



## 2022-2023 ONEIDA TANF BACK TO SCHOOL ASSISTANCE APPLICATION INFORMATION

**APPLICATIONS WILL BE ACCEPTED FROM JULY 25<sup>TH</sup> 2022 THRU AUGUST 19<sup>TH</sup> 2022**  
Please submit applications to Economic Support at 2640 West Point Road, Green Bay WI, 54304, Door # 5 entrance, may place in our drop box located outside, may drop off in our lobby, or by e-mail to [economic\\_support@oneidanation.org](mailto:economic_support@oneidanation.org)  
**(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. 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, the amount issued will be \$50.00 per eligible child.

Monthly Gross income chart:

Household Size	Monthly FPL 200%
1	\$2,265.00
2	\$3,052.00
3	\$3,838.00
4	\$4,625.00
5	\$5,412.00
6	\$6,198.00
7	\$6,985.00
8	\$7,772.00
9	\$8,558.00
10	\$9,345.00
Each additional person	\$747.00

### 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 result in you having to re-apply. Due to the high volume of applications please allow 30 business days for processing of all applications.**

**\*\*Please no phone calls to check the status of your application\*\***

ASSIGNED DATE: \_\_\_\_\_

INTAKE COORD: \_\_\_\_\_

CASEWORKER: \_\_\_\_\_

## 2022-2023 ONEIDA TANF BACK TO SCHOOL ASSISTANCE APPLICATION

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

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 may choose to purchase school supplies, clothing and/or 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: \_\_\_\_\_ Amount Approved: \_\_\_\_\_ Case Manager: \_\_\_\_\_

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