



**LEGISLATIVE OPERATING COMMITTEE MEETING AGENDA**  
Business Committee Conference Room - 2<sup>nd</sup> Floor Norbert Hill Center  
June 2, 2021  
9:00 a.m.

*This Legislative Operating Committee meeting will be closed to the public due to the Public Health State of Emergency. This is a preventative measure as a result of the COVID-19 pandemic. An audio recording of the meeting will be made available on the Nation's website.*

**I. Call to Order and Approval of the Agenda**

**II. Minutes to be Approved**

1. May 19, 2021 LOC Meeting Minutes (pg. 2)

**III. Current Business**

1. Petition: L. Elm – Real Property Law Eviction and Termination (pg. 4)

**IV. New Submissions**

**V. Additions**

**VI. Administrative Updates**

1. Community Support Fund Law Rule Handbook Amendments (pg. 18)

**VII. Executive Session**

**VIII. Recess/Adjourn**



**LEGISLATIVE OPERATING COMMITTEE MEETING MINUTES**  
Oneida Business Committee Conference Room-2<sup>nd</sup> Floor Norbert Hill Center  
May 19, 2021  
9:00 a.m.

**Present:** David P. Jordan, Kirby Metoxen Jennifer Webster, Marie Summers, Daniel Guzman King

**Others Present:** Clorissa N. Santiago, Kristen Hooker, Kristal Hill, Brooke Doxtator, Lawrence Barton, Debbie Melchert (Microsoft Teams), Geraldine Danforth (Microsoft Teams), Justin Nishimoto (Microsoft Teams), Susan House (Microsoft Teams), Kelly McAndrews (Microsoft Teams), Matthew Denny (Microsoft Teams), Michelle Myers (Microsoft Teams), Nic Reynolds (Microsoft Teams), Jo Anne House (Microsoft Teams), Josh Cottrell (Microsoft Teams), Rhiannon Metoxen (Microsoft Teams).

**I. Call to Order and Approval of the Agenda**

David P. Jordan called the May 19, 2021, Legislative Operating Committee meeting to order at 9:03 a.m.

Motion by Marie Summers to adopt the agenda as is; seconded by Jennifer Webster. Motion carried unanimously.

**II. Minutes to be Approved**

**1. May 5, 2021 LOC Meeting Minutes**

Motion by Kirby Metoxen to approve the May 5, 2021 LOC meeting minutes and forward to the Oneida Business Committee; seconded by Jennifer Webster. Motion carried unanimously.

**III. Current Business**

**IV. New Submissions**

**V. Additions**

**VI. Administrative Items**

**1. Legislative Operating Committee Fiscal Year 2021 Second Quarter Report**

Motion by Marie Summers to approve the Legislative Operating Committee Fiscal Year 2021 Second Quarter Report and forward to the Oneida Business Committee; seconded by Jennifer Webster. Motion carried unanimously.

**2. E-Poll Results: Approval of the Oneida Worker's Compensation Law Emergency Amendments Adoption Packet**

Motion by Jennifer Webster to enter into the record the results of the May 11, 2021, e-poll entitled, "Approval of the Oneida Worker's Compensation Law Emergency Amendments Adoption Packet;" seconded by Kirby Metoxen. Motion carried unanimously.



**3. E-Poll Results: Approval of the Early Return to Work Law Emergency Amendments Adoption Packet**

Motion by Jennifer Webster to enter into the record the results of the May 11, 2021, e-poll entitled, "Approval of the Early Return to Work Law Emergency Amendments Adoption Packet;" seconded by Daniel Guzman King. Motion carried unanimously.

**VII. Executive Session**

**VIII. Adjourn**

Motion by Marie Summers to adjourn at 9:18 a.m.; seconded by Kirby Metoxen. Motion carried unanimously.



Legislative Operating Committee  
June 2, 2021

**Petition: L. Elm – Real Property Law  
Eviction and Termination**

<b>Submission Date:</b> 4/21/21	<b>Public Meeting:</b> n/a
<b>LOC Sponsor:</b> Kirby Metoxen	<b>Emergency Enacted:</b> n/a <b>Expires:</b> n/a

**Summary:** *This Petition, submitted by Lori Elm, requests that a: “General Tribal Council (GTC) meeting be held by virtual or in-person, regarding the Real Property Law, concerning Eviction and termination including residential leases. With our current pandemic of addiction in the community, the stipulation of vacating your home in five (5) days, from the time of the incident is or should be considered and Unconstitutional, furthermore we need a due process to protect the heads of household leases), from losing their homes, an include procedures in the case they do. Including timeframes for them to sell their homes; implementation of a chart of penalties, (Drugs and type, Violence, Sexual abuse or assault, human trafficking and all unlawful activities) including intent of eviction Notice with timelines, from the date of the incident as well as date of Notice and including Due Process; Request an advocated board be created between Oneida Land Commission, Oneida Police Commission, with representatives from Behavior Health, and Comprehensive Housing Division Area; Request if the head of household is not the occupant in violation, a compliance agreement be done with them, outline, behavior or property for a period of time, before termination (eviction) of lessee is implemented; also requesting occupant of violation must be removed from residence and if a successful treatment plan and stability review is approved by advocate board, they may be able to enter into their own lease or reside back at residence; Evaluation of how one can be held responsible of activities: address on citation, activity at residence, accusations and/or any other ways; Timeline(s) for getting another lease and how; The reasoning for this petition is to protect families from their loved one’s addiction, and so they do not lose their home after all the other family suffering, they already, have consumed over the addiction.”*

**4/14/21 OBC:** Motion by Jennifer Webster to approve the four (4) requested actions [1) To acknowledge receipt of the petition from Lori Elm regarding Real Property Law Eviction and Termination; 2) To assign the petition to the next available GTC meeting agenda for consideration; 3) To direct the BC Direct Report Offices to complete and submit their administrative impact statements of the petition to the Tribal Secretary mailbox by Wednesday, May 5, 2021; 4) To direct the Law, Finance, and Legislative Reference Offices to complete, respectively, the legal review, fiscal impact statement, and statement of effect with status updates to be submitted for the June 9, 2021, regular Business Committee meeting agenda and the first BC meeting of the month thereafter or until the final documents are submitted]; Seconded by Marie Summers. Motion carried.

**4/21/21 LOC:** Motion by Marie Summers to add the Petition: L. Elm – Real Property Law Eviction and Termination to the Active Files List with Kirby Metoxen as the sponsor; Seconded by Daniel Guzman-King. Motion carried.

**Next Steps:**

- Approve the Petition: L. Elm – Real Property Law Eviction and Termination Statement of Effect and forward to the Oneida Business Committee for consideration.



## Statement of Effect

*Petition: L. Elm – Real Property Law Eviction and Termination*

### Summary

This Petition requests a General Tribal Council (“GTC”) meeting be held, either virtually or in-person, to address certain concerns the Petitioner raises with respect to the Real Property law; more specifically, the Nation’s process for evicting/terminating residential occupants for activities often fueled by the AODA epidemic that plagues many families within the community.

*Submitted by: Kristen M. Hooker, Staff Attorney, Legislative Reference Office*

*Date: May 26, 2021*

### *Analysis by the Legislative Reference Office*

On April 7, 2021, the Petition: L. Elm – Real Property Law Eviction and Termination (“Petition”) was submitted to the Business Committee Support Office by Lori Elm (“Petitioner”) and has since been verified by the Oneida Trust Enrollment Department. On April 14, 2021, the Oneida Business Committee (“OBC”) acknowledged receipt of the Petition and directed the Law, Finance and Legislative Reference Offices to complete, respectively, the legal review, fiscal impact statement and statement of effect (“SOE”) with status updates to be submitted for the June 9, 2021, regular OBC meeting agenda and the first OBC meeting of the month thereafter or until the final documents are submitted.

The purpose of this Petition is for a *“General Tribal Council (GTC) meeting be held by virtual or in-person, regarding the Real Property Law, concerning **Eviction and termination** including residential leases. With our current pandemic of addiction in the community, the stipulation of vacating your home in five (5) days, from the time of the incident is or should be considered and Unconstitutional, furthermore we need a due process to protect the heads of household leases, from losing their homes, an include procedures in the case they do. Including timeframes for them to sell their homes; implementation of a chart of penalties, (Drugs and type, Violence, Sexual abuse or assault, human trafficking and all unlawful activities) including intent of eviction Notice with timelines, from the date of the incident as well as date of Notice and including Due Process; Request an advocated board be created between Oneida Land Commission, Oneida Police Commission, with representatives from Behavior Health, and Comprehensive Housing Division Area; Request if the head of household is not the occupant in violation, a compliance agreement be done with them, outline, behavior or property for a period of time, before termination (eviction) of lessee is implemented; also requesting occupant of violation must be removed from residence and if a successful treatment plan and stability review is approved by advocate board, they may be able to enter into their own lease or reside back at residence; Evaluation of how one can be held responsible of activities: address on citation, activity at residence, accusations and/or any other ways; Timeline(s) for getting another lease and how; The reasoning for this petition is to*

*protect families from their loved one's addiction, and so they do not lose their home after all the other family suffering, they already, have consumed over the addiction.”*

All applicable laws, rules and policies of the Nation were reviewed in developing this statement of effect, including the Legislative Procedures Act and Administrative Rulemaking law, as well as the Real Property law, Leasing law, Landlord-Tenant law, Eviction and Termination law and any relevant rules promulgated thereunder.

### Petition Comments and Requested Actions

In her Petition, the Petitioner makes various suggestions regarding the Real Property law, but more specifically, the process for evicting/terminating occupants of residential leases, entered into under a housing program of the Nation, for infractions often related to the drug/alcohol epidemic that plagues many families within the community. For purposes of the SOE, the suggestions have been broken down as follows:

- That, the stipulation of vacating your home in five (5) days, from the time of the incident is or should be considered unconstitutional;
- That, there should be due process to protect the heads of household leases from losing their homes and include procedures in case they do, including timeframes for them to sell their homes;
- That, there should be implementation of a chart of penalties (i.e. drugs and type, violence, sexual abuse or assault, human trafficking and all unlawful activities), including intent of eviction, notice with timelines, from the date of the incident as well as date of notice and including due process;
- That, when the head of household is not the occupant in violation, an advocate board, made up of representatives from the Oneida Land Commission, Oneida Police Commission, Behavioral Health and Comprehensive Housing Division, be created to consider entering into a compliance agreement that:
  - outlines behavior or property for a period of time before termination/eviction of lessee is implemented; and
  - removes the occupant in violation, but provides an opportunity for him or her to enter into a new lease or reside back at the original residence upon successful treatment plan and stability review approval by the advocate board; and
- That, there is an evaluation of how one can be held responsible for activities, including address on citation, activity at residence, accusations and/or any other ways, with timelines for getting another lease and how.

### Real Property Law

The Real Property law was established to provide regulations and procedures for the transfer, control and management of the territory within the Reservation and all Tribal land; to integrate these regulations and procedures with the real property laws and practices of other federal and state sovereigns which may hold jurisdiction within the Reservation; and to establish licensing and certification requirements for the Nation's employees dealing with real property transactions. [6 O.C. 601.1-1].



With respect to the leasing of residential property, section 601.9-1 of the law provides that the Comprehensive Housing Division (“CHD”) shall administer and process all leasing of Tribal land for residential purposes pursuant to the Nation’s Leasing law. [6 O.C. 601.9-1]. Section 601.12-1 further provides that the CHD shall oversee all residential transactions within the Reservation and shall process and administer such transactions consistent with the Landlord-Tenant law, Mortgage and Foreclosure law, Leasing law, Eviction and Termination law, and any rules promulgated in accordance therewith. [6 O.C. 601.12-1].

The Petitioner’s suggestions do not conflict with any express language and/or provision of the Real Property law. If, however, the Petitioner is requesting that the Real Property law be amended to specifically address one or more of the issues raised within her Petition, amendments to the law would have to be developed in accordance with the Legislative Procedures Act and approved by the OBC. [6 O.C. 601.2-2].

Because the Real Property law directs the CHD to administer/process residential leases consistent with the Nation’s Landlord-Tenant law, Mortgage and Foreclosure law, Leasing law, Eviction and Termination law, as well as any rules promulgated thereunder, a complete analysis of the Petition requires a review of the aforementioned laws/rules that are relevant to the Petitioner’s suggestions.

### Leasing Law

The Leasing law sets forth the Nation’s authority to issue, review, approve, as well as enforce, leases and was established in accordance with the Helping Expedite and Advance Responsible Tribal Home Ownership Act of 2021 (HEARTH Act) so that the Nation can approve leases on its land without having to obtain additional approval from the Secretary of the Interior. [6 O.C. 602.1-1]. The policy behind the law is to codify the expectations and responsibilities of the lessor and lessee when leasing Tribal land and to ensure that the leasing of Tribal land results in minimal risk to the Nation. [6 O.C. 602.1-2].

With respect to evictions/terminations of leases entered into in accordance therewith, the Leasing law provides, in pertinent part, as follows:

- That, the Division of Land Management or other entity responsible for entering into leases of Tribal land (“Land Management”) is delegated all powers necessary to enforce the lease, the law, and any rules developed thereunder, including the power to enter premises, assess late fees/penalties and cancel leases [6 O.C. 602.11-1];
- That, if a lessee or other party causes or threatens to cause immediate and significant harm to the premises, or undertakes criminal activity thereon, Land Management or another interested party may take appropriate emergency action, which may include cancelling the lease and/or securing judicial relief [6 O.C. 602.11-2]; and
- That, if Land Management determines a lessee is in default, it shall take action to have lessee cure the default or, if the default is not cured, cancel the lease pursuant to the Eviction and Termination law [6 O.C. 602.11-4].

And, with respect to the due process rights of lessees who disagree with decisions that Land Management makes when exercising its delegated authority, including, but not limited to, canceling leases, the Leasing law provides as follows:



- That, the Oneida Judiciary has jurisdiction to hear complaints regarding actions taken pursuant to the law and/or a lease document [6 O.C. 602.12-1];
- That, no administrative hearing body, including a board, committee or commission, is authorized to hear a complaint regarding actions taken pursuant to the law and/or a lease document [6 O.C. 602.12-2]; and
- That, the lessor is Land Management for purposes of registering grievances authorized under the law and complaints filed with the Oneida Judiciary shall name Land Management, as well as the specific lease program at issue [6 O.C. 602.12-3].

The Petitioner's suggestions do not conflict with any express language and/or provision of the Leasing law. If, however, the Petitioner is requesting the Leasing law be amended to specifically address one or more of the issues raised within her Petition, like the Real Property law, amendments to the Leasing law would have to be developed in accordance with the Legislative Procedures Act and approved by the OBC. [6 O.C. 602.2-2].

### Landlord-Tenant Law

The Landlord-Tenant law was established to “provide mechanisms for protecting the rights of landlords and tenants of the Nation’s rental programs.” [6 O.C. 611.1-1]. Its underlying policy is to afford a “fair process to all landlords and tenants of the Nation’s rental programs that preserves the peace, harmony, safety, health, general welfare and the Nation’s resources.” [6 O.C. 611.1-2].

The Landlord-Tenant law delegates authority to the CHD and Oneida Land Commission (“OLC”) to develop rules, pursuant to the Administrative Rulemaking law, as well as citation fees and penalty schedules, for the implementation, interpretation and/or enforcement of the law; provided, where such rules relate solely to premises administered with federal funding, the CHD has sole rule-making authority. [6 O.C. 611.3-1(g)].

With respect to the Nation’s rental programs, the Landlord-Tenant law states, in relevant part, that the CHD shall provide residential rental programs for the Nation’s elder members, low-income members and members in general. [6 O.C. 611.4-1]. To be eligible to participate in such programs, the law requires that applicants:

- Have no felony or drug convictions within the past two (2) years from the date of application, provided that a pardon or forgiveness received pursuant to the Pardon and Forgiveness law may provide an exception to this condition;
- Meet any other eligibility requirements set by the rental program’s rules, which may not be less strict than the law, but may be stricter; provided, rules developed for low-income members and families:
  - May not contain eligibility requirements that consider debt owed or evictions from entities other than the CHD; but
  - May contain eligibility requirements that consider debt owed to utility providers if the debt owed is two hundred dollars (\$200) or more. [6 O.C. 611.4-2(b) & (f)].

Like the Leasing law, the Landlord-Tenant law provides a process for grieving decisions made by the CHD under its delegation of authority. Said process is as follows:

- That, the Oneida Judiciary is granted jurisdiction to hear complaints filed for actions taken under the law and/or rental agreement;

- That, no administrative hearing body, including a board, committee or commission, is authorized to hear a complaint regarding actions taken under the law and/or rental agreement; and
- That, the landlord is CHD for purposes of registering grievances authorized under the law and complaints filed with the Oneida Judiciary shall name the CHD, as well as the specific program at issue. [6 O.C. 611.10-1 – 611.10-3].

The Landlord-Tenant law does restrict eligibility to participate in CHD’s rental programs when a previous eviction by CHD or a more recent felony/drug conviction exists; however, an exception is written into the law for a pardon or forgiveness from the Nation under its Pardon and Forgiveness law that could lift said restriction. In addition, the Landlord-Tenant law allows the CHD to set other eligibility requirements by rule so long as they are not less strict than that which is required under the law.

Although the Landlord-Tenant law does provide a process to overcome eligibility restrictions related to drug convictions, if the Petitioner is suggesting that the restrictions be lessened or the exceptions be expanded, it would likely require an amendment to the law, as opposed to any rule promulgated by the CHD on the issue because the CHD is only allowed to promulgate rules relating to eligibility that are consistent with or stricter than that which is provided for in the law. If this is Petitioner’s intent, amendments to the Landlord-Tenant law would have to be developed in accordance with the Legislative Procedures Act and approved by the OBC or, if applicable, the GTC. [6 O.C. 611.2-2].

### Eviction and Termination Law

The Nation’s Eviction and Termination law was established to provide consistent procedures for terminating contracts and evicting occupants under the Nation’s rental and/or leasing programs that include due process and other protections for all parties involved. [6 O.C. 610.1-1]. The law’s underlying policy is to “provide fair termination and eviction processes that preserves the peace, harmony, safety, health, general welfare and the Nation’s resources.” [6 O.C. 610.1-2].

According to the Eviction and Termination law, the Nation, as the owner, may terminate a contract prior to the contract term and evict the occupant, if the occupant:

- Violates the terms of the contract;
- Is alleged to have violated any applicable law or rule; and/or
- Is alleged to have committed one or more nuisance activities. [6 O.C. 610.5-1].

The law defines nuisance as an occupant’s interference with another occupant’s use and enjoyment of the premises, including, but not limited to, harassment, disorderly conduct, battery, lewd and lascivious behavior, prostitution, theft, possession of stolen property, arson, illegal drug activity, gambling, animal violations, trespassing, weapons violations, habitual noise violations, execution of warrants, alcohol violations, obstruction/resisting and inspection related calls in which a law enforcement agency responds. [6 O.C. 610.3-1].

With respect to the eviction process, section 610.5-3 of the Eviction and Termination law governs the form and amount of notice that must be afforded to an occupant, as well as the manner in which notice must be served, before an eviction/termination may be carried out. For example:

- When due to non-payment of rent, the law states “the occupant’s contract is terminated if the owner gives the occupant notice requiring the tenant to pay rent or vacate on or before a date at least thirty (30) calendar days after the giving of the notice and if the occupant fails to pay accordingly.” [6 O.C. 610.5-3(a)].
- When due to waste or a non-payment related contract breach, the law states “the occupant’s tenancy is terminated if the owner gives the occupant a notice requiring the occupant to remedy the default or vacate the premises on or before a date at least thirty (30) calendar days after the giving of the notice, and if the occupant fails to comply with such notice....” [6 O.C. 610.5-3(b)].
- When due to a violation of law/rule or nuisance, the law states that the owner must have received a report of the violation/nuisance from, among other plausible sources, another occupant, law enforcement agency, or local district attorney’s office and then given the occupant written notice requiring the occupant to vacate on or before a date at least five (5) calendar days after the giving of the notice. [6 O.C. 610.5-3(c)(1)(A)-(B)].

When the eviction is based on a violation of law/rule or the creation of a nuisance, the Eviction and Termination law requires that the notice of eviction contain, at a minimum:

- The violation of law/rule, type of nuisance and/or breach of contract, with citations to the applicable law, rule and/or contract clause;
- A statement that the occupant may request a hearing with the Oneida Judiciary prior to the effective date of the termination provided on the notice, and that, if the occupant timely files for a hearing, there is an automatic stay on the eviction pending the determination of the Oneida Judiciary; and
- The contact information for CHD staff available to answer questions and/or hear concerns of the occupant related to the notice. [6 O.C. 610.5-3(d)(1)(A), (D) and (E)].

If the occupant does request a hearing with the Oneida Judiciary as noted within the eviction notice, the Eviction and Termination law allows the “Oneida Judiciary, in its discretion, to stay an eviction by honoring any alternative agreement regarding pending actions entered into by the occupant and a court of competent jurisdiction pending successful completion of the alternative agreement.” [6 O.C. 610.5-3(c)(4)]. This is true even if the owner met the burden of proof to support an eviction. [Id.].

In addition to the above, the Eviction and Termination law provides further due process relief for decisions rendered by the CHD under its delegated authority, as follows:

- That, the Oneida Judiciary is granted jurisdiction to hear complaints filed for actions taken under the law;
- That, no administrative hearing body, including a board, committee or commission, is authorized to hear a complaint regarding actions taken pursuant to the law and/or a rental agreement; and
- That, the owner is CHD for purposes of registering grievances authorized under the law and complaints filed with the Oneida Judiciary shall name CHD, as well as the specific program at issue. [6 O.C. 610.8-1 – 610.8-3].

The Eviction and Termination law sets the minimal amount of notice required for evictions relating to violations of laws/rules and/or creations of nuisances at five (5) calendar days. In her Petition, the Petitioner suggests that this is unconstitutional. Changes to the minimal amount of notice for

this type of infraction, as well as any other amendments to the process and/or notice governing evictions that would contradict any current provision, would have to be approved by the OBC and developed pursuant to the Legislative Procedures Act to avoid a conflict. [6 O.C. 610.2-2].

### Legislative Procedures Act

The Legislative Procedures Act (“LPA”), enacted by the GTC in 2013, sets forth the requisite process for adopting laws of the Nation. [1 O.C. 109.2-2]. The requirements apply to all legislation considered by the OBC or forwarded for consideration to the GTC. [1 O.C. 109.1-1(a)].

The LPA established the Legislative Operating Committee (“LOC”), comprised of the five (5) OBC council members, to develop the Nation’s laws in accordance therewith. [1 O.C. 109.3-1(h) and 1 O.C. 109.4-2]. It further established the Legislative Reference Office (“LRO”) to support the LOC with the development of legislation and other items related thereto. [1 O.C. 109.3-1(i)].

Per section 109.5-1 of the LPA, any interested person may submit a request to the LRO for the development, amendment or repeal of a law. [1 O.C. 109.5-1]. From there, the request would have to be processed as follows to comply with the law:

- The LRO would place the request for legislation on the agenda of the next duly called LOC meeting wherein the LOC would decide whether to:
  - Accept the request and direct it be developed in accordance with the LPA; or
  - So long as the request did not come from a GTC directive by motion or resolution, deny the request in writing and include the reason therefor. [1 O.C. 109.5-2].
- If accepted, the following would have to occur before the legislation could be introduced to the OBC or, if applicable, the GTC, for consideration of adoption:
  - *Fiscal Impact Statement.* The agency/agencies selected by the LOC would have to prepare a fiscal impact statement for the proposed legislation, which is an estimate of the total fiscal year financial effects associated with the legislation to include startup costs, personnel, office, documentation costs, as well as an estimate of the amount of time necessary for an individual or agency to comply with the law after implementation [1 O.C. 109.6-1 and 109.3-1(c)];
  - *Legislative Analysis.* The LRO would have to prepare a legislative analysis, which is a plain language analysis, describing the important features of the legislation being considered and factual information to enable the LOC to make informed decisions regarding the legislation [1 O.C. 109.7-1 and 1 O.C. 109.3-1(g)];
  - *Public Review – Public Comment Period.* The LOC would have to approve and provide a public comment period that:
    - Shall remain open for no less than five (5) business days after the public meeting is held; and
    - Shall be noticed in accordance with section 109.8-2 of the LPA and provide interested persons a reasonable opportunity to submit data, views or arguments on the legislation. [1 O.C. 109.8-1].
  - *Public Review – Public Meeting.* The LOC would have to hold a public meeting during the public comment period to solicit oral comments, the meeting of which:
    - Would have to be presided over by at least one (1) LOC member; and

- Would have to register all persons who attend and present oral comments. [1 O.C. 109.8-3].
- *Public Review – Comments and Testimony.* The LOC would have to fully consider all written and oral comments that were received during the public comment period [1 O.C. 109.8-4];
- *Consideration.* Contingent upon satisfaction of the public review requirements, the LOC would have to decide whether to approve the adoption packet, consisting of, at least, the draft legislation, legislative analysis and fiscal impact, for forwarding to the OBC for consideration of adoption or, if applicable, forwarding to GTC for possible adoption [1 O.C. 109.9-1]; and
- *Adoption.* If approved by the LOC, the OBC would have to decide whether to:
  - Adopt the legislation, which requires a majority vote of the OBC and an adopting resolution;
  - Deny/defer the legislation; or
  - Forward the legislation to the GTC for consideration of possible adoption in accordance with the laws governing GTC action. [1 O.C. 109.9-2].

Unless specified otherwise in the resolution or legislation at issue, the law, amendment or repeal would become effective within ten (10) business days of adoption. [1 O.C. 109.9-3].

But for the five (5) day minimal notice requirement for evictions relating to unlawful activities/nuisances, the Petitioner’s suggestions regarding the eviction process, including opportunities for redemption, may be attainable without amendment to the Nation’s laws using some of the due process protections already set forth therein. However, changes to the five (5) day notice period or the current processes/relief set forth within the laws that govern the Nation’s rental programs, as well as evictions therefrom, would have to occur in accordance with the LPA.

### Administrative Rulemaking.

The OBC adopted the Administrative Rulemaking law to provide a process for the adoption of and amendments to the Nation’s administrative rules. [1 O.C. 106.1-1]. Its underlying policy is to ensure there exists an efficient, effective and democratic process for enacting and revising administrative rules, and that authorized agencies act in a responsible and consistent manner when enacting and revising administrative rules. [1 O.C. 106.1-2].

Per the Administrative Rulemaking law, only authorized agencies may promulgate rules. [1 O.C. 106.4-1]. An authorized agency is defined as “any board, committee, commission, department, program or officer of the Nation that has been granted rulemaking authority.” [1 O.C. 106.3-1(a)]. And, rulemaking authority is defined as “the delegation of authority to authorized agencies found in the Nation’s laws, other than this law, which allows authorized agencies to implement, interpret and/or enforce a law of the Nation.” [1 O.C. 106.3-1(i)].

Under the Administrative Rulemaking law, authorized agencies may promulgate rules interpreting the provisions of any law enforced or administered by it; provided that, it does not exceed the rulemaking authority granted under the law for which the rule is being promulgated. [1 O.C. 106.4-3]. When developing rules under the Administrative Rulemaking law, the following applies:



- Rules developed pursuant to the law have the same force and effect as the law which delegated the authorized agency rulemaking authority and shall be followed by both the general public and the authorized agency promulgating the rule; and
- Rules developed pursuant to the law shall not conflict or supersede a law, policy or rule of the Nation or a resolution passed by the OBC or the GTC. [1 O.C. 106.4-1(a) and (b)].

In addition, authorized agencies are required to adhere to the following process when promulgating rules under the Administrative Rulemaking law:

- That, the proposed rule shall be preceded by a public comment period that includes a public meeting to be held, in pertinent part, as follows:
  - *Notice.* The authorized agency shall set a date for the public meeting and have a public meeting notice published in the Kalihwisaks and on the Oneida Register not less than ten (10) business days prior to the meeting.
  - *Requirements for Public Meeting Notice.* The public meeting notice shall include:
    - The date, time and location of the scheduled public meeting;
    - Information for electronically accessing the proposed rule and summary report and a statement that hard copies of the materials will be available with the authorized agency; and
    - The name, address, phone number and other appropriate information to submit written comments on the rule and the time period during which the authorized agency shall accept written comments.
  - The authorized agency shall audio record the public meeting and persons who provide oral comments shall state their name for the record; and
  - The authorized agency shall hold the record open for the submission of written comments for a minimum of five (5) business days following the public meeting. [1 O.C. 106.6-1 and 106.6-2].
- That, after the public comment period has expired and the authorized agency has considered all public comments received, the authorized agency shall submit the proposed rule and all items contained in the administrative record to the LOC [1 O.C. 106.7-1];
- That, the LOC is then responsible for certifying that the proposed rule meets the following requirements:
  - That promulgation of the rule complies with the procedural requirements contained in the Administrative Rulemaking law;
  - That the administrative record is complete; and
  - That the rule does not exceed its rulemaking authority or conflict with any other law, policy, rule or resolution of the Nation. [1 O.C. 106.7-2].
- That, upon receipt of a complete rule certification submission, the LOC shall take one (1) of the following actions:
  - If it determines the authorized agency complied with the certification requirements, the LOC shall certify the proposed rule and forward the administrative record to the OBC; or
  - If it determines the authorized agency has not complied with the certification requirements, the LOC shall not certify the proposed rule and shall return it to the authorized agency with specific feedback as to which requirements were not met. [1 O.C. 106.7-3].

- That, the OBC shall review and consider the proposed rule, administrative record, as well as the LOC’s certification of compliance, and either:
  - Adopt the proposed rule through a motion approved by a majority vote of the OBC; or
  - Deny adoption of the proposed rule if the OBC has any concerns and/or requested revisions to the rule. [1 O.C. 106.8-1 and 106.8-2].

Once an administrative rule is adopted, the authorized agency is required to conduct a review of the rule at least once every two years following the date of adoption by the OBC. [1 O.C. 106.12-1]. During said review, the authorized agency may consider, but is not limited to the consideration of, whether the rule continues to serve its intended purpose and if any amendments to the rule are necessary. [1 O.C. 106.12-2]. The authorized agency has the authority to decide if amendments to a rule are necessary to pursue and the OBC shall not compel an authorized agency to amend a rule. [1 O.C. 106.12-3].

With respect to due process protections, the Administrative Rulemaking law provides:

- Any entity of the Nation hearing an appeal or contest of an action taken pursuant to rules created under the authority delegated to an authorized agency and the requirements of this law, upon consideration of the rule and the circumstances regarding the action taken may take any one (1) of the following actions:
  - Uphold the action taken;
  - Reverse or modify the action taken; or
  - If at the second level of appeal, remand the matter for further consideration. [1 O.C. 106.14-1(a)-(c)].

And, when hearing an appeal or contest of an action taken pursuant to rules created under the authority delegated to an authorized agency, the hearing body shall recognize that the authorized agency is accepted by the Nation as the subject matter expert in the given field and shall provide the authorized agency with deference by upholding the action unless it finds that the action:

- Amounts to a violation of the Nation’s Constitution;
- Was in excess of the authorized agency’s rulemaking authority or is otherwise unlawful;
- Was clearly erroneous in view of the entire administrative and factual records;
- Was arbitrary or capricious; or
- Exhibited a procedural irregularity which would be considered a harmful error that may have contributed to the final decision and if said irregularity were not present, the decision would have been different. [1 O.C. 106.14-2(a)-(e)].

#### Rules Promulgated Under the Administrative Rulemaking Law.

Per the Landlord-Tenant law’s delegation of rule-making authority, the following rules, of possible relevance to the Petition, were promulgated in accordance with the Administrative Rulemaking law:

- Title 6. Property and Land – Chapter 611, Landlord-Tenant, Rule # 1 entitled, *General Rental Program Eligibility, Selection and Other Requirements* (“Rule No. 1”);
- Title 6. Property and Land – Chapter 611, Landlord-Tenant, Rule # 2 entitled, *Income Based Rental Program Eligibility, Selection and other Requirements* (“Rule No. 2”); and



- Title 6. Property and Land – Chapter 611, Landlord-Tenant, Rule # 4 entitled, *Income Based Rent to Own Program Eligibility, Selection and Other requirements* (“Rule No. 4”).

Rule No. 1 was established to provide additional eligibility requirements, selection procedures and general requirements to govern the CHD’s general rental programs. [Rule No 1, 1.1-1]. It provides, in part, that applicants who have had a rental agreement with the CHD subject to an eviction and termination within two (2) years from the date of the application are not eligible to participate in the general rental program. However, a grant of a pardon or forgiveness pursuant to the Nation’s Pardon and Forgiveness law may result in an otherwise ineligible tenant becoming eligible. [Rule No. 1, 1.4-6]. Amendments to the rule may only occur if jointly approved by the CHD and OLC pursuant to the procedures set forth in the Administrative Rulemaking law. [Rule No. 1, 1.2-2].

Rule No. 2 was established to provide additional eligibility requirements, selection procedures and general requirements to govern the CHD’s income-based rental programs. [Rule No. 2, 2.1-1]. Like Rule No. 1, Rule No. 2 provides, in pertinent part, as follows with respect to eligibility:

- Applicants that have had a rental agreement with the CHD subject to an eviction and termination within two (2) years from the date of the application are not eligible to participate in the income-based rental program. [Rule No. 2, 2.4-5].
- Applicants with any of the following types of convictions are not eligible for participation in the income-based rental program:
  - A drug conviction within three (3) years from the date of application;
  - A felony conviction within five (5) years from the date of application; and/or
  - A criminal conviction based upon an act of violence within two (2) years from the date of application. [Rule No. 2, 2.4-6(a)-(c)].
- A grant of a pardon or forgiveness pursuant to the Nation’s Pardon and Forgiveness law may result in an otherwise ineligible tenant becoming eligible. [Rule No. 2, 2.4-7].

If, following review of a complete application or annual renewal, an applicant is deemed ineligible to participate in the income-based rental program based on the Landlord-Tenant law and/or rules, the CHD shall notify the applicant of the cause of the ineligibility and how the applicant may become eligible in the future. [Rule No. 2, 2.5-3]. At such time, the CHD is also required to inform the applicant of other housing opportunities offered by the Nation for which the applicant may be eligible, if applicable. [Rule No. 2, 2.5-3].

Rule No. 4 was established to provide additional eligibility requirements, selection procedures and general requirements to govern the CHD’s income-based homeownership program. [Rule No. 4, 4.1-1]. Its policy is to afford members of the Nation homeownership opportunities without requiring credit checks or down payments and to develop, maintain and operate affordable housing in safe, sanitary and healthy environments within the Reservation. [Id.]. Rule No. 4 contains eligibility requirements much like Rule Nos. 1 and 2, with a similar exception when a pardon or forgiveness has been granted by the Nation pursuant to its Pardon and Forgiveness law. [Rule No. 4, 4.4-6 and 4.4-7].

Depending upon how the Petitioner’s suggestions are interpreted or explained by the Petitioner, amendments to one or more of the rules governing the Nation’s rental/lease programs may be necessary to avoid a conflict. If amendments are necessary, they would have to be developed in accordance with the Nation’s Administrative Rulemaking law.

### **Conclusion**

After a review of all applicable laws and policies of the Nation, it has been determined that the adoption of the Petition: L. Elm – Real Property Law Eviction and Termination would not have a legislative impact; provided, if any of the Petitioner’s suggestions would require changes to any law of the Nation and/or rule promulgated thereunder, it would have to occur in accordance with the Legislative Procedures Act and Administrative Rulemaking law, respectively.

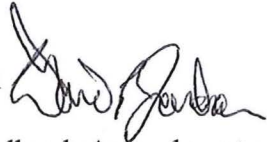
### **Requested Action**

Accept the statement of effect for Petition: L. Elm – Real Property Law Eviction and Termination.



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



TO: Oneida Business Committee  
 FROM: David P. Jordan, Legislative Operating Committee Chairman   
 DATE: June 2, 2021  
 RE: Certification of the Community Support Fund Law Rule Handbook Amendments

The Legislative Operating Committee (LOC) has reviewed and certified the proposed amendments to the Community Support Fund Law Rule Handbook (“Rule Handbook”) provided by the Economic Support Services Department.

The Community Support Fund law delegates administrative rulemaking authority to the Fund Operator, which has been identified as the Economic Support Services Department, to promulgate rules for the administration of the Community Support Fund. [1 O.C. 124.4-1(a), 121.3-1(i)]. The 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 Community Support Fund in times of a catastrophic event, illness, injury or emergency event when no other resources for assistance exist. Amendments to the Rule Handbook were sought to bring the Rule Handbook into compliance with the Community Support Fund law as amended by the Oneida Business Committee on March 10, 2021, through the adoption of resolution BC-03-10-21-C.

The Administrative Rulemaking law requires that the Legislative Operating Committee be responsible for certifying that a proposed rule meets the following requirements:

- that promulgation of the rule complies with the procedural requirements;
- that the administrative record is complete; and
- that the rule does not exceed its rulemaking authority or conflict with any other law, policy, rule or resolution of the Nation. [1 O.C. 106.7-2].

The Legislative Operating Committee has determined that the Economic Support Services Department has complied with the certification requirements of the Administrative Rulemaking law in the promulgation of the amendments to the Rule Handbook. The proposed amendments to the Rule Handbook are now ready for consideration for adoption by the Oneida Business Committee.

### **Requested Action**

Consider the adoption of the amendments to the Community Support Fund Law Rule Handbook.

**MEMORANDUM:**

**To:** Oneida Nation LRO

**From:** Delia Smith, Community Economic Support Director

**Date:** May 13, 2021

**Subject:** Community Support Handbook Amendments

Delia  
Smith

Digitally signed by  
Delia Smith  
Date: 2021.05.19  
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Economic Support has completed the proper rule amendment process to update the Community Support Handbook. The amendments were a result of the approved amendment of the Community Support Law on 3/10/2021. The Handbook is now in align with the law that includes the following changes:

- 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;
- 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.

The following procedural process and timeline was followed for the amendment;

- Public Meeting Notice published in the Kalihwisaks on 4/21/2021,
- Public Meeting via Teams 5/3/2021- No comments
- Waited for written comment until 5/10/2021- No written comments

There is no oral or written public comments and no sign in sheet to submit for review. Therefore, Economic Support is requesting the proposed Community Support rules and Handbook changes be approved accordingly.

Attached you will find the signed approved Rules Handbook amendment from the Governmental Services Director.



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.*

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



Digitally signed by Tina Jorgensen, MS, RDN  
 Date: 2021.05.14 09:12:17 -05'00'



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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

~~(dd)~~(dd) “Wages” means taxable income reported to the Internal Revenue Service 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)~~ (c) Verification of the applicants relationship to the patient;
- 239 ~~(e)(d)~~ (d) Verification of a valid driver's license for reimbursement of fuel purchases
- 240 ~~(de)~~ (e) 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)~~ (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 \$~~1~~two thousand dollars  
 603 (\$2,000.00) within a twelve (12) month period.

604 9-8. An additional \$~~5~~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 \$~~1~~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

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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 *End.*

1091



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

# FINANCE ADMINISTRATION

## Fiscal Impact Statement



# 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.



## 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.

# ***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

Fax: 920-490-6803

[Dsmith1@oneidanation.org](mailto:Dsmith1@oneidanation.org) Ph. 490-3776



# June 2021

June 2021

Su	Mo	Tu	We	Th	Fr	Sa
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July 2021

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SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
May 30	31	Jun 1	2 8:30am LOC Prep (BC_Conf_Room) - Clorissa N. Santiago 9:00am LOC Meeting (BC_Conf_Room) - LOC	3	4 1:30pm Children's Code Amendments Work Meeting - ICW (Microsoft Teams)	5
6	7	8	9	10 1:30pm LOC Work Session (Microsoft Teams Meeting) - Clorissa N. Santiago	11	12
13	14	15	16 8:30am LOC Prep (BC_Conf_Room) - Clorissa N. Santiago 9:00am LOC Meeting (BC_Conf_Room) - Clorissa	17	18	19
20	21	22	23	24 9:00am LOC Work Session (Microsoft Teams Meeting) - Clorissa N. Santiago	25	26
27	28	29	30 10:00am LOC Work Session (Microsoft Teams Meeting) - Clorissa N. Santiago	Jul 1	2	3