiration notice for their application.
- 882 15-6. When a cost estimate indicates that the repair costs will exceed the value of the appliance,  
883 replacement will be considered and approved on a case by case basis.
- 884 15-7. The repair and/or replacement of a water heater shall be at least one hundred dollars (\$100.00)  
885 and not exceed six hundred dollars (\$600.00) once every ten (10) years.
- 886 15-8. The repair and/or replacement of a furnace shall not exceed two thousand and five hundred  
887 dollars (\$2,500.00) once per lifetime.
- 888 15-9. The CSF reserves the right to discontinue assistance based on funding availability.  
889

890 **XVI. SECURITY DEPOSIT ASSISTANCE**

- 891 16-1. *Purpose.* The purpose of the Security Deposit assistance program is to provide enrolled  
892 members of the Nation residing in the State of Wisconsin with financial support to ensure  
893 quality of life when shelter expenses are threatened with eviction.
- 894 16-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event,  
895 illness, injury or emergency event.
- 896 16-3. *Eligibility Criteria.* In order to be eligible for Security Deposit assistance, a person must  
897 provide a completed Community Support Fund application and the following:
- 898 (a) Proof of enrollment in the Nation;
- 899 (b) A landlord verification form completed by the potential landlord or a current  
900 rental/lease agreement showing the amount of the security deposit;
- 901 (c) Verification of a current emergency situation, which shall include, but is not limited  
902 to, a pending eviction;
- 903 (d) Eviction cannot be due to illegal activity with charges against the applicant see (125.7-  
904 2);
- 905 (e) The applicant shall demonstrate the ability to fulfill the terms of the rental lease. The  
906 operators of the Fund shall not co-sign any lease.

907 16-4. *Receipt of Required Documentation.* Upon receipt of the completed application for Security  
908 Deposit assistance, the case manager shall determine if all required documentation was  
909 received from the applicant.

910 (a) The applicant shall provide all documentation requested by the case manager.

911 (b) The case manager shall notify the applicant in writing of any necessary documentation  
912 that was not received and is still needed.

913 (c) Upon receipt of a completed application along with all the required documentation, the  
914 case manager shall have up to ten (10) business days to provide the initial decision in  
915 writing to the applicant.

916 (d) An application for Security Deposit assistance shall be valid for thirty (30) days. If  
917 the applicant has a determination of award and/or coverage pending with another support  
918 or assistance resource, the application will be valid for an additional fifteen (15) days  
919 upon proof of that such determination is pending. If the applicant fails to provide all  
920 requested documentation, the case manager shall send the applicant an expiration notice  
921 for their application.

922 16-5. Security Deposit assistance shall not exceed the amount of five hundred dollars (\$500.00) and  
923 approved once per lifetime

924 16-6. Security Deposit assistance is limited to one (1) person per household.

925 16-7. CSF will not pay family members or caregivers a security deposit; it must be a valid landlord.

926 16-8. CSF reserves the right to discontinue assistance based on funding availability.

927

## 928 **XVII. SOCIAL SECURITY DISABILITY DETERMINATION SHELTER ASSISTANCE**

929 17-1. *Purpose.* The purpose of the Social Security Disability Determination Shelter assistance  
930 program is to assist enrolled members of the Nation with financial support for shelter expenses  
931 for those waiting an eligibility determination for the Social Security Administration for a  
932 disability finding.

933 17-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event,  
934 illness, injury or emergency event.

935 17-3. *Eligibility Criteria.* In order to be eligible for Social Security Disability Determination Shelter  
936 assistance, a person must provide a completed Community Support Fund application and the  
937 following:

938 (a) Proof of enrollment in the Nation;

939 (b) Verification of a pending Social Security Disability Application;

940 (c) A Landlord verification form completed by a landlord or other statement from the  
941 mortgage holder that show the monthly rent and the applicant's current status;

942 (d) Verification of the applicant's current utility bills for water, heat, and electricity,  
943 however energy assistance must be applied for before any utility bills will be considered  
944 for payment;

945 (e) Verification of mortgage disability insurance, if applicable;

946 (f) Verification of all household income within the last thirty (30) days of submission of  
947 the application for assistance.

948 17-4. *Receipt of Required Documentation.* Upon receipt of the completed application for Social  
949 Security Disability Determination Shelter assistance, the case manager shall determine if all  
950 required documentation was received from the applicant.

951 (a) The applicant shall provide all documentation requested by the case manager.

952 (b) The case manager shall notify the applicant in writing of any necessary documentation  
953 that was not received and is still needed.

954 (c) Upon receipt of a completed application along with all the required documentation, the  
955 case manager shall have up to ten (10) business days to provide the initial decision in  
956 writing to the applicant.

957 (d) An application for Social Security Disability Determination Shelter assistance shall  
958 be valid for thirty (30) days. If the applicant has a determination of award and/or  
959 coverage pending with another support or assistance resource, the application will be  
960 valid for an additional fifteen (15) days upon proof of that such determination is pending.  
961 If the applicant fails to provide all requested documentation, the case manager shall send  
962 the applicant an expiration notice for their application.

963 17-5. Rent/mortgage assistance shall not exceed the amount of five hundred dollars (\$500.00) per  
964 month, not to exceed twelve (12) months.

965 (a) Only the applicant's portion will be considered when the household consists of other  
966 adults.

967 (b) Rent/mortgage assistance will be terminated if the household fails to meet their  
968 timely portion of the scheduled payments.

969 (c) Retro-payment for back rent/mortgage assistance is not eligible for assistance.

970 17-6. Upon receipt of the verification that all other resources have been applied for, utility assistance  
971 will be considered for water, heat, and electricity.

972 (a) Only the applicant's portion of the utility bill will be considered when the household  
973 consists of other adults.

974 (b) The utility bill must be in the applicant or current household member's name.

975 (c) Payment for past due amounts owed for utilities are not eligible for assistance.

976 17-7. The applicant is responsible to report to the Case Manager any change(s) in the household  
977 within ten (10) business day from the change occurring.

978 (a) Examples of household change shall include, but is not limited to the following:  
979 relocation, household members, income, medical changes, submitted social security  
980 disability application, or application for or receipt of other agency assistance such as  
981 housing allowance, etc.

982 (b) Failure of the applicant to report changes in the household may result in suspension  
983 of benefits until verification of the change(s) is provided to the Case Manager, but  
984 shall not exceed thirty (30) days.

985 17-8. CSF will not pay family members or caregivers; the assistance is paid only to a valid landlord  
986 or mortgage holder.

987 17-9. CSF reserves the right to discontinue this assistance based on funding availability.

988 17-10. CSF reserves the right to discontinue this assistance in cases where fraud or illegal activity has  
989 been determined to have caused the eviction.

990 17-11. The Case Manager will provide ten (10) day written notification to an applicant whose  
991 assistance under this program is being discontinued.

992

### 993 **XVIII. UTILITY DISCONNECTION ASSISTANCE**

994 18-1. *Purpose.* The purpose of the Utility Disconnection assistance program is to assist enrolled  
995 members of the Nation with emergency financial support to ensure quality of life when home  
996 heating and electric services are threatened with disconnection.



- 997 18-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event,  
998 illness, injury or emergency event.
- 999 18-3. *Eligibility Criteria.* In order to be eligible for Utility Disconnection assistance, a person must  
1000 provide a completed Community Support Fund application and the following:
- 1001 (a) Proof of enrollment in the Nation;
  - 1002 (b) A copy of the current disconnection notice received from the utility company for the  
1003 household in which the applicant is residing;
  - 1004 (c) Verification of address;
  - 1005 (d) Verification of application for Energy Assistance and crisis assistance with the county  
1006 agency in which the applicant resides;
  - 1007 (e) Verification of payments made in each of the three (3) previous months of at least  
1008 twenty-five dollars (\$25.00) per month.
- 1009 18-4. *Receipt of Required Documentation.* Upon receipt of the completed application for Utility  
1010 Disconnection assistance, the case manager shall determine if all required documentation was  
1011 received from the applicant.
- 1012 (a) The applicant shall provide all documentation requested by the case manager.
  - 1013 (b) The case manager shall notify the applicant in writing of any necessary documentation  
1014 that was not received and is still needed.
  - 1015 (c) Upon receipt of a completed application along with all the required documentation, the  
1016 case manager shall have up to ten (10) business days to provide the initial decision in  
1017 writing to the applicant.
  - 1018 (d) An application for Utility Disconnection assistance shall be valid for thirty (30)  
1019 days. If the applicant has a determination of award and/or coverage pending with another  
1020 support or assistance resource, the application will be valid for an additional fifteen (15)  
1021 days upon proof of that such determination is pending. If the applicant fails to provide all  
1022 requested documentation, the case manager shall send the applicant an expiration notice  
1023 for their application.
- 1024 18-5. Requests for assistance for the payment of utilities shall only be allowed once every two (2)  
1025 years by the responsible payee. Assistance requested under this Rule and under Rule 3 shall  
1026 be counted towards the total number of requests for the two (2) year period limit.
- 1027 18-6. Utility assistance shall not exceed the amount of three hundred dollars (\$300.00).
- 1028 18-7. CSF reserves the right to discontinue assistance based on funding availability.

1029  
1030 *End.*

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1031  
1032 Adopted in whole 01-24-2018 – Effective 01-25-2018 – LOC Certified 01-17-2018  
1033 Amended \_\_-\_\_-\_\_\_\_ - Effective \_\_-\_\_-\_\_\_\_ - LOC Certified \_\_-\_\_-\_\_\_\_

## Summary Report for Community Support Rules 1-18

Original effective date: 10/26/2017

Amendment effective date: 3/10/2021

**Name of Rule: Community Support Fund**

**Name of law being interpreted: Community Support Fund**

**Rule Number: 1-18**

**Other Laws or Rules that may be affected: None**

**Brief Summary of the proposed rule: Community Support Law will continue to be administered by Economic Support office. Law amendments was approved by the BC on 3/10/2021, law changes will be supported by the rule changes attached. Rules; 4,9, 13,14, 16,17 have been affected by the approved changes to the Law.**

**Summary of,**

**Rule 4-Allowing for fuel/transportation assistance for applicants with local medical appointments;  
Rule 9-Increasing the amount of assistance for Medical Related Equipment, supplies, or Furniture;  
Rule 13-Increasing amount allowable for shelter assistance to align with other Rule amounts;  
Rule 14- Removing the requirement for funerals for out of state only, allowing for funeral assistance for in state as long as the funeral is more than 40 miles from current residence;  
Rule 16- Eliminate the restriction of Wisconsin being the only state for assistance, opening to any state within the United States. Eliminate repayment of program paid Security Deposit Assistance;  
Rule 17- Decrease Rent/Mortgage assistance to 12 months from 24 months.**

**It should be noted that all Rules were changed if necessary, to eliminate income verification unless needed to determine assistance for benefits. Language updates were made throughout the Rules handbook, but changes did not affect program eligibility.**

**The proposed Rule amendments may potentially create a need for additional funding but will better serve membership with catastrophic events where there is no other resources available.**

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

**Financial Analysis:** See Attached.

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**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.*



## Statement of Effect

### *Community Support Fund Law Rule Handbook Amendments*

#### *Summary*

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.

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

*Date: March 31, 2021*

#### *Analysis by the Legislative Reference Office*

The purpose of the Community Support Fund law (“the Law”) is to assist the greatest number of members of the Nation who apply for assistance to the Community Support Fund (“the Fund”) in times of a catastrophic event, catastrophic illness or injury, or emergency event when no other resources for assistance exist. [1 O.C. 125.1-1]. The Law provides that the Fund Operator shall promulgate rules, in accordance with the Administrative Rulemaking law, which shall include the list of categories the Fund covers and a cap that sets the amount of assistance per event/per household, except for funeral expenses which shall be set per event/per person, and may include additional items not listed in section 125.6 of the Law, as long as the rule does not conflict with any provision of the Law. [1 O.C. 125.4-1(a)]. The Law provides that the Fund Operator means the Economic Support Services Department, or other department within the Governmental Services Division designated authority over the operation of the Fund. [1 O.C. 125.3-1(i)]. The Law also requires that the Fund Operator shall include in the rules a timeline for which 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 or coverage pending with another support or assistance resource. [1 O.C. 125.9-1].

The Community Support Fund Law Rule Handbook (“the Rule Handbook”) was adopted by the Oneida Business Committee on January 24, 2018, for the purpose of providing further guidance on how the Fund is utilized so that the Nation can assist the greatest number of its members. The Economic Support Services Department is now seeking amendments to the Rule Handbook to correspond with amendments to the Law that were adopted by the Oneida Business Committee on March 10, 2021, through resolution BC-03-10-21-C. The amendments to the Rule Handbook will:

- Include a definition for Fund Operator, which is the Economic Support Services Department, or other area within the Governmental Services Division designated authority over the operation of the Fund [Rule Handbook 2-1(o)];
- Revise the definition of “immediate family” to better reflect Oneida families [Rule Handbook 2-1(r)];
- Include a definition for public health emergency [Rule Handbook 2-1(x)];

- Remove the requirement that verification of all household income within the last thirty (30) days of submission of the application for assistance be provided with an application [*Rule Handbook 3-3, 4-3, 5-3, 6-4, 7-4, 8-4, 9-5, 10-3, 13-3, 14-3, 15-4, 16-3, 18-3*];
- Allow for and provide further clarification on assistance for non-emergency medical travel that is less than sixty (60) miles away one way [*Rule Handbook 4-5*];
- Clarify that deductibles and copays are not covered under medical bill assistance [*Rule Handbook 5-1*];
- Provide that a medical bill must be for more than fifty dollars (\$50) in order to receive medical bill assistance [*Rule Handbook 5-3(b)*];
- Remove the provision which provided that inpatient or intensive outpatient treatment stays that are court ordered due to a criminal conviction, or as an alternative to a criminal conviction, are not a benefit of the Fund [*Rule Handbook 8*];
- Extend the timeframe an individual is eligible to receive follow up care expenses in a residential facility half-way house, or transitional shelter, as well as shelter assistance for intensive outpatient treatment, from one (1) month to two (2) months [*Rule Handbook 8-10, 8-11*];
- Increase the maximum assistance allowed within a twelve (12) month period for medical related equipment, supplies, or furniture from one thousand dollars (\$1,000) to two thousand dollars (\$2,000) [*Rule Handbook 9-7*];
- Increase the maximum assistance allowed within a twelve (12) month period for home renovations necessary for handicap accessibility from one thousand dollars (\$1,000) to two thousand dollars (\$2,000) [*Rule Handbook 9-10*];
- Extend the timeframe for submitting a prescription reimbursement from thirty (30) days to forty-five (45) days of original receipt [*Rule Handbook 10-6*];
- Clarify that it is household employment, and not household income, within the last thirty (30) days that has to be verified when submitting an application for COBRA insurance payments assistance [*Rule Handbook 11-3(h)*];
- Require that verification of lease or mortgage lender information be submitted with an application for fire/natural disaster assistance [*Rule Handbook 13-3(f)*];
- Increase the amount of temporary shelter assistance from sixty dollars (\$60) per day to seventy-five dollars (\$75) per day for a grand total of one thousand and one hundred and twenty-five dollars (\$1125) if shelter expenses have not been paid by other resources [*Rule Handbook 13-5*];
- Remove the requirement that any security deposit paid under this section of the Rule Handbook shall be repaid to the Economic Support Department upon vacating the premises and/or eviction from the premises [*Rule Handbook 13*];
- Remove references to gas and retail gift cards, and instead provide that assistance or direct vendor payment may be made [*Rule Handbook 4-5, 13-11*];
- Remove the requirement that funeral travel reimbursement only be allowed for expenses associated with funeral travel outside of the state where the applicant resides [*Rule Handbook 14-1*];
- Extend the timeframe for submitting original receipts that show payment for hotel, gas, and/or airfare for reimbursement from thirty (30) days to forty-five (45) days of the date of the funeral [*Rule Handbook 14-3(d)*];
- Clarify that funeral travel reimbursements will not be made for “celebrations of life” or similar gatherings after a family member’s death [*Rule Handbook 14-5(d)*];

- Allow for vehicle fuel reimbursement for those who must travel forty (40) or more miles one-way to attend a funeral service, instead of sixty (60) or more miles [*Rule Handbook 14-7*];
- Extend the timeframe for reimbursement of travel expenses from thirty (30) days to forty-five (45) days after the verified date of the funeral [*Rule Handbook 14-8*];
- Provide that one (1) cost estimate for repair of a water heater or furnace, as opposed to two (2) as normally required, is acceptable when weather is extremely cold and/or during a National emergency [*Rule Handbook 15-4(b)*];
- Increase the amount of assistance for the repair or replacement of a water heater from three hundred and fifty dollars (\$350) to six hundred dollars (\$600), and require that the replacement or repair be at least one hundred dollars (\$100) [*Rule Handbook 15-7*];
- Remove the requirement that proof of residency in the State of Wisconsin be provided for security deposit assistance [*Rule Handbook 16-3(b)*];
- Clarify that a pending eviction due to illegal activity with charges against the applicant is not eligible for security deposit assistance [*Rule Handbook 16-3(d)*];
- Remove the requirement that any prior security deposit assistance be repaid to the Fund prior to applying for security deposit assistance [*Rule Handbook 16*];
- Clarify that the operators of the Fund shall not co-sign any lease [*Rule Handbook 16.3(e)*];
- Provide that security deposit assistance shall only be approved once per lifetime of the applicant [*Rule Handbook 16-5*]; and
- Limit the term social security disability determination shelter assistance is allowed for from twenty-four (24) months to twelve (12) months [*Rule Handbook 17-5*].

The proposed amendments to the Rule Handbook do not exceed the rulemaking authority granted under the Law, as required by the Administrative Rulemaking law. [*1 O.C. 106.4-1*].

### ***Conclusion***

Adoption of the amendments to the Community Support Fund Law Rule Handbook would not conflict with any of the Nation's laws.

# MEMORANDUM

TO: Lawrence Barton, Chief Financial Officer  
 FROM: RaLinda Ninham-Lamberies, Assistant Chief Financial Officer  
 DATE: February 23, 2021  
 RE: **Fiscal Impact of the Community Support Law**

## I. Estimated Fiscal Impact Summary

|  |  |                                  |
|--|--|----------------------------------|
| <b>Law:</b> Boards, Committees, and Commissions Law Amendments |  | Draft 2                          |
| <b>Implementing Agency</b>                                     | Economic Support Services Department                       |                                  |
| <b>Estimated time to comply</b>                                | 10 days, in compliance with the Legislative Procedures Act |                                  |
| <b>Estimated Impact</b>  | <b>Current Fiscal Year</b>                                 | <b>10 Year Estimate</b>          |
| <b>Total Estimated Fiscal Impact</b>                           | <b>\$298,252- \$630,378</b>                                | <b>\$2,982,520 - \$6,303,780</b> |

## II. Background

### A. Legislative History

This law was adopted by the Oneida Business Committee by resolution BC 05-15-96 A and amended by resolutions BC-01-08-97-G, BC-12-11-13D, and BC-01-11-17-B.

### B. Summary of Content

The amendment to the Community Support Law proposed changes include:

- Providing a definition for Fund Operator;
- Revise the definition of “immediate family” to better reflect Oneida families;
- Include public health emergency as a catastrophic event;
- Clarify the fund may only be used for the waiting period for a Social Security Disability Determination rent and utility assistance up to a maximum of twelve (12) months;

- Remove the requirement that security deposit assistance only be available to those members of the Nation who are Wisconsin residents;
- Remove the requirement that the amount paid for a security deposit be paid back to the fund before another security deposit is issued in the future;
- Clarify that an applicant must clarify that he or she applied to his or her local Emergency Assistance Program prior to applying for utility assistance from the Fund;
- Remove the requirement that funeral travel expenses are only provided to arrange or attend a funeral for immediate family members outside the state where the applicant resides;
- Clarify that lodging assistance due to homelessness or for any other reason not related to a catastrophic event or emergency event, insurance deductibles, and home renovations not related to handicap accessibility are not covered by the Fund;
- Remove the requirement that an applicant provide all household income the last thirty (30) business days;
- Expand the time-period for an applicant to submit an application to forty-five (45) day; and
- Adjust the appeal process to align with the Governmental Services Division process.

### **III. Methodology and Assumptions**

A “Fiscal Impact Statement” means an estimate of the total identifiable fiscal year financial effects associated with legislation and includes startup costs, personnel, office, documentation costs, as well as an estimate of the amount of time necessary for an agency to comply with the Law after implementation.

Finance does NOT identify the source of funding for the estimated cost or allocate any funds to the legislation.

The analysis was completed based on the information provided as of the date of this memo.

### **IV. Agency**

There are no startup, personnel, office or documentation costs associated with this legislation. The amendments will become effective 10 days from adoption.



**V. Financial Impact**

The amendments to the law expand upon the services currently provided within the Community Support Law. The services provided by the Community Support Law are catastrophic or emergency in nature making it difficult to estimate or use trending to determine potential future impacts.

The Economic Support Department identified the ten-year historical trending for the Community Support Law services to range between \$137,541 at the low end to \$630,376 at the high end. The level of demand in each year is independent of the law and is dependent on external factors the Nation is unable to control.

Utilizing the historical trending as a basis for a fiscal impact, we can extrapolate the impact to be at a the low-end an amount greater than \$137,541 and at the high-end an amount greater than \$630,376. Utilizing the mid-point of the range, the estimated annual impact of the law is an amount somewhere between \$298,252 and \$630,376 per year. The ten-year impact would be an amount estimated within the range of \$2,982,520 and \$6,303,760.

**VI. Recommendation**

Finance Department does not make a recommendation regarding course of action in this matter. Rather, it is the purpose of this report to disclose potential financial impact of this legislation, so that the Oneida Business Committee and General Tribal Council has the information with which to render a decision.