



**Oneida Nation**  
**2024 Assistance Fund**  
**2024 Elder Assistance Program and**  
**2024 Food Assistance Program Application**

**MUST BE RECEIVED BY THE TRUST ENROLLMENT DEPARTMENT ON OR BEFORE**  
**4:30 P.M. Central Standard Time ON FRIDAY, SEPTEMBER 6<sup>th</sup>, 2024.**

**Section 1: Mandatory Member Information**

Roll Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Phone #: (     ) - \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street or PO Box

Apt # (if any)

City

State

Zip Code

**Email**

Address: \_\_\_\_\_

- Please cancel my existing direct deposit. I wish to receive a check for all payments.       Address Change for Check Only

**Section 2: Please check the following as it applies to you:**

<input type="checkbox"/>	I accept the \$500 GWE Food Assistance Funds and attest that I am/will be 18 by 12/31/2024
<input type="checkbox"/>	I accept the \$1,500 GWE Assistance Funds and attest that I am 18 years old or will be by 9/1/2024;
<input type="checkbox"/>	I accept the \$2,000 GWE Assistance Funds and attest that I am 62 years old or will be by 12/31/ 2024;
<input type="checkbox"/>	I accept the \$703.54 GWE Elder Assistance Program Funds and attest that I am 65 years old or will be by 12/31/2024;
<input type="checkbox"/>	I decline any GWE Funds.

**Section 3: Banking Information:**

Account Type:     Checking     Savings

Bank Name	Routing (ABA#) Number (9-digit number)	Account Number

If no banking information is provided a check will be mailed to the address on this application. Oneida is not responsible for lost or incorrect deposited funds.

**Section 4: Mandatory Member Signature**

By signing this document, I attest and swear:

1. I need financial assistance as identified in the Oneida Nation General Welfare Exclusion Law – Assistance Fund, Elder Assistance Program and/or Food Assistance Program
2. I am accepting the payment(s) to assist with my need; and
3. I understand that by completing and submitting this application, I am allowing Trust Enrollment Department to enter this information on my behalf.
4. I, the undersigned do hereby certify under penalty of perjury, that the information listed on this form is true and correct.

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

ROLL #:

OFFICE USE ONLY:

# 2024 Terms and Conditions

1. To receive payment, you are required to either complete an online application or return the 2024 Assistance Fund/Elder Assistance/Food Assistance Program Application
2. Please return your completed application to:

<b>IN PERSON AT ONEIDA TRUST ENROLLMENT DEPARTMENT</b> 8AM-4:30PM Central Standard Time, MONDAY THROUGH FRIDAY 210 ELM ST ONEIDA WI 54155 <b>A DROP-OFF BOX (NEXT TO FRONT ENTRANCE) IS AVAILABLE FOR NON-BUSINESS HOURS (FORM CONSIDERED RECEIVED THE NEXT BUSINESS DAY)</b> (TRUST ENROLLMENT DEPARTMENT IS NOT RESPONSIBLE FOR ANY DAMAGE TO ANY FORMS)	
<b>MAIL UNITED STATES POSTAL SERVICE (USPS)</b> ONEIDA TRUST ENROLLMENT DEPARTMENT PO BOX 365 ONEIDA WI 54155-0365	<b>COURIER DELIVERY (Fed Ex, UPS) *NO MAIL BOX*</b> ONEIDA TRUST ENROLLMENT DEPARTMENT 210 ELM ST ONEIDA WI 54155

3. **APPLICATIONS MUST BE RECEIVED BY THE TRUST ENROLLMENT DEPARTMENT ON OR BEFORE: 4:30 P.M. CST on Friday, September 6<sup>th</sup>, 2024**

- Applications received September 7<sup>th</sup>, 2024, through March 3<sup>rd</sup>, 2025, payment will be issued by March 28<sup>th</sup>, 2025, for the following:
  - Oneida Nation Assistance Fund (\$1500.00/ 18+) (\$2000.00/ 62+)
  - Elder Assistance Program (703.54/ 65+)
  - Oneida Nation Food Assistance Fund (\$500/18+)
- **NO EXCEPTIONS**

4. Payment forms are **UNACCEPTABLE** and will be **REJECTED** if any of the following apply:
  - Section 1, 2 and/or 4 are incomplete
  - Altered information (white out, crossing out)

5. **Payment amount for 2024 is:**

	Food Assistance Fund	18+	ELDER 62+	ELDER 65+
Amount:	\$500.00	\$1,500.00	\$2,000.00	\$703.54
Total Amount:	\$500.00	\$500 + \$1,500.00 = \$2000	\$500 + \$1500 +2000 = \$4000	\$500 + \$1500 + \$2000 + \$703.54 = \$4,703.54

6. For a person filling out the form as a guardian/conservator/power of attorney, up to date and legally acceptable documentation related to the guardianship/conservatorship/power of attorney must be on file with the Trust Enrollment Department. For members identified as legally incompetent, their distribution will be placed in an Adult Trust Account which will be co-managed by the Trust Enrollment Department. Distribution from an Adult Trust Account is governed by the Per Capita law - Distributions Rule. If you have any questions, please contact the Trust Enrollment Department at (920) 869-6200 or 1-800-571-9902.
7. You may be subjected to an audit by the Internal Revenue Service. It is advised to keep a copy of your application and receipts of your purchases/payments.
  - **The assistance payment will be processed pursuant to the Oneida General Welfare Law and is intended to be excluded from 1099 income by the recipient. However, the recipient of these funds should seek independent tax advice on this matter by a tax professional.**
8. The address listed on the payment form will be used to update all mailings on file with the Trust Enrollment Department if the address is different. However, if you check the "Address Change for Check Only" box, this will only update your check address.
9. **Payments will be issued by September 30, 2024.** If you are receiving a check, please allow time for mail delivery.
10. If you opted for direct deposit and you have not received your deposit by September 30, 2024, or if you opted to receive a check and have not received it by October 14, 2024, please contact the Trust Enrollment Department.
  - Trust Enrollment Department will no longer accept digital banking such as Venmo, Chime, Paypal, GreenDot, GoBank, etc. If any online banking institution is received, you will be notified by mail.
11. **All GWA checks expire 90 days from the date issued. Any GWA checks not cashed within the 90-day expiration date, will be returned to the GWA Program.**