

**ECONOMIC SUPPORT SERVICES**

P.O. Box 365  
Oneida, WI 54155  
Phone: 920-490-3939  
Fax: 920-490-6803

2640 West Point Rd. Green Bay, WI 54304



**Child Care Developmental Fund Application for  
Internet Assistance**

The Child Care Development Fund (CCDF) will be offering internet assistance up to \$75.00 per month to qualifying families who have child/ren 0-12 years old. Phone hot spots will NOT be included, and a check will be sent directly to your internet provider for approved applicants.

**Eligibility Criteria:**

- \* At least one household member must be enrolled in a federally recognized tribe
- \* Must live on the Oneida Nation Reservation or reside in Brown or Outagamie county.
- \* 1 child in the household must be between the ages of 0-12 years of age.
- \* **ALL** required verification must be received when the application is submitted.

**PLEASE READ AND MAKE SURE YOUR APPLICATION INCLUDES ALL THE FOLLOWING VERIFICATIONS BEFORE SUMMITTING THE APPLICATION. ( do not turn this page in with your application)**

**Applications Requirements:**

- ☐ Tribal enrollment verification for a person in the household
- ☐ Current copy of internet bill - This copy must show the account number, the charges for monthly internet, the date of the bill. See examples on the following page, no screen shots allowed.
- ☐ Copy of Birth certificate OR tribal enrollment card for 1 qualifying child.
- ☐ Social Security Number for all household members (list on application)
- ☐ Legal/temporary custody verification (if you are not the biological parent caring for the child)
- ☐ Application must be completed in full, signed and dated.

## Auto Pay Notice

Brief description of what changed since your last bill

093486520837456627341234616237416237649162738

## June 30, 2017

**2** **Contact Us**  
Visit us at [spectrum.noisupport.com](http://spectrum.noisupport.com)  
Or, call us at 855-75-SPECTRUM (1-855-757-7328).

**Summary**

Service from 07:01:17 through 07:30:41  
details on following pages

Adjustments

Spectrum International  
Spectrum Vol. 10, No. 1

### Partial Month Charges

*Your Audio Easy Will do prod*

Thank you for choosing Spectrum.  
We appreciate your prompt payment and value you as a customer.

5

## Specktrum

B443 EXCELSIOR DR-120 MADISON WI 53717-2970  
 2524 1400 MID RIVER COUNCIL OF YAKINONTON IL 60457

THE UNIVERSITY OF CHICAGO

**1** Statement: date, account number, and security code in upper left corner of each page.

## 2 How to reach us.

**3** At a glance: your charges, payments, and credits for this bill.

4. Payment due date:

**5** Payment coupon for your convenience. Simply tear it off and mail it.

SPECTRUM NEWS

**Rate, Taxes, Fees and Charges Listed in the Summary only apply to Spectrum TV and Spectrum Internet are detailed on the following page Taxes, Fees and Charges for Spectrum Voice are detailed in the Billing Information section.**

June 30, 2017	Customer Name	8345 78 555 6555555	Account Service At
		5555 MAIN ST	
		SAINT LOUIS MO 63108-9999	

Total Due by Auto Pay	\$158.33
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CHARTER COMMUNICATIONS  
PO BOX 79086  
SAINT LOUIS MO 63179-0086  
[a]ll [i]n [f]o [r]m [a]t [i]o [n] [i]s [p]r [i]v [a]t [e] [a]n [d] [c]o [n]f [i]d [e]n [t] [i]a [l]

**6** Important messages, reminders, and offers. You'll find special events, savings opportunities, news, and promotions.

**7** Be sure our address shows in the return envelope window.

## CCDF INTERNET ASSISTANCE APPLICATION

Have your previous received CCDF Internet Assistance ? Yes No

APPLICANT INFORMATION					
Last Name		First Name		M.I.	Soc. Sec. Number
Physical Address				On Reservation <input type="checkbox"/> Yes <input type="checkbox"/> No	
City		State	Zip	County	
Mailing Address or P.O. Box (if different than above)					
City		State	Zip		
Phone Number (area code)				Email Address	
Date of Birth	Tribe		Tribal Enrollment Number		
How are you related to the children on the application? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Caretaker/guardian or relative (court documents needed)					

## ADDITIONAL HOUSEHOLD INFORMATION

List EVERYONE living in the household i.e. children, other relatives, friends

Full Name	Date of Birth	Social Security Number	Relationship	Enrolled in Federally Recognized Tribe?
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

I understand that providing false or misleading information on my application may result in a denial of benefits.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

FOR OFFICE ONLY

Approved amount : \_\_\_\_\_ Date Approved: \_\_\_\_\_ Staff Initials: \_\_\_\_\_