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

ONESS 477 Program Application

Mission Statement:

The ONESS 477 Program mission is to be committed to promoting work, personal responsibility, and long-term self-sufficiency for Oneida and other enrolled Native American families. The program provides a coordinated set of services designed to strengthen households, remove barriers to employment, and support economic stability.

Eligibility Criteria:

- Must be an enrolled federally recognized tribal member living in the home and residing in Brown County 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.

All SERVICES REQUIRE THE FOLLOWING VERIFICATIONS AT THE TIME OF APPLICATION: (More documentation may be needed dependent on services requested)

- Tribal enrollment verification (Tribal ID card or enrollment letter)
- 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 or self-employment income report form)
- Proof of residency (postmarked piece of mail within the last 30 days or current utility bill)
- Cash Assistance Applicants: Six job search verifications if not employed. If applying online, must submit email verification received from employer for position you applied for.

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 be denied and must reapply. Please allow 14 business days to process. A ONESS 477 Case Manager may contact you within 14 business days to schedule an appointment if needed.

SERVICES AND REQUIRED VERIFICATION LISTED ON THE NEXT PAGE

PLEASE CHECK ALL SERVICES YOU ARE APPLYING FOR

☐AODA Assessment, Driver's Safety, Group Dynamics, Multi Offender

Verification of court ordered AODA assessment, driver's safety, group dynamics, multiple offenders.

☐AODA Treatment/Mental Health Facility

Invoice for the facility and a referral from the Provider.

☐Auto & SR22 Insurance

Two six-month insurance quotes with matching coverage levels if you have no current provider or copy of premium your renewal notice.

☐Auto Registration fee

Employment & Verification from Department Motor Vehicle (DMV)

☐Auto Repair/Diagnostic Testing

Valid WI Driver's License, Valid Vehicle Registration, Proof of Insurance, Two estimates from an ASE certified auto repair mechanic (unless the vehicle is not safe to drive & is noted on estimate), Estimate for Diagnostic Testing.

☐Birth Certificates

☐Caretaker Relative Support

Verification of court order, emergency, voluntary and/or where the child may have been abandoned. Will accept written verification from ICW/CPS/Social Worker. (Items include bedding, clothing, shoes, and newborn items)

☐Childcare Assistance

Applicant is responsible for finding a childcare provider. Provide copy of work/education schedule.

☐Cultural Relevant Services that promote wellness

Verification of local class/event listing the fee.

☐Driver's License/Occupational/Exam/Reinstatement Fees, Driver Instruction Course for Adults

Verification from Department Motor Vehicle (DMV) of fees. Verification of driver instruction course for adults.

☐Domestic Violence Supportive Services

Verification of DV incident which can include a police report, or a referral completed by an existing DV program.

☐Short-Term Accredited Educational Expense for Job Advancement

Verification from employer indicating advancement, cost of course, tuition, and books. Verification of denial of funding from other sources such as Higher Education or the school as this assistance is a last payor resort.

☐Household Items

Verification of temporary interruption of income within the last 60 days (examples: loss of wages due to illness/injury major appliance repair/replace, vehicle repair, or expense of $100 or more).

☐Ignition Interlock Device Installation

Verification of required device in vehicle, cost of installation, and first two (2) monthly fees.

☐Medical Lodging and/or Fuel Assistance

Verification of family group members who are hospitalized for an extended period of time.

☐Minor Student Drivers Ed Course

Driver Instruction Class information. Minor student must submit current report card listing a 'C' average or higher.

☐Newborn Assistance

Copy of birth announcement for children up to the age of 12 weeks.

☐Professional License/Certification Fees

Must be employed in field or have a verified job offer pending. Limited once per lifetime.

☐Relocation Supportive Service

Verification of full-time job offer where applicant is relocating to another city/town which is more than 100 miles away from where they currently reside. This is a once per lifetime assistance.

☐Rent/Security Deposit

Landlord Verification Form, Current Rental Lease Agreement/Mortgage Statement, Verification of temporary interruption of income within the last 60 days. If homeless for 30 days or more must provide verification from the temporary place of shelter.

☐Towing Fees

Verification of Towing fees

☐Traffic Fines

Verification of traffic fines showing the amount owed. Repeat traffic offensives and parking tickets are not eligible.

☐Transportation Support Services (Bus, Oneida Transit, Taxi, or Fuel)

Valid WI Driver's License, employment verification.

☐Tribal Enrollment/ID Fees

☐Utilities

Utility or disconnection notice (you must first apply with Energy Assistance Program) Proof of last three (3) months of consecutive payments. Verification of temporary interruption of income (example loss of wages due to illness/injury more than three (3) consecutive days, purchase of major appliance or vehicle repair expense of $100 or more in the last 60 days)

☐Work clothes/shoes/tools**

Verification of new employment on letterhead (to include employer name and address, start date, wage, hours, and pay frequency, list of required tools, clothing, shoes, required) or TANF Employment Verification Form (provided by agency)

☐Youth Sports Fee

Verification of invoice/estimate of youth sport fees.

ONESS 477 Program

Office Use Only

Caseworker: _____

☐ Cash Assistance (monthly income must be '0')

Date Assigned: _____

Applicant Information			
Last Name:	First Name:	MI:	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			
How are you related to the children on the application?		Sex: ☐ Female ☐ Male	
Are you a non-custodial parent?	Do you pay Child Support?	List Child Support Agency:	
Current source of income earned/unearned list all:			
Are you a veteran? ☐ Yes ☐ No If yes, Date of Discharge:		Are you disabled? ☐Yes ☐ No	
Selective Service Registered? (Male 18 YOA or older): ☐Yes ☐ No ☐NA		If yes, SSR #:	
Have you been involved or impacted by the justice system? ☐Yes ☐ No		Highest Grade Completed: Year Graduated:	

Co Applicant Information			
Last Name:	First Name:	MI:	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			
How are you related to the children on the application?		Sex: ☐ Female ☐Male	
Are you a non-custodial parent?	Do you pay Child Support?	List Child Support Agency:	
Current source of income earned/unearned list all:			
Are you a veteran? ☐ Yes ☐ No If yes, Date of Discharge:		Are you disabled? ☐Yes ☐ No	
Selective Service Registered? (Male 18 YOA or older): ☐Yes ☐ No ☐NA		If yes, SSR #:	
Have you been involved or impacted by the justice system? ☐Yes ☐ No		Highest Grade Completed: Year Graduated:	

LIST ALL OTHER ADULTS IN HOUSEHOLD

Full Name	Relationship	Monthly Income	Cost Share	Tribal Affiliation

CURRENT VEHICLE OWNERSHIP (List # of Vehicles for all Family members in household)

Applicant Name	Make, Model, and Year of Vehicle	Registration	Insurance Provider	Length of Ownership

CHILD INFORMATION: Please write the name of ALL children in the household or that you provide support for		
Childs Name:	DOB:	List Current custody/placement of child:
Relationship to Head of Household: County of Child Support Order: Name of Absent Parent:		School Child Attends & Grade Level:
Social Security #:	Tribal Enrollment	☐ Female ☐ Male US Citizen:
Childs Name:	DOB:	List Current custody/placement of child:
Relationship to Head of Household: County of Child Support Order: Name of Absent Parent:		School Child Attends & Grade Level:
Social Security #:	Tribal Enrollment	☐ Female ☐ US Citizen:

If additional children, please add on a separate sheet and attach to the application.

Childs Name:	DOB:	List Current custody/placement of child:
Relationship to Head of Household: County of Child Support Order: Name of Absent Parent:		School Child Attends & Grade Level:
Social Security #:	Tribal Enrollment	☐ Female ☐ US Citizen:

CURRENT HOUSEHOLD EARNED INCOME FOR ALL ADULTS

What is the highest wage you've had in the last 6 months:

Applicant Name	Employer Name/Address	Dates of Employment	Hours Per Week/Wages	Quit/Fired in the last 60 days?

CURRENT HOUSEHOLD UNEARNED INCOME (Unemployment Benefits, SSI, SSDI, Survivor Benefits, Retirement Benefits, Veteran's Benefits, TANF/W2 Payments, Fostercare Payments, Kinship Payments, Worker's Compensation, General Assistance, Child Support/Alimony)

Name:	Type of Income:

DOES YOUR HOUSEHOLD RECEIVE ANY OF THE FOLLOWING:

Foodshare: ☐Yes ☐ No	Receive Subsidized Housing: ☐Yes ☐ No	Receive Medical Assistance: ☐Yes ☐ No
Monthly amount of Foodshare received:	Receive Subsidized Childcare: ☐Yes ☐ No	Monthly Amount of Subsidized Childcare:

Please Provide Statement Below

You MUST describe your current situation that helps the program determine the best services. (Must be completed or application will be returned):

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 ONESS 477 Program. 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. I have read and understand requirements for receiving assistance with ONESS 477 Program and further acknowledge my understanding by signing below.

Applicant Signature:	Co Applicant Signature:
Date:	Date:

OFFICE USE

Application Status: ☐Approved ☐Denied ☐Internal Referral	
Comments	
Case Manager Signature:	Date:

ONESS 477 Program
Declaration of No Income/No Bank Accounts

(One form per person claiming no income and/or no bank account)

Applicant Name: _____Date of Birth: _____

☐ I hereby certify that I do not individually have bank accounts (example: CashApp, Wells Fargo, Venmo, etc.)
☐ I hereby certify that I do not individually receive income from any of the following sources:

a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
b. Income from the operation of a business;
c. Rental income from real or personal property;
d. Interest or dividends from assets;
e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
f. Unemployment or disability payments;
g. Public assistance payments;
h. Periodic allowances such as alimony, child support, or cash gifts received from people not living in my household;
i. Sales from self-employed resources (Arts, Crafts, Food Sales, Etc.)
j. Winnings (BINGO, On-line Games, etc.)
k. Commercial Fishing or other seasonal work
l. Any other source not named above.

Choose one: (If you are claiming no income)

☐ Currently, I have no income of any kind, but I have an employment letter/job offer, my employment starts __/__/____.
☐ Currently, I have no income of any kind and while I am seeking employment, I have no definite job offer currently.
☐ Currently, I have no income of any kind, and I will not be seeking employment at this time.

My basic living needs (shelter, food, utilities) have been paid for with the assistance of the person indicated below or as described below:
Name: _____Phone: _____
Address: _____
Describe:_____
_____

I hereby certify the information contained in the Declaration of No Income is complete and accurate to the best of my knowledge. I understand that I am signing this Declaration under the Penalty of Criminal Prosecution if I knowingly give false information, which results in assistance being distributed to an individual/family who is not eligible for such assistance.

Signature: _____ Date: _____

ONESS 477 Program
Client, Rights, & Responsibilities

Your Responsibilities as a Client

To keep your services active, please follow these expectations.

- Be respectful: Speak politely, avoid yelling, cussing at staff, threats, or intimidation.
- Be honest: Provide true information and documents; report changes.
- Attend appointments and return calls.
- Participate in your Individual Success Plan (ISP).
- For Cash Assistance: meet work/school requirements and cooperate with Child Support and actively look for work.
- For Child Care: maintain approved activity, ensure child attendance, report changes within 10 days.
- For Child Care: You may be responsible for child care costs that are not paid by the ONESS 477 Program including: unauthorized child care hours, costs not included in the ONESS 477 Program payment, such as, transportation, meals, field trips, diapers, outside services.

Behaviors That May Affect Services

- Disrespectful behavior such as yelling, cussing at staff, or refusing to stop disruptive behavior.
- Threatening or unsafe behavior including threats or physical aggression.
- Missing required activities, deadlines, or repeated no-shows.
- Providing false information or documents.

How ONESS Handles Behavior Concerns

- Verbal Warning: We explain the concern and how to fix it.
- Written Warning: You receive a letter explaining the issue and how to correct it.
- Suspension: Services pause for a set time with steps to restart.
- Termination: Services end if issues continue or are serious.

Your Rights

- You will be treated with dignity, and your information will be kept confidential.
- You will receive written notice of any decision about your services.
- You may appeal decisions by writing to the Program Manager, then to the Director.

Grievance Process:

Submit a written complaint to the ONESS 477 Manager. An informal meeting with the ONESS 477 Manager will be scheduled to discuss the complaint and an informal and/or written decision regarding the complaint will be made.

Appeals Process:

If you are unsatisfied with the informal decision, you may submit a written request within twenty (20) days of the informal decision for a formal review of your appeal to the ONESS 477 Manager. The ONESS 477 Manager will review the appeal and all supporting documentation and will make a formal decision as to the appropriate actions to be taken. The ONESS 477 Manager will then issue a written response within twenty (20) days of the formal decision.

Acknowledgment

I have read and fully understand my rights and responsibilities, and the grievance process available to me as an ONESS 477 program participant.

Applicant Name (print): _____

Applicant Signature: _____ Date: _____

Case Manager 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:

_____

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

Oneida Nation Contact: _____ 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.

_____

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 #	