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

ONEIDA

Telephone:
920.490.3939
1.800.216.3216
fax: 920.490.6803
www.oneida-nsn.gov

Native Employment Works Program Application

Please allow 14 business days to process completed applications. If the application is incomplete or missing required verifications, you will receive notification. Applications are only valid for 30 calendar days. If you fail to provide the required verification's you must reapply.

Eligibility Criteria:
Oneida Nation enrolled members that are without dependent children and who are not a non-custodial parent, residing within Brown and Outagamie Counties; other enrolled Native Americans residing within the Oneida Reservation Boundaries. Assistance is available for unemployed, underemployed and employed whose income is at or below of the required 200% of the Federal Poverty Level. Benefits/services are subject to funding availability.

ALL APPLICANTS MUST PROVIDE REQUIRED VERIFICATIONS:

- Tribal Enrollment verification (Tribal ID or enrollment letter)
- Verification of address dated within the last 30 days (must be residing in Brown or Outagamie Counties)
- Verification of all household income for last 30 days (Earned and Unearned)
- Self-employed applicants must provide a self-employment income form or the most recent tax return documentation.

Request for service of Auto Repair, Auto Insurance, Work Clothes/Shoes, Tools, Fuel, Transit Pass - Must be employed 20 hours week and provide the following:

- Auto Repair - Two (2) estimates from ASE certified auto repair services (unless vehicle is not safe to drive then only one (1) must be noted on estimate), Driver's License, Vehicle Registration.
- Auto Insurance - Two (2) 6-month insurance quotes (no Online quotes or renewal notices), Driver's License
- Internet Assistance - Up to three (3) months (Verified new tele-commuting employer contract.)
- Professional facial/neck tattoo removal - Paid directly to the Vendor.
- Work Clothing/Shoes, Tools, Fuel, Transit Pass - Verification of new employment from employer on letterhead (listing contact information, start date, wage, hours, and pay frequency, list of required tools, clothing, shoes, etc. needed) or Employment Verification of Earnings (EVFE) must be submitted if letterhead not obtained

Request for service of Driver's License Fees, AODA Assessment, GED/HSED, and Training Fees –No Employment Required

- Verification of Short-Term Training Fees (less than 10 weeks)
- Verification of Court-Ordered AODA Assessment
- Verification of Group Dynamics
- Verification of GED/HSED testing fees from approved Institution
- Verification from DMV of Driver's License Reinstatement and or exam fees

Native Employment Works Program

CHECK ALL SERVICES YOU ARE APPLYING FOR

ONEIDA

OFFICE USE ONLY
Received _____
Documents needed _____
_____
_____
Intake _____
Caseworker _____

- ☐ AODA Assessment Work
- ☐ Clothing/Shoes/Tools
- ☐ HSED/GED Fees
- ☐ Internet Assistance
- ☐ Auto Repair, List how many vehicles owned in household: ____
- ☐ Driver's license Fees
- ☐ Work Tools
- ☐ Prescription Safety Glasses
- ☐ Auto Insurance
- ☐ Group Dynamics Safety
- ☐ Short-Term Training
- ☐ Fees Transit Pass/Fuel
- ☐ Towing Expense
- ☐ Professional facial/neck tattoo removal

Do you have any minor children? Yes No Are you currently ordered to pay child support? Yes No

If you have answered yes to this question, STOP and complete TANF Diversion Application

APPLICANT INFORMATION

Last Name:	**First Name:**	**M.I.**	**DOB:**	**SSN:**
Mailing Address:			**Apartment/Unit #**	
City:	**State:**	**ZIP:**	**County:**	
Physical Address:			**Apartment/Unit#**	
City:	**State**	**ZIP:**	**County:**	
Phone Number:	**Email:**			
Sex: (circle one): Female Male	**Marital Status (circle one): Single/never married Married living together Divorced Widowed**			
Are you a veteran: Yes No	**Highest grade attended:**	**Disabled: Yes No**	**Live on the reservation: Yes No**	
Enrollment #	**Tribal Affiliation:**			

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

Full Name	D.O.B	Relationship	Income Type	Monthly Amount	Tribal Affiliation

Please Provide Statement Below

Briefly describe your current situation and what you are requesting from the program:

_____

_____

_____

NEW EMPLOYMENT INFORMATION

Employer Name/Address	Start Date	Rate of Pay & Hours	Pay Frequency

Career Objective, Education, Skills

Do you have a current resume?	
Are you interested in mock interviews?	
Are you interested in additional training?	
What are some career skills you currently have?	
Do you have any career goals?	
What are some obstacles you may have that is preventing you from reaching your career goals?	

CURRENT VEHICLE OWNERSHIP – complete if applying for auto repair

Vehicle Make, Model, and Year	Insurance Provider

CONSENT FOR RELEASE/DISCLOSE & SIGNTURE

I consent to release any and all information necessary for the determination of benefits to be made on my behalf, and 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 will result in denial of benefits.

Applicant Signature:	**Date**:

REVISED 9/26/2022

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

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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 #	