Physical Location:
2640 W. Point Rd. Green Bay, WI 54304
Mailing:
P.O. Box 365 Oneida, WI 54155
Email:
economic_support@oneidanation.org

Telephone:
(920)490-3939
Toll Free:
1-800-216-3216
Fax: (920)490-6803
oneidansn.gov/resources/economic-support

Community Support Application

Community Support Program is designed for Oneida enrolled members during times of catastrophic illness, injury, or emergency event when no other resources for assistance exist. The Community Support Fund is funded by Tribal Contribution, services are subject to funding availability.

Description:

Catastrophic event means a natural or man-made incident, which results in substantial damage or loss requiring major financial resources to repair or recover (i.e. house fire, tornado, flood, or other disaster). Catastrophic illness or injury means a serious debilitating illness, injury, impairment, physical or mental condition. Emergency event means a situation that poses an immediate risk to health, life, safety, property, or environment.

Eligibility Criteria:

Applicant must be an enrolled Oneida Nation member, or the application needs to be on behalf of another person who is a Oneida Tribal member otherwise unable to do so due to age or incapacity. Applications for assistance for minors must be made by parent or legal guardian. Supportive service requests may have additional criteria to meet eligibility.

If the application is incomplete or missing required verifications, you will receive notification. Applications are valid for 30 calendar days from date received. If you fail to provide the required verifications within the 30 days, you will receive notification that your application expired, and you must reapply. Please allow 14 business days for processing of completed applications.

All APPLICATIONS REQUIRE THE FOLLOWING VERIFICATIONS:

1. Tribal enrollment verification (Tribal ID card or Enrollment Certification)
2. Attach the following required verifications for selected services (See Below)

SERVICES AVAILABLE AND REQUIRED VERIFICATIONS:

Auto Repair

- Valid Driver's License
- Valid Vehicle Registration
- Verification of critical medical appointments or ongoing care
- Two estimates from ASE certified auto repair services (unless vehicle is not safe to drive, noted on estimate)

Catastrophic Shelter Assistance

- Verification of catastrophic event, illness, or injury (unable to work, being in capacitated with start and expected to return dates)
- Landlord Verification Form (agency form)
- Current Rental lease agreement/Mortgage Statement
- Last 60 days of income to show interruption of income.
- FMLA from employer
- Verification of Short/Long term disability

Cobra Insurance

- Verification of current group health insurance policy
- Verification of all state and public benefits applied for if eligible.
- Written estimate of employer's group health care coverage plan premium for COBRA coverage

Critical Medical Bill Assistance

- Medical statement showing dates of services and balances after insurance has paid.
- Copy of explanation of benefits from your current insurance provider
- Verification applicant applied for all financial assistance offered at the medical facility.

Emergency/Non-Emergency Medical Travel – Must be within 30 days.

- Emergency Travel Reimbursement
- Verification of Driver's License for fuel reimbursement, original receipts for hotel, gas, and/or airfare Verification of medical condition, date, time, and location

Non-Emergency Travel

- Verification of Driver's License for fuel reimbursement, original receipts for hotel, gas, and/or airfare Verification of medical appointment must be more than 60 miles one way from place of residency.

Dental Related Expenses

- Verification by a dentist, orthodontist, or oral surgeon of the dental procedures to be completed and that they are medical need, not cosmetic.
- Cost estimate of services and/or dental bill, Dental insurance

Family Medical Leave Act Wage

- Verification that the caregiver has been employed with their company for at least 12 months and must have worked for at least 1250 hours in the last 12 months.
- Verification of approved FMLA or equivalent leave from the caregiver's employment
- Verification of the medical need requiring full-time care of the immediate family member
- Proof of all household income for the last 30 days (TANF/W2, pay stubs from employment, unemployment, SSI, SSDI, disability payments, workman's compensation, child support, alimony, veteran's benefits, self- employment (tax return), etc.)

Fire/Natural Disaster Assistance

- Police and/or fire department report verifying disaster.
- Verification of assistance provided or applied for from American Red Cross or FEMA
- Verification of all household members at the time of natural disaster
- Verification of home/rental insurance

Funeral Travel Reimbursement – Must be within 30 days max of $500 reimbursement.

- Obituary – verification of immediate family member (father, mother, sister, brother, grandmother, grandfather)
- Verification of Driver's License for fuel reimbursement, original receipts for hotel, gas, and/or airfare

Furnace Repair/ Replacement

- Two (2) cost estimates for repair/replacement of a water heater or furnace from a licensed/certified repair
- professional, to include the name, address, phone number, and Federal Tax Identification number of the professional.
- Verification that the applicant applied for Energy Assistance with the county agency in which the applicant resides, along with proof assistance was denied.
- Verification that the applicant is the owner of the home;

Inpatient/Outpatient Treatment Services

- Cost estimate of the Treatment Center including name, address, and Federal Tax ID number
- Verification that applied for any community/financial assistance from facility
- Verification of referral from licenses or certified counseling agency or program verifying the catastrophic illness

Medical Related Equipment Supplies or Furniture

- Cost estimate of supplies, equipment, or furniture prior to purchasing
- Medical verification from licensed medical physician specifying if need is short-term basis, life threatening or chronic medical condition, and that is required to improve or maintain quality of life.
- Denial from insurance if applicable.

Optical Related Assistance

- Cost estimate and or bill of Optical services including name, address, and Federal Tax ID number, optical insurance.
- Medical verification from ophthalmologist, optician, or optometrist

Prescription Reimbursement Assistance

- Verification that emergency medical prescription was needed after hours (emergency room report or discharge summary)
- Original receipts of prescription medication

Security Deposit Assistance

- Landlord Verification Form completed by landlord, signed by applicant.
- Rental Lease Agreement
- Verification of emergency situation (eviction, foreclosure, etc.)

Social Security Disability Determination Shelter/Utilities Assistance

- Verification of current Social Security Disability Application filed with status documentation.
- Utility bills (water, heat, electricity)

Utility Disconnect Assistance

- Disconnection notice and verification applicant applied for Energy Assistance during October through May.
- Verification of payments made in each of the previous three (3) months.

Community Support Fund

CHECK ALL SERVICES YOU ARE APPLYING FOR

☐Auto Repair, List # of Vehicles ____
☐Cobra Insurance
☐Medical Travel
☐Fire/Natural Disaster Assistance
☐Medical Bills
☐Dental Related Expenses
☐Optical Related Assistance
☐Funeral Travel
☐Prescription Reimbursement
☐Utility Assistance
☐Catastrophic Shelter Assistance/ Security Deposit
☐Furnace Repair/Replacement/Water Heater
☐Social Security Disability Determination Shelter/Utilities
☐Inpatient/Outpatient Service
☐Caretaker FMLA Assistance
☐Medical Equipment

Applicant Information				
Last Name:	First Name:		M.I:	DOB:
Address:		Apt #:	City:	
State:	ZIP:	County:	Phone Number:	
Email:	Tribal Affiliation:		Enrollment #:	
Social Security #:	Do you live on the reservation?		US Citizen: ☐Yes ☐No	
Marital Status (check one): ☐ Single/Never Married ☐ Married Living together ☐ Married Separated ☐ Divorced ☐ Widowed				
Current source of income earned/unearned list all:			Sex: ☐ Female ☐ Male	

Co Applicant Information			
Last Name:	First Name:	M.I:	DOB:
Phone Number:	Email:	US Citizen: ☐Yes ☐No	
Social Security #:	Driver's License#	Enrollment Number:	
Email:	Tribal Affiliation:	Do you live on the reservation?	
Marital Status (check one): ☐ Single/Never Married ☐ Married Living together ☐ Married Separated ☐ Divorced ☐ Widowed			

LIST ALL OTHER ADULTS IN HOUSEHOLD				
Full Name	Relationship	DOB	Monthly Income	Tribal Affiliation

You **MUST** describe your current situation that makes you unable to pay for these services yourself (must be completed or application will not be processed).

CONSENT FOR RELEASE/DISCLOSE & SIGNATURE	
I consent to release all information necessary for the determination of benefits to be made on my behalf, to the Oneida Nation Economic Support Agency and Community Support. I understand this release may include, but not limited to, 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 current and future benefits.	
Applicant Signature:	Co Applicant Signature:
Date:	Date:

Physical Location:
2640 West Point Rd.
Green Bay, WI 54304
Mailing: *P.O. Box 365*
Oneida, WI 54155

Telephone:(920)490-3939
Toll Free 1-800-216-3216
Fax:(920)490-6803
oneida-nsn.gov/resources/economic-support

Landlord Verification Form

Must complete if applying for Rent or Security Deposit

TENANT(S) NAME: _____

RENTAL/PROPERTY ADDRESS: _____

_____
City County State Zip Code

TENANT SIGNATURE: _____ DATE: _____

TO BE COMPLETED BY LANDLORD ONLY

NEW RENTER INFORMATION:

MONTHLY RENT: $_____ SECURITY DEPOSIT: $_____ MOVE IN DATE: _____

NUMBER OF OCCUPANTS: _____ ADULTS: _____ CHILDREN: _____

AMOUNT PAID FOR RENT/SECURITY: RENT $_____ SECURITY $_____

CURRENT RENTER INFORMATION:

MONTHLY RENT/MORTGAGE: $_____ AMOUNT PAST DUE: $_____

LIST MONTHS OF RENT/MORTGAGE PAST DUE: _____

LANDLORD or MORTGAGE NAME: _____

MORTGAGE ACCOUNT NUMBER (**NOT** for landlords): _____

MAILING ADDRESS: _____

LANDLORD or MORTGAGE SOCIAL SECURITY OR FEDERAL TAX ID#: _____

(A check cannot be disbursed until the Landlord Federal Tax Id # or Social Security number is provided. The Landlord may provide information directly by calling (920) 490-3710 or fax form directly to (920) 490-6803 for strict confidentiality).

By signing below you are agreeing the information is accurate and correct to the best of your knowledge. I understand that funding for this benefit is provided through a grant from the Oneida Nation and that any misuse of these funds constitutes fraud and maybe subject to criminal punishment.

LANDLORD SIGNATURE: _____ DATE: _____

ONEIDA

For Office Use Only
☐ New ☐ Renew ☐ Update
Vendor #: _____
Tracking #: _____
CSRA Ref #: _____

Vendor License Application *(Incomplete applications will not be accepted)* **Reset Form**

Company/Vendor Name: _____

DBA (If Applicable): _____

Federal Identification / Tax Identification Number / Social Security # (Pick one): _____

North American Industry Classification Systems (NAICS) Code*: _____
*Visit https://www.naics.com/search/ to identify your business industry code. FAQs are also available online.

Primary Contact (Name of Representative): _____

Phone: _____ E-Mail Address: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Description of Products/Services to be Provided:

General Assistance, Support Services, 477 Program

Provide who your company representative is primarily working with to establish an Oneida Nation vendor license:

Oneida Nation Contact: Shy Fowler Oneida Nation Department: Economic Support

Other Contact Info: (*Indicate if same as Primary Contact*)	
Remittance To (*Payments, W-9, Finance*) Name: _____ Email: _____	Address: _____ City: _____ State: _____ Zip: _____
Vendor License Compliance Contact Name: _____ Email: _____	Address: _____ City: _____ State: _____ Zip: _____
Certificate of Insurance Contact (COI) Name: _____ Email: _____	Address: _____ City: _____ State: _____ Zip: _____

Company/Vendor Payment Terms: Immediate (If not specified, default is NET 30. **All payments are ACH**.)

Please answer the following questions that are required to process an Oneida Nation vendor license:

1. If you answer YES to any of the following four (4) questions, a Digital Security Cyber Risk Assessment is required.
   a. Will you now or will you ever handle sensitive data, including but not limited to personal information, financial data? ☐ Yes ☑ No
   b. Do you have to be concerned with regulatory compliances? (e.g. GDPR, HIPPA) ☐ Yes ☑ No

c. Do you now or will you ever provide technology software, hardware, applications, mobile app, etc.? ☐ Yes ☑ No

d. Do you now or will you ever need access to the Oneida Nation network? ☐ Yes ☑ No

2. Is your company at least 51% Native American Owned? ☐ Yes ☑ No

3. Is your company primarily doing business with gaming? ☐ Yes ☑ No

4. Are you a current employee of the Oneida Nation? If yes, please provide an approved Independent Contractor agreement from the Oneida Law Office ☐ Yes ☑ No

5. Are you currently debarred from SAM.GOV? ☐ Yes ☑ No

6. Are you now, or have you ever been engaged in a lawsuit with the Oneida Nation? ☐ Yes ☑ No

7. Has your Oneida Nation Vendor License ever been revoked? ☐ Yes ☑ No

---

Read Carefully Before Signing: Under penalty provided by law, the undersigned states that the above information is accurate and each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signee hereby acknowledges and agrees to adhere to the Oneida Nation Code of Ethics Law. The Oneida Nation reserves the right to deny, revoke, or terminate vendor licensing for non-compliance.

Shy Fowler
_____
Primary Contact (Name of Representative)

_____ _____
Applicant Signature Date

FOR OFFICE USE ONLY

Risk Management

COI Approved: _____ Expiration Date: _____ Ins Notes: _____

COI Exempted: _____ COI Denied: _____ Denial Reason: _____

Rev'd/Appr'd by: _____ Date: _____

Licensing

Received by: _____ Rec'vd Date: _____

Fee Received: Yes _____ Exempt_____ If Exempt, Category: _____

Digital Security Risk Assessment Form Received (If Applicable): _____ Acceptance Form Received: _____

COI Received: Yes_____ No_____ Notes: _____

IC Agreement Received (If Applicable): Yes_____ Law Office Review # _____

Lic. Approved *(Initial)* _____ Lic. Denied *(Initial)* _____ Denial Reason: _____

Date License was Issued: _____ / _____ / _____ License Expiration Date: _____ / _____ / _____

Notes: _____

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

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

Print or type. See **Specific Instructions** on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

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.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ 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.

☐ Other (see instructions) ▸

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from FATCA reporting code (if any)

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

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:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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-INT (interest earned or paid)
- 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 #	