



ONESS 477 Summer Youth Program Application

The program provides career exploration and work experience opportunities for youth ages 14-19 who are attending high school or returning to high school full-time in the fall. The program runs **June 15th – August 21st**. This will be paid employment up to 30 hours per week. **The application will be available from 3/02/26 – 3/27/26.**

Group Size	85% WI State Median Income
1	\$4,535.00
2	\$5,931.00
3	\$7,328.00
4	\$8,722.00
5	\$10,118.00
6	\$11,514.00
7	\$12,910.00
For each additional person	+\$1,396.00

Mission Statement

The ONESS 477 Program's mission is to promote work and personal responsibility to strengthen Oneida and other enrolled Native American families. We will work together with our customers and other community resources to promote program goals in a comprehensive manner while respecting individual dignity, culture, and self-worth.

Minimum Eligibility Criteria:

At least one person in the family group must be an Oneida enrolled tribal member living in the home and residing in Brown or Outagamie County **OR** be an enrolled member in any federally recognized tribe living in the home and residing on the Oneida Nation Reservation. Must not exceed the income limitations based on family size. Must be a United States citizen.

All applications require:

- ___ Tribal enrollment verification (tribal ID card or letter)
- ___ Proof of all household income for the last 30 days (TANF/W2, pay stubs, unemployment, SSI, SSDI, disability payments, workman's compensation, child support, alimony, veteran's benefits, etc.)
- ___ Proof of residency (post marked, dated piece of mail within the last 30 days or current utility bill)
- ___ Copies of the Birth Certificate & Social Security card for youth Applicant

The deadline to apply is Monday March 27, 2026. Any applications received after the deadline will be placed on a waiting list. The staff will contact the youth in the order that the applications were received. Once the work slots are filled, the remaining youth will be placed on a waiting list in the order his/her application was received. Youth that are on the waiting list will be contacted if a position becomes available.

Applications can be returned to the agency or emailed to Economic_Support@oneidanation.org. Any questions please contact the front desk at 920-490-3939.

YOUTH APPLICANT INFORMATION

Last Name	First	M.I.	Date of Birth
Physical Address			Apartment/Unit #
City	State	Zip	County
Social Security Number			
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, are you authorized to work in the U.S. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Educational Level Completed <input type="checkbox"/> 8 th <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th		Are you currently enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What school will you attend for the 2025/26 school year?		Email Address	

PARENT/GUARDIAN #1 INFORMATION

Parent/Guardian Name	Social Security Number		
Telephone #	County		
Address	City	State	Zip
Place of Employment		Work #	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Email Address	

PARENT/GUARDIAN #2 INFORMATION

Parent/Guardian Name	Social Security Number		
Telephone #	County		
Address	City	State	Zip
Place of Employment		Work #	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Email Address	

HOUSEHOLD MEMBERS (If more room is needed, attach a separate piece of paper)

Full Name	Date of Birth	Relationship to Applicant
1.		
2.		
3.		
4.		
5.		

PARENT INCOME INFORMATION – MONTHLY AMOUNT

<input type="checkbox"/> Employment \$ _____	<input type="checkbox"/> Food Stamps \$ _____	<input type="checkbox"/> Child Care Asst \$ _____
<input type="checkbox"/> Unemployment \$ _____	<input type="checkbox"/> Child Support \$ _____	<input type="checkbox"/> Housing Subsidy \$ _____
<input type="checkbox"/> Social Security \$ _____	<input type="checkbox"/> Per Capita \$ _____	<input type="checkbox"/> WHEAP \$ _____
<input type="checkbox"/> SSI \$ _____	<input type="checkbox"/> Workman's Comp \$ _____	<input type="checkbox"/> Commodities \$ _____

<input type="checkbox"/> Retirement \$ _____	<input type="checkbox"/> Disability \$ _____	<input type="checkbox"/> Other \$ _____
<input type="checkbox"/> VA/Military Benefits \$ _____	<input type="checkbox"/> Other \$ _____	

PARENT/GUARDIAN EMPLOYMENT INFORMATION

Employee	Employer Name/Address	Position	Wages / Frequency of Pay
1.			
2.			
3.			
4.			

CONSENT FOR RELEASE/DISCLOSE & SIGNATURE

I consent to release any and all information for the determination of benefits to be made on my behalf, to the ONES 477 Program. I understand this release may include 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 benefits.

Youth Signature	Parent/Guardian Signature	Date

YOUTH & PARENT: PLEASE COMPLETE THE SECTION BELOW REGARDING THE INTAKE APPOINTMENT THAT YOU'LL BE REQUIRED TO COMPLETE TOGETHER, THIS WILL BE AN IN-PERSON APPOINTMENT.

Preferred Time: AM PM Preferred Day: Mon Tue Wed Thur Fri