ONEIDA ECONOMIC SUPPORT SERVICES

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

Fax: 920-490-6803

2640 West Point Rd. Green Bav. WI 54304



TANF Summer Youth Program Application

The program provides career exploration and work experience opportunities for youth ages 14-19 who are attending high school or returning to high school full-time in the fall. As per GTC Resolution 05-23-11-A, enrolled Oneida tribal members are given preference in hiring. The program runs June 17th - August 16th. This will be paid employment up to 25 hours per week. The application will be available from March 4th - March 29th.

Group Size	250% FPL
1	\$3,137.50
2	\$4,258.33
3	\$5,379.17
4	\$6,500.00
5	\$7,620.83
6	\$8,741.67
7	\$9,862.50
For each additional person	+\$1,120.83

Mission Statement

The Oneida Tribal TANF program's mission is to promote work and personal responsibility to strengthen Oneida and other enrolled Native American families. We will work together with our customers and other community resources to promote program goals in a comprehensive manner while respecting individual dignity, culture, and self-worth.

Minimum Eligibility Criteria:

All applications require:

At least one person in the family group must be an Oneida enrolled tribal member living in the home and residing in Brown or Outagamie County **OR** be an enrolled member in any federally recognized tribe living in the home and residing on the Oneida Nation Reservation. Must not exceed the income limitations based on family size, we do give a 20% deduction off earned income when determining eligibility. Must be a United States citizen.

Т	Tribal enrollment verification (tribal ID card or letter)
	Proof of all household income for the last 30 days (TANF/W2, pay stubs, unemployment, SSI, SSDI, disability payments, workman's compensation, child support, alimony, veteran's benefits, etc.)
P	Proof of residency (post marked, dated piece of mail within the last 30 days or current utility bill)

Copies of the Birth Certificate & Social Security card for youth Applicant

The deadline to apply is Friday March 29, 2024. Any applications received after the deadline will be placed on a waiting list. The staff will contact the youth in the order that the applications were received. Once the work slots are filled, the remaining youth will be placed on a waiting list in the order his/her application was received. Youth that are on the waiting list will be contacted if a position becomes available.

Applications can be returned to the agency or emailed to Economic_Support@oneidanation.org. Any questions please contact the front desk at 920-490-3939.

YOUTH APPLICANT INFORMATION								
Last Name	First	M.I. Date o			Date of B	of Birth		
Physical Address			Apar		Apartmer	tment/Unit #		
City	State	Zip County						
Social Security Number								
Are you a citizen of the United States? Yes No If no, are you authorized to work in the U.S. Yes No								
Educational Level Completed				currently enrolled in school? Yes No				
What school will you attend for the 2023/24 school year?			Email Address					
PARENT/GUARDIAN #1 INFORMATION								
Parent/Guardian Name		Social Security Number						
Telephone #		County						
Address		City		State		Zip		
Place of Employment				Work #				
Tribal Enrollment			Tribal Enrollment #					
Marital Status Single Married Separated Divorced Widowed			Email Address					
PARENT/GUARDIAN #2 INFORMATION								
Parent/Guardian Name		Social Security Number						
Telephone #		County						
Address		City State				Zip		
Place of Employment			Work #					
Tribal Enrollment		Tribal Enrollment #						
Marital Status 🗆 Single 🗆 Married	□ Separated □ Divorced □ Widowed	Email Address						
		1						
HOUSEHOLD MEMBERS	(If more room is needed, atta	ach a se	parate piec	e of pap	oer)			
Full Name			Date of Birth			Relationship to Applicant		
1.								
2.								
3.								
4.								
5.								

INCOME INFORMATION – MONTHLY AMOUNT

□ Employment \$	— П Foo	od Stamps	\$	□ Child Care	Asst \$					
□ Unemployment \$		ld Support	\$	□ Housing Su	•					
□ Social Security \$	- C	• •		_	•					
□ SSI \$		Capita	\$	□ WHEAP	\$					
		rkman's Com		□ Commoditi	-					
□ Retirement \$		ability	\$	□ Other	\$					
□ VA/Military Benefits \$	—— □ Oth	ner	\$							
PARENT/GUARDIAN EMPLOYMENT INFORMATION										
Employee Employe		Name/Address Position			Wages / Frequency of Pay					
1.										
2.										
3.										
4.										
т.										
CONSENT FOR RELEASE	YDISCLOSE &	SIGNATI	IRE							
	•									
I consent to release any and all information for the determination of benefits to be made on my behalf, to the Oneida Nation TANF Program. I understand this release may include any information regarding income, salary, benefits, and disability. 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 or interview may result in denial of benefits.										
Youth Signature		Parent/Guardian Signature			Date					
		,	<u> </u>		<u> </u>					
YOUTH & PARENT: PLEASE	COMPLETE THE SI	ECTION BEL	OW REGARDING AN INTA	KE APPOINI	MENT THAT YOU'LL BE					
REQUIRED TO COMPLETE T	OGETHER, THIS W	/ILL BF AN I	N-PFRSON APPOINTMFN	т.						
				=						
Preferred 1	īme: □ AM □ F	PM Prefe	rred Day: Mon Tue	□ Wed □ T	Thur □ Fri					