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

Telephone:920.490.3939
800.216.3216
Fax: 920.490.6803
Website: www.oneida-nsn.gov
Email:Economic_Support@oneidanation.org

APPLICATION FOR GENERAL ASSISTANCE

All applicants must provide the following information:

☐Copy of Tribal Identification card or certificate of e nrollment
☐Proof of residence - **Must live in Brown or Outagamie CO**
☐ Verification of income in the last 30 days
☐ Verification of pending SS claim
☐Individual Support Plan
☐Medical Examination Capacity Form
(If unable to work due to health issues)

APPLICANT INFORMATION				
LAST NAME	FIRST NAME	MI	DOB	SSN
MAILING ADDRESS				UNIT#
CITY	STATE		ZIP	
PHYSICAL ADDRESS				UNIT#
PHONE NUMBER	TRIBAL AFFILIATION		ENROLLMENT #	
MARITAL STATUS	ARE YOU A VETERAN?		HIGHEST GRADE COMPLETED	

REASON FOR APPLYING FOR GENERAL ASSISTANCE

PLEASE DESCRIBE WHAT ARE YOUR MEDICAL/MENTAL BARRIERS

LIST ALL HOUSEHOLD MEMBERS & INCOME TYPE (EARNED OR UNEARNED)

Full Name	DOB	Relationship	Income Type	Monthly Amount	Tribal Affiliation

Revised 04/07/2022

EARNED INCOME & UNEARNED INCOME			
Check mark all your earned and unearned income received			
EARNED INCOME		**UNEARNED INCOME**	
☐ Wages/Salary **Employer:**	$	☐ Social Security Income	$
☐ Child Support/Alimony	$	☐ TANF	$
☐ Gifts/contributions	$	☐ Food Stamps	$
☐ Settlements	$	☐ Commodities	$
☐ Interest/Dividends	$	☐Foster Care Payments	$
☐Rental Income	$	☐ Other:	$
☐ Lottery/Gaming income	$		
☐ Tribal Per Capita	$		
☐Unemployment	$		
☐Veteran's Benefit	$		
☐ Workers Compensation	$		
☐ Other:	$		

Have you applied for disability? ☐Yes ☐No Date:_____

Have you applied for TANF? ☐Yes ☐No Date:_____

Have you been terminated from TANF past 90 days? ☐Yes ☐No

Are you Eligible to reapply for TANF? ☐Yes ☐No

Have you applied for other Resources/ Programs? ☐Yes ☐No
List: _____

BUDGET CALCULATIONS		
# of Adults:	# of Children:	Total Household Size:

What are your monthly essential expenses?

Shelter/rent: $_____
Utilities: $_____
Food: $_____
Clothing: $_____

Total Monthly Expenses: $_____

GENERAL ASSISTANCE STATEMENT OF UNDERSTANDING

It is the responsibility and requirement as the applicant to provide all required documentation with this application and complete all areas of the application. If the application is incomplete or missing documentation, it will be returned and denied.

Before the Bureau of Indian Affairs can give social services help, it must gather information about you and your family. The authority which authorized the Bureau to provide such help and to ask for the needed information is in the Act of Congress passed on November 2, 1921. It is published in Title 25 of United States Code at Section 13 and is usually called the Snyder Act. The only information you need to give is what is necessary for social services to decide if you qualify for help and that is the main purpose it will be used for.

Under the Privacy Act 5 U.S.C. 552(a) Section 7(a)(1)(2), social services cannot give out the information you give the caseworker with the exception being other Federal, State, Tribal offices and programs who have some responsibility with the social service for which you are applying. The information can also be given to those agencies when you ask them for a job or for some other benefits and for law enforcement purposes. This can be done without your written consent. For any other person or program requesting information from your case record file, you must first give your written consent. You have a right to know what information is in your case record and you can ask to see it. If you believe some information is inaccurate, ask your caseworker about how to change the information in the case record.

When you file an application for social services, you have a right to a written decision within 30 days, in some cases it may take 45 days. If you disagree with the decision, you may request a review of the decision by seeing your caseworker or their supervisor. You also may file an appeal and have a hearing. The policy for social services is in Title 25 of the Code of Federal Regulations at Part 20 and in Part 66 of the Bureau of Indian Affairs Manual.

The amount of grant assistance you may receive is based on state standards of public assistance less your income and resources. The information you provide must be accurate. If your circumstances change, you must report this to your social services office. In this way, social services can give you the proper assistance you are eligible to receive.

On the other side of this form is a copy of the application you completed for social services and it contains the majority of information used to decide your eligibility for social services.

Within limits of the authority, the social services program wants to help you. Ask your caseworker for more fully explain any of the information given above. If you give inaccurate information and receive assistance to which you are not entitled, you must pay it back.

The Federal Law concerning fraud states…"Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsified, conceals or covers up by any trick, scheme or device a material fact, or makes any false fictitious or fraudulent statements or representations or makes or uses any false writing or documents, knowing the same to contain any false fictitious or fraudulent statement or entry will be fined not more than $10,000 or imprisoned not more than five years or both."

General Assistance grants and monthly grant amounts are subject to change based on funding availability.

I certify that the responses I have given to the above questions and statements are to the best of my knowledge accurate, truthful, and without omission.

_____ _____

Applicant Signature Date

Office use only
Interviewed by: _____ Date:_____

ECONOMIC SUPPORT SERVICES
PO BOX 365
ONEIDA WI 54155

MEDICAL EXAMINATION & CAPACITY FORM

Name	Date of Birth	SSN

Name of Professional Provider	Professional Title
Office Address	City, State, Zip Code

The individual named above has applied for General Assistance, this form indicates that he/she has temporarily or permanently impaired by mental and/or physical deficiency, disability, illness, or injury. Making it close to impossible to secure employment. Thank you for taking the time to complete this form. We look forward to providing the best individualized service to your patient.

Diagnosis/Condition: (Include Physical, Mental Health, Learning Disabilities and AODA

_____

_____

Prognosis: (if the patient's condition is related to pregnancy, please enter the expected date of birth)

_____

_____

In what type of treatment plan is the patient involved for the symptoms mentioned? (Include the number of hours involved in a treatment program each week and/or treatment that needs to occur during a normal workday and the type of activities or treatment, examples: physical therapy, self-initiated or organized exercise program, smoking cessation program, weight loss program, and counseling).

_____

_____

_____

This individual may have his/her vocational capacity assessed. What, if any accommodations should be provided for this assessment?_____

Does this individual have a verified physical or mental impairment which by itself or in conjunction with age, prevents the individual from engaging in employment? _____

OTHER CONDITIONS:

Are there any more restrictions that exist?_____

Please recommend activities that may improve this individual's ability to live a healthier lifestyle or become employed:

□ Work Site Activities
□ Job Readiness/Life Skills workshops
□ Job Skills Training
□ Assessment and treatment program
□ Job Search
□ Adult Basic Education Classes
□ SSI or SS(D)I Advocacy
□ Counseling or Physical Rehabilitation

Additional Recommendations, Comments or Concerns: :

_____

Name of Professional Provider	**Title**	**Telephone Number** ( )
Signature of Professional Provider		**Date Signed**

RETURN FORM TO: Oneida Economic Support Services, PO Box 365, Oneida WI 54115
Phone: (920) 490-3939 ● Fax Number: (920) 490-6803

Revised 04/07/2022

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 #	