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

Telephone: 920.490.3939
1.800.216.3216
Fax: 920.490.6803
Website: www.oneida-nsn.gov
Email: Economic_Support @oneidanation.org

Application/Eligibility Form
WIOA Program

Applicant name:		Date of Application:
Address:	County:	How long have you lived there?
Phone Number:	Date of Birth:	Social Security Number:
Email:	Tribal Affiliation:	Enrollment Number:
Gender: Male ☐ Female ☐	US Citizen: Yes ☐ No ☐	Marital Status: Single ☐ Married ☐ Divorced ☐
Highest School Grade Completed:	Currently in School?	If Yes, Where:
Do you have: GED/HSED ☐ HS Diploma ☐ College Degree ☐	Do you have a valid driver's license?	
Do you own a vehicle?	If 18 year old male, have you registered w/ selective service?	Veteran Status:
Are you a convicted felon?	If yes, what year:	
Other criminal convictions?	If yes, what year:	
If you answered "YES", does it stop you from getting a job?	Getting a better job?	
Are you currently employed? Yes ☐ No ☐	If not, when was the last date you worked?	
Do **you provide** more than 50% towards the support of any person other then yourself? Yes ☐ No ☐		
Do **you receive** more than 50% of our support from family members living with you? Yes ☐ No ☐		
Have you been in a Job Training Program?	If yes, when?	
Do you consider yourself: Unemployed ☐ Under employed ☐		

Below list all the jobs you have held over the last 12 months. List your current, or most recent, employer first. Please provide **ALL** information as completely and accurately as possible.

Employer Name and Address	Hours worked/week	Pay Rate/Hour	Date Started	Date left	Reason for leaving

Do you, or any household members receive any of the following?

W-2 or TANF	Y	N	Food Share or Food Distribution	Y	N
Supplemental Security Income (SSI)	Y	N	Unemployment Benefits	Y	N
Badger Care/ Medical coverage	Y	N	Workers Compensation/Unemployment	Y	N

Household income: list yourself and if married, your spouse. Only include other family members if you provide more than 50% of their support, or if you receive more than 50% of your support from them.

Family Member Name	Relationship	Income in the last 12 months	Source of listed income (wages, per capita, etc..)

Are you related to any staff person working in the WIOA (Workforce Innovation Opportunities Act) Employment and Training Program? If yes, what is the name of that staff person? _____

CERTIFICATION: I certify that I have reviewed the application and the information provided is, to the best of my knowledge, true and accurate. I am aware the information I have provided is subject to review and verification and I must provide verification documentation, when requested, to support the above information. I understand that refusal to provide requested documentation will result in denial of services and termination from the program. I am further aware that I am subject to immediate termination if I am found to have knowingly provided false information that has led to the expenditure of funds for direct services to me, or in my behalf and that all legal means available may be utilized to recover those costs from me.

Print Name of Applicant _____ Date _____

Applicant Signature _____ Date _____

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WIOA Barriers Assessment

Barriers are difficulties that you feel are beyond your control and often get in the way of what you want. Barriers can come from anywhere and are different for everyone. The following is a list of possible barriers. Check those that apply to you so that your case worker can properly assist you in reaching your goals.

Basic Education	
	I do not have a High School Diploma, GED, or HSED
	I have difficulty with reading or cannot read
	I have a hard time understanding what I read
	I have difficulty with math
	I have or had a Learning Disability in school
	I have trouble concentrating or staying focused
	I am dyslexic
	Find out what skills & experience I have that I can use in a job
	Prepare for job interviews
	Write a resume
	Learn about different jobs & what jobs are available
	Get more training

Personal, Home, and Family Life	
	I have concerns about or need help with basic needs (housing, food, clothing, ect)
	I am having difficulty paying my bills
	I have a hard time keeping or remembering appointments
	I am frequently late for appointments or events
	I have a hard time managing time
	I have concerns/problems in relationships
	I am having difficulty with parenting and/or would like help with parenting skills
	I have recently lost a friend or family member
	I am pregnant
	I have concerns for family members
	I have difficulty making new friends
	I have difficulty locating affordable housing
	I have difficulty managing my finances
	Other fear/concerns:

Legal Issues	
	I have felony convictions
	I have previous/pending charges making it difficult to find employment
	Concerns/questions about child support:
	Other concerns regarding legal issues:

Physical/Mental Health	
	I am currently being treated for a physical condition
	I am currently being treated for a mental health condition

CONT. Physical/Mental Health	
	I have concerns/needs with vision issues
	I have concerns/needs with dental issues
	I have concerns/needs with hearing issues
	I need assistance with medication
	I have/had issues with alcohol or other drugs
	Someone in my family has/had issues with alcohol or other drugs
	I have questions about counseling services
	I have concerns dealing with grief
	I have concerns with dealing with anger

Transportation	
	I don't have a valid driver's license
	I don't have a vehicle
	I need repairs to my vehicle
	I have little or no knowledge of public transportation
	I live outside of the city and there isn't a bus available

Child Care	
	I don't know where to get child care
	I can't afford child care
	I have children with different schedules
	I need all day/overnight child care
	My child needs specialized care

Other areas of concern

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WIOA Program
Agreement for Reimbursement of Expenses and Advances

Name of Participant: _____

Requesting Reimbursement for: _____

Amount: _____

I, the above identified consumer, understand that if fail to complete the educational goals or WIOA Program for which my application, registration, tuition, fees, and other expenses have been paid by the Oneida WIOA Program, I am required to repay the total cost of any and all the expenses paid on my behalf.

I further understand that if I fail to meet this obligation as written, all lawful means of collection will be followed for recovery of said costs.

I will not be reimbursed for purchases not in my IEP. I understand I must provide receipts for all items approved that I am requesting for reimbursement.

I understand all terms and provisions of this agreement and I am signing this agreement willingly, knowingly, and free from coercion, duress, or promises of any kind.

Participant Signature: _____ Date: _____

Counselor Signature: _____ Date: _____

Attach the receipts to this form

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Workforce Innovation & Opportunity (WIOA)

Authorization to Disclose and Release Information

I, _____ DOB _____, do hereby consent to authorize the release of information from any of the following sources to Oneida WIOA Program.

- ◯ Oneida Central Accounting
- ◯ Oneida Economic Support
- ◯ Oneida Enrollment Office
- ◯ Oneida Vocational Rehabilitation
- ◯ Other: _____
- ◯ Oneida Human Resources
- ◯ Oneida Social Services
- ◯ Oneida Higher Education
- ◯ Enrollment Office(s)

This Release of Information authorizes disclosure and discussion of agency records or case notes of above-named individual(s) for the purposes of:

- ◯ Eligibility Determination
- ◯ Case Management
- ◯ Individual Plan for Employment
- ◯ Other:

I understand that I may rescind this authorization at any time by notifying the Oneida WIOA Program in writing. I understand that may information collected will be kept confidential.

Participant Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____

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WIOA Program
Participant Grievance or Complaint Procedure

Participants of the Workforce Innovation and Opportunity Act (WIOA) Program have a right to file a complaint or grievance if they feel their rights have been violated while a participant of the program. The complaint and grievance procedure shall be done as follows:

1. If a participant in a WIOA program has a grievance or complaint, the first step is to try to resolve it orally by talking to their immediate Supervisor on the work site. If the problem is not resolved after an informal oral discussion, the participant may submit his/her grievance in writing within 10 days of the alleged occurrence to the WIOA Program Director. After the review of the grievance (which may include interviewing the various parties), the Director shall render a judgment within ten (10) working days.
2. If within 15 days of the complaint filing date the grievance continues the Governmental Services Department (GSD) Area Manager of the Oneida Nation will review the complaint.
3. If the judgement is not satisfactory to the parties, he/she may file a grievance with the U.S. Department of Labor for a final determination (Procedures will follow those at 20 Code Federal regulations 636.3).

U.S. Department of Labor
200 Constitution Ave NW
Room N-4643/122
Washington, D.C. 20210

Discrimination complaints filed under the provisions of WIOA Section can be directed or mailed to the Director, Civil Rights Center, U.S. Dept of Labor, Room 4123, 200 Constitution Avenue NW, Washington D.C. 20210 in accordance with 20 CFR, Part 37.

I have read and understand my rights under the Oneida WIOA Program.

Participant Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

Counselor 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 #	