Digital Device Reimbursement



The Child Care Development Fund is offering financial assistance in the form of a reimbursement up to \$500.00 toward the cost of a digital device(laptops, chrome books, and tablets, iPads). Applications will be accepted from the begin date of the declaration of the state of emergency as issued by the Oneida Nation which is March 12, 2021.

2 reimbursements per household will be permitted if there are two eligible children in the household. If a family previously received a digital device reimbursement from CCDF, they are eligible for 1 more reimbursement.

QUALIFYING APPLICANTS WILL BE ASKED TO SUBMIT A COPY OF RECIEPT AS PROOF OF PURCHASE PRIOR FOR A REIMBURSEMENT.

If your household received a laptop from the Oneida Higher Education Covid-19 Relief Fund you are NOT eligible for the CCDF computer reimbursement program.

Eligibility Criteria: 1)a household member must be a member of a federally recognized tribe, 2)must reside in Brown or Outagamie Counties, 3)must have one or two child(ren) in the home under 13 years old.

Applications can be picked up at:

- pick up box located outside of Oneida Economic Support Door # 5
- https://oneida-nsn.gov/resources/economic-support/child-care-services-program/#Howto-Apply

How to submit your application

- emailed to: Economic Support@oneidanation.org
- -faxed to: (920) 490-6803
- -dropped off in mailbox outside of the Oneida Economic Support building Door #5

ECONOMIC SUPPPORT SERVICES

P.O. Box 365 Oneida, WI 54155

Oneida, WI 54155 Phone: 920-490-3939 Fax: 920-490-6803



2640 West Point Rd. Green Bay, WI 54304

Child Care Developmental Fund Application Digital Device Assistance



The Child Care Development Fund (CCDF) will be offering digital device reimbursement assistance toward the purchase of a digital device up to \$500.00 to qualifying families. Receipts for previously purchased laptops will be accepted if the date on the receipt is dated March 12, 2020 or later. You may receive up to 2 reimbursements per household if there are two eligible children in the household. If you have previously received a digital device reimbursement from CCDF, you are eligible to receive 1 more reimbursement.

If your household received a laptop from the Oneida Higher Education Covid-19 Relief Fund you are not eligible for the CCDF computer reimbursement program.

The device must be able to access the web through Google Chrome, Internet Explorer, or Safari. A few suggested devices include: a laptop, Chromebook, Microsoft surface pro, I-pad, desktop computer.

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.
- Must have at least one child must be between the ages of birth and 12 years of age per reimbursement

Applications Requirements:

Tribal enrollment verification for a person in the household
Residency Verification (mail postmarked within the last 30 days, Ex: utility bill, lease)
Legal/temporary custody verification (if you are not the biological parent caring for the child
Social Security Number for all household members (list on application)
Copy of Birth certificate or tribal enrollment card for qualifying child.
Application must be completed in full, signed and dated.

CCDF DIGITAL DEVICE APPLICATION

Have your previous received CCDF DIGITAL DEVICE Assistance? Yes No

APPLICANT INFORM	IATION		T.						
Last Name			First Name			M.I.	Soc.	Soc. Sec. Number	
Physical Address				On Reservation How Many Yea No Reservation?		ars Living on			
City	State	Zip		County					
Mailing Address (if different that	n above)		-						
City	State			Zip Code					
Phone Number (area code)	Message Number (area code)			Email Address					
Date of Birth	Tribe			Tribal Enrollment Num			veteran: Yes No		
How are you related to the children on the application? Mother Father Caretaker/guardian or relative (court docur							e (court documen	its needed)	
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List EVER				JSEHOLD II sehold i.e. cl				atives, frie	nds
Household Members		- 8							
Full Name Date of Soc		Soci Nun	al Security aber	to His household If y member thr		Enrolled in an Institute of Higher Education? If yes, Where, Was a Laptop Phrough Oneida Higher Ed Covid-19 relief fund received?			Enrolled in Federally Recognized
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CCDF DIGITAL DEVICE APPLICATION

CONSENT TO RELEASE/DISCLOSE & SIGNATURE

consent to release any and all information necessary for the determination of benefits on my behalf, to the Oneida								
conomic Support Agency and Community Support. I understand this release may include, but not limited to, any								
information regarding income, salary, benefits and disability, including Oneida Higher Education. I certify that my								
answers are true and complete to the best of my knowledge. I understand that false or misleading information in my								
application may result in denial of benefits, including future CCDF benefits/programs.								
oplicant Signature Date								
int Name								

PLEASE MAKE SURE YOUR APPLICATION INCLUDES ALL THE REQUIRED VERIFCATIONS BEFORE SUMMITTING THE APPLICATION

FOR OFFICE USE ONLY								
Approved Amount:	Date Approved:	Staff Initials:						