



2021-2022 ONEIDA TANF BACK TO SCHOOL ASSISTANCE APPLICATION INFORMATION

APPLICATIONS WILL BE ACCEPTED FROM AUGUST 2, 2021 THRU AUGUST 27, 2021.

(NO EXCEPTIONS OR EXTENSIONS)

ELIGIBILITY:

School assistance is available to income eligible families and Child Only/Kinship/Foster Care/Guardianship and De Facto placement care cases with children who are currently enrolled in Head start age 3 to senior year of high school, or alternative school (attending a minimum of 4 hours per day). TANF eligible families are defined as enrolled members of the Oneida Nation residing within Brown and Outagamie counties, or other income-eligible family consisting of enrolled members of a federally recognized Indian tribe residing within the Oneida Nation reservation boundaries. *Please note: GED/HSED, Early Head Start & FACE children are not eligible*. Household income is at or below the 200% Federal Poverty Level (FPL) with a 20% deduction off earned income. The purpose of this assistance is to help supplement your family with back to school supplies, clothing and shoes.

Please see the monthly Gross income chart below:

| Household Size | Monthly FPL 200% |
|------------------------|------------------|
| 1 | \$2,146.66 |
| 2 | \$2,903.34 |
| 3 | \$3,660.00 |
| 4 | \$4,416.66 |
| 5 | \$5,173.34 |
| 6 | \$5,930.00 |
| 7 | \$6,686.66 |
| 8 | \$7,443.34 |
| 9 | \$8,200.00 |
| 10 | \$8,956.66 |
| Each additional person | \$756.66 |

REQUIRED DOCUMENTS NEEDED WITH APPLICATION:

- Tribal enrollment of at least one person in family group
- Current school enrollment for each child age 3 (must be enrolled in head start through age 19 still attending high school)
- Last 30 days of all household income (Pay stubs must show name, pay period dates, AND gross income)
- Current address (ex: piece of mail, utility bill, etc. dated within 30 days of application)
- Signature of applicant(s)

If the application is incomplete or missing required verifications, you will receive notification. Applications are valid for 30 calendar days from the date received. Failure to provide the required verifications within the 30 days, will be required to re-apply. Please allow 30 business days for processing of all applications. ** Please no phone calls to check the status of your application *

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Name: _____ Social Security#: _____

Address: _____ Phone#: _____

_____ Message#: _____

Tribe you are enrolled in: _____ Enrollment#: _____

Please check if you are receiving the following: _____ TANF Grant _____ Kinship Care _____ Foster Care (includes Guardianship)

Is your child(ren) a part of the Oneida Y.E.S advocate program? _____ Yes _____ No

SOURCE OF HOUSEHOLD INCOME (Check **ALL** that is received):

____ Employment ____ Unemployment ____ Child Support ____ SSI/SSDI Short/Long Term Disability

____ Other (Describe): _____ ____ No Income

Please list everyone living in the household:

| Name | Date of Birth | Age of Child | Social Security # | Grade in School | Male/Female |
|------|---------------|--------------|-------------------|-----------------|-------------|
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I certify that the information provided on and with this Back to School Assistance application is true and factual to the best of my knowledge. I understand I will purchase school supplies, clothing, and shoes for my children. The agency will not replace checks that have been issued and that are reported lost or stolen. I further acknowledge that by signing this application I am authorizing the release of information from any source necessary for determination of Back to School Assistance.

Applicant Signature

Date

Co-Applicant Signature

Date

FOR OFFICE USE ONLY

Approved: _____ Denied: _____ # Vouchers: _____ Case Manager: _____

Verifications: Tribal Id POR School Enrollment Income \$ _____ Date: _____

INSTRUCTIONS FOR COMPLETING THE VENDOR & W-9 FORMS

***The primary adult must complete the Vendor Add, W-9, & ACH forms listing their information e.g. name, address, social security number, signature & date.

***The direct deposit form (ACH) must list your bank information along with a copy of a voided check or letter from your bank verifying your account. Direct deposit will not be set up without this information. If you do not have an active bank account, the funds will be disbursed to you as a check.

These forms are needed for our department to make a check payable to you for the Back to School Assistance Program.

*****Please read over the forms to make sure you didn't miss anything; any incomplete forms will not be processed and will only delay the processing of your application*****

Vendor Information Form

(Instructions on reverse side of this form)

| | | | | | | | |
|------------|--------------------------|---------------|--------------------------|---------------|--------------------------|-----------------|--------------------------|
| Add Vendor | <input type="checkbox"/> | Change Vendor | <input type="checkbox"/> | Delete Vendor | <input type="checkbox"/> | License Renewal | <input type="checkbox"/> |
|------------|--------------------------|---------------|--------------------------|---------------|--------------------------|-----------------|--------------------------|

Purchase Order Address:

Vendor/Company Name

Address Line 1

Address Line 2

City _____ State _____ Zip Code _____

Purchase Order Email address _____

Remit To Address:

Vendor/Company Name _____

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip Code _____

Business Information:

Doing Business As: _____

Contact _____ Email: _____

Telephone # _____ Fax # _____

Federal ID# _____ - or - Soc. Security # _____

Vendor Payment Terms _____ Dun & Bradstreet # _____

(Please note: If none specified will default to NET30)

Product/Services to be provided: _____

Oneida Contact _____ Phone/EXT#: _____

Oneida Business Unit _____ Date: _____

PLEASE NOTE: The following section is required and will not be accepted if left blank.

Are you now, or have you ever been debarred? Yes No

If Yes, Please explain _____

Vendor Signature: _____ Date: _____

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

| | |
|--|--|
| Print or type. See Specific Instructions on page 3. | <p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <p>2 Business name/disregarded entity name, if different from above</p> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____ </p> <p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p style="text-align: right;"><small>(Applies to accounts maintained outside the U.S.)</small></p> |
| | <p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <p>6 City, state, and ZIP code</p> <p>7 List account number(s) here (optional)</p> |
| | <p>Requester's name and address (optional)</p> <p>Oneida Nation of WI PO Box 365 Oneida WI 54155</p> |

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

| | | | | | | | | | |
|---------------------------------------|--|--|--|--|--|--|--|--|--|
| Social security number | | | | | | | | | |
| | | | | | | | | | |
| or | | | | | | | | | |
| Employer identification number | | | | | | | | | |
| | | | | | | | | | |

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

| | | |
|------------------|----------------------------|--------|
| Sign Here | Signature of U.S. person ▶ | Date ▶ |
|------------------|----------------------------|--------|

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

**Oneida Nation
Vendor Payment – Direct Deposit (ACH) Authorization Form
Employees, Boards, Committees and Commissions**

A. Vendor Information

| | |
|-----------------------|--|
| Vendor Name (printed) | |
| Vendor Number | |
| E-mail address | |

B. Vendor Bank Information

| | | |
|-----------------------------|--|---|
| Bank Name | | |
| Bank Routing number (ABA #) | | |
| Vendor Bank Account # | | |
| Vendor Bank Account Type | | Enter "C" for checking OR "S" for savings |

**** Please attach a voided check or a letter from your bank to verify this information****

C. Agreement

I hereby authorize the Oneida Nation to electronically deposit amounts owed to me for goods and/or services provided to the Nation via direct deposit to my account (this includes my authorization to reverse any entries made in error.)

I understand that an unforeseen delay in processing by any outside entity (automated clearing house or financial institution) due to computer down-time, power outages, or any other unavoidable occurrences might affect the date of deposit of funds to my account.

This authorization is to remain in effect until the Oneida Nation has received written notice of my intent to change/terminate this agreement or at the discretion of the Oneida Nation.

The Oneida Nation must receive my written notification of any financial institution changes (including closing of accounts) at least 15 days prior to the change in order to change/terminate this direct deposit authorization.

I will not hold the Oneida Nation responsible for delay, loss or misapplication of funds due to incorrect or incomplete information supplied by me or my financial institution.

D. Vendor Approval

| | |
|-------------|--|
| Signature | |
| Date | |
| Telephone # | |