



**LAC COURTE OREILLES  
TRIBAL TEMPORARY ASSISTANCE  
FOR NEEDY FAMILIES (TANF)**

13394W Trepania Rd.  
Hayward WI 54843  
PH 715-634-8934  
FAX 715-634-0014

**REQUIRED DOCUMENTS**

**THE FOLLOWING DOCUMENTS ARE REQUIRED TO COMPLETE YOUR TRIBAL TANF APPLICATION**

- Birth Certificates (Must include for everyone in the Tribal TANF Unit)
- Gross Earned Income/Paystubs Last 30 DAYS (Employment, including Self-Employment)
- Gross Unearned Income Last 30 DAYS (Child Support, Per Capita, Pension, SSI/SSDI, Unemployment...)
- Tribal ID for all tribal members (Letter of decendency from Enrollment, Tribal ID cards)
- Residency Verification (i.e. Utility Bills, Rent Receipt, housing statement, Lease Agreement )
- Social Security Cards (Must include for everyone in the Tribal TANF Unit)
- Custody/placement verification (i.e. Tribal ICW or DCF/CFS document, Court Orders...)
- Child Support Verification (i.e. Child support payment, Paternity verification, Court Orders-custody...)
- School/College (Adult & Children) Verification

Your Tribal TANF Application Must Be Completed which includes all required documents attached. Your Tribal Application will be verified and dated as received after all documents and forms are complete. If all required documents are not received within ten (10) days, this application will become null and void.

***My signature validates completion of this application and agree to its' content;***

**Print 1st. Client Name:** \_\_\_\_\_

and Client **Sign:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print 2nd. Client Name:** \_\_\_\_\_

and Client **Sign:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Case Manager Signature: \_\_\_\_\_ **Date:** \_\_\_\_\_

For Office Use Only:	WHEN VERIFIED:	RECEIVED-DATE	AND	INITIAL
Birth Certificates		Date: _____		Initial: _____
Social Security Cards		Date: _____		Initial: _____
LCO Tribal ID/LCO Enrollment verification Letter		Date: _____		Initial: _____
Gross Earned Income--last 30 days		Date: _____		Initial: _____
Gross Unearned Income--last 30 days		Date: _____		Initial: _____
Foster Care/Kinship Care Payments		Date: _____		Initial: _____
Tribal ICW or DCF/CFS Custodian Document		Date: _____		Initial: _____
Legal Custody Document		Date: _____		Initial: _____
Legal Placement Document		Date: _____		Initial: _____
Residency		Date: _____		Initial: _____
Child Support Verification		Date: _____		Initial: _____
Other:		Date: _____		Initial: _____



**LAC COURTE OREILLES TRIBE**  
**TEMPORARY ASSISTANCE FOR NEEDY FAMILIES**

13394W Trepania Road  
 Haywawrd WI 54843

Phone: 715-634-8934

Fax: 715-634-0014

<b>FOR OFFICE USE ONLY</b>		<b>TIER:</b>	
<input type="checkbox"/> New Application	<input type="checkbox"/> Reopen	<input type="checkbox"/> Recertify	
<input type="checkbox"/> One Parent	<input type="checkbox"/> Two Parents	<input type="checkbox"/> Child Only	
Intake Date ↑	Face to Face Date ↑	Director Approval Date ↑	

APPLICATION FOR ASSISTANCE-----PLEASE READ ENTIRE APPLICATION FORM AND COMPLETE EACH SECTION

**HEAD OF HOUSEHOLD INFORMATION**

1. Head of Household Name:		Last:	First:	Social Security #	Date of Birth
Physical Address:		City:	State:	Zip Code:	Tribal Affiliation <b>AND</b> Enrollment Number:
Mailing Address if different		City	State	Zip	Phone Numbers
Applicant's Marital Status					
(Check one)	Single:	Married:	Divorced:	Separated:	

**PRIOR TANF OR W-2**

2. Have you ever received Tribal/State TANF or W-2 assistance in the past?			Yes	No	----- <b>(Skip to number 3)</b>
If YES, please provide State, Type and Date(s) of assistance received:		Type:	Dates:		
Contact name and phone number for County or Tribe you received Assistance:					

**HOUSEHOLD COMPOSITION**

3. Household Members: List ALL Household members, beginning with Head of Household. Include ALL tribal enrollment numbers.									
Name:	First	Middle	Last	Social Security #	Relation	Age	DOB	Gender	
1)					<b>SELF</b>				
2)									
3)									
4)									
5)									
6)									
7)									
8)									
Are all household members US Citizens?				Yes	No	List member who is not:			

<b>3a. VETERANS PRIORITY:</b> Are you or anyone in your household a Veteran who is entitled to receive priority services who has served at least one day in Active Military service and who wa discharged or released from services under any condition other than dishonorable?			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Please attach a DD214 Copy if the answer is yes to 3a and/or 3b.			
<b>3b.</b> Are you an eligible spouse of a veteran who did active duty?			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>LEGAL ISSUES</b>			
<b>4.</b> Have you, or any household members, ever been convicted of a felony?			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>4a.</b> Type of Restrictions:		Any/What Legal Barrior:	
<input type="text"/>		<input type="text"/>	
<b>4b.</b> Have you ever been disqualified from a Food Stamp or Welfare Program:			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
When:		Where:	Why:
<input type="text"/>		<input type="text"/>	<input type="text"/>
<b>CHILD SUPPORT</b>			
<b>5.</b> Does Absence of a Legal Parent (biological or adoptive) exist?			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
YES -Full Name:		DOB:	Mo/Yr Parent Left:
<input type="text"/>		<input type="text"/>	<input type="text"/>
YES -Full Name:		DOB:	Mo/Yr Parent Left:
<input type="text"/>		<input type="text"/>	<input type="text"/>
<b>5a.</b> Are you in cooperation with Child Support Agency?			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Where:		<input type="text"/>	
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Where:		<input type="text"/>	
<b>5b.</b> Do you receive Child Support payments?			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes-what children: <input type="text"/>			
<b>5c.</b> Provide name of child support agency:			
TRIBE:		COUNTY/CITY:	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>
TRIBE:		COUNTY/CITY:	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>
<b>HEALTH</b>			
<b>6.</b> Are you requesting help for anyone in your household who is pregnant?			
Yes	<input type="checkbox"/>	Name:	No <input type="checkbox"/>
Expected delivery date:		<i>TANF ASSISTANCE can begin at the third trimester of pregnancy</i>	
<input type="text"/>		<input type="text"/>	
<b>6a.</b> Do you or anyone in your household have a disability?			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Who:	Type of disability:	Medical document:	No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Who:	Type of disability:	Medical document:	No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>SUPPORTIVE SERVICES</b>			
<b>7.</b> Is anyone in your household receiving or applied for Supportive Services?			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If no----(Skip to Question number 8)			
<b>Type of assistance applied for</b>		<b>Applied:</b>	<b>Receive:</b>
<b>Source Contact:</b>			
State or Tribal Vocational Rehabilitation:	Date:	Date:	Name/Ph:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Native Employment Works (N.E.W.):	Date:	Date:	Name/Ph:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
State or Tribal Energy Assistance:	Date:	Date:	Name/Ph:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Salvation Army or other similar type:	Date:	Date:	Name/Ph:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

BIRTH TO THREE:	Date:	Date:	Name/Ph:
MINOMAAJISEWIN:	Date:	Date:	Name/Ph:
OTHER:	Date:	Date:	Name/Ph:

**INCOME**

<b>8. Has anyone applied for, or is currently receiving income from the following resources?</b>							
Type of Income	Applied for?		Receiving		Recipient Name	Amount	How Often
Child Support	Yes	No	Yes	No			
General Assistance	Yes	No	Yes	No			
Insurance/Settlement	Yes	No	Yes	No			
Per Capita Income	Yes	No	Yes	No			
SSI-Disability	Yes	No	Yes	No			
Social Security/Retirement	Yes	No	Yes	No			
Social Security/Survivor	Yes	No	Yes	No			
Unemployment Compensatn	Yes	No	Yes	No			
Veterans Benefits	Yes	No	Yes	No			
Worker's Compensation	Yes	No	Yes	No			
Other:	Yes	No	Yes	No			
<b>8a. Are you receiving Food Share?</b>		Yes	No	Amount \$	Tribe/State:		
<b>8b. Do you or anyone in your household have Medicaid / Medicare coverage?</b>				Yes	What State/Tribe:		No

**EDUCATION-ADULTS**

<b>9. SCHOOL/COLLEGE: Complete for Each PARENT</b>		<b>HEAD OF HOUSEHOLD:</b>		<b>Diploma?</b>	<b>OTHER PARENT:</b>		
Parent Name:							
Highest Grade Level Completed:							
High School Graduate?	Yes	Year:	No		Yes	Year:	No
Do you have an HSED / GED?	Yes	Year:	No		Yes	Year:	No
Currently in School / College?	Yes	Year:	No		Yes	Year:	No
If Yes, where?							
What is your major?	Major:				Major:		
List any other training/education/job skills received.							

**EMPLOYMENT: CURRENT AND PAST**

10. EMPLOYMENT: Complete for Each PARENT		HEAD OF HOUSEHOLD		OTHER PARENT	
NAME					
Are you currently Employed?		Yes	No	Yes	No
If YES, Employer Name & Address					
Start Date					
# Hours Work per week					
Are you under Workforce Investment Act (WIA)		Yes	No	Yes	No

10a. EMPLOYMENT INTERRUPTION	HEAD OF HOUSEHOLD		OTHER PARENT	
Has anyone left a job in the past 6 months?	Yes	No	Yes	No
If yes, please describe				
Anything prevents you from gainful employment now?	Yes	No	Yes	No
If yes please describe.				

10b. Are you or anyone in your household currently self-Employed?				YES	NO	----(Skip to number 10c)
Name	Type of Employment		How Long?	Hrs./Wk.	Monthly	
	Business Name				Gross Income	

10c. PREVIOUS EMPLOYMENT	HEAD OF HOUSEHOLD		OTHER PARENT			
*Employer Name:			*Employer Name:			
Employer Address:			Employer Address:			
Start Date:	End Date:		Start Date:	End Date:		
Job Duties/Skills:			Job Duties/Skills:			
Reason Job Ended:			Reason Job Ended:			
*Employer Name:			*Employer Name:			
Employer Address:			Employer Address:			
Start Date:	End Date:		Start Date:	End Date:		
Job Duties/Skills:			Job Duties/Skills:			
Reason Job Ended:			Reason Job Ended:			

**EDUCATION--CHILDREN/MINORS**

11. CHILDREN SCHOOL INFORMATION (Please provide complete information for EACH CHILD)										
<b>Child # 1</b>						<b>Child # 2</b>				
NAME:						NAME:				
LCO Tribal Enrollment number:						LCO Tribal Enrollment number:				
Currently in School?	Yes	No				Currently in School?	Yes	No		
YES? Name of School						YES? Name of School				
What grade currently completed?						What grade currently completed?				
<b>Child # 3</b>						<b>Child # 4</b>				
NAME:						NAME:				
LCO Tribal Enrollment number:						LCO Tribal Enrollment number:				
Currently in School?	Yes	No				Currently in School?	Yes	No		
YES? Name of School						YES? Name of School				
What grade currently completed?						What grade currently completed?				
<b>Child # 5</b>						<b>Child # 6</b>				
NAME:					NAME:					
LCO Tribal Enrollment number:					LCO Tribal Enrollment number:					
Currently in School?	Yes	No			Currently in School?	Yes	No			
YES? Name of School					YES? Name of School					
What grade currently completed?					What grade currently completed?					
<b>Child # 7</b>					<b>Child # 8</b>					
NAME:					NAME:					
LCO Tribal Enrollment number:					LCO Tribal Enrollment number:					
Currently in School?	Yes	No			Currently in School?	Yes	No			
YES? Name of School					YES? Name of School					
What grade currently completed?					What grade currently completed?					

**ASSETS**

12. Do you or anyone in you household have the following ASSETS?						
Type of Asset			Who:	Amount:	Financial Institution:	Account Number:
Cash on Hand	Yes	No				
Checking Account	Yes	No				
Savings Account	Yes	No				

<b>12a. Do you or any household member own any vehicles? (car, truck, ATV, etc.)</b>				<b>Yes</b>	<b>No ----(Skip to Question 13)</b>
Name(s) Registered Owner(s)	Type of Vehicle	Model	Year	Value	Amt. Owed

<b>12b. Do you have a valid driver's license?</b>	Yes	No	DL #:	
Other household member have a valid driver's license?	Yes	No	DL #:	

**EXPENSES**

<b>13. Do you pay Support to Anyone?</b>		Yes	No ---- (Skip to Question 14)
Amount	Name of Person Paid Support	Name of Child(ren)	

<b>14. Are you obligated to pay a Housing Expense?</b>				<b>Yes</b>	<b>No ----(Skip to Question 14a)</b>
Type (Check One)			Monthly Amt.	Name/Address of Landlord	
Rent	Yes	No	Mortgage	Yes	No

<b>14a. If you are NOT obligated to pay a Housing Expense, Please check one:</b>	<b>Own Home:</b>	<b>Shelter provided at \$0:</b>
--	------------------	---------------------------------

<b>15. Are you obligated to pay for Utility Expenses?</b>				Yes	No ----(Skip to Signature Section)
Utility	Name of Provider	Utility	Name of Provider	Utility	Name of Provider
Electric		Fuel		Water	

**SIGNATURES**

I have read (or had read to me) and understand the information in this application. I declare under penalty of perjury, information I provided on this application is true, correct and complete to the best of my knowledge. I understand that if I (we) receive LCO Tribal TANF cash grants, because I have made willful false statements or because I have willfully failed to report information required, I (we) are obligated to repay the amount of funds received. All adult members of the household for TANF benefits **MUST SIGN AND DATE THIS APPLICATION.**

<b>Head of Household Signature:</b> _____	DATE: _____
<b>Spouse/significant Other Signature:</b> _____	DATE: _____

**For Office Use:**

Case Manager Notes: _____
Program Director signature _____ Date _____



LAC COURTE OREILLES TRIBE

13394W Trepania Road
Hayward WI 54843
Phone: 715-634-8934
Fax: 715-634-0014

- TANF
WIOA
NEW

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES
WORKFORCE INNOVATION OPPORTUNITY ACT
NATIVE EMPLOYMENT WORKS

AUTHORIZATION

I, \_\_\_\_\_ DOB: \_\_\_\_\_ CIF: \_\_\_\_\_
(PRINT NAME)

authorize LCO TRIBAL TANF/WIOA/NEW Program to have reciprocal communication about the information listed: Type of Disclosure includes:

- Earned Income Residency/Housing Authority Courts
Unearned Income Child Support Agencies Child Care Provider Payments
School Records ICW/Child Welfare Family/Friends
Tribal Per Capita Payments Other: \_\_\_\_\_

The purpose of this Disclosure is to determine eligibility and compliance for the LCO Tribal TANF/WIOA/NEW Program. Specific information to be disclosed include:

- Child Support Verifications Criminal Report Court-Orders-paternity/custody/placement
Wages Referrals ICW-Parent/Child verification
School Attendance Employer Verification Child Care Payments
Driving Records Residency Verification Other: \_\_\_\_\_

This information is required for eligibility determination/continuation of benefits and support services to above named client. This information could also include the progress summaries, attendance verification, and/or establishment of good cause for non-cooperation with Child Support requirements.

I understand that I may revoke this authorization in writing at any time except where information has already been received because of this authorization.

This authorization will automatically expire one (1) year from the date of signature unless indicated and initialed below.

As evidenced by my signature, I hereby authorize the disclosure of records to Lac Courte Oreilles Tribal TANF/WIOA/NEW Program.
Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_
Information is held in confidence and utilized for approval for cash benefits and supportive services.
TANF/WIOA/NEW Personnel Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Otherwise, this authorization expires as of: \_\_\_\_\_

A COPY OF THIS RELEASE IS AS VALID AS THE ORIGINAL





**LAC COURTE OREILLES  
TRIBAL TEMPORARY ASSISTANCE  
FOR NEEDY FAMILIES (TANF)**

13394W Trepania Rd.  
Hayward WI 54843  
PH 715-634-8934  
FAX 715-634-0014

**COOPERATION WITH CHILD SUPPORT-PATERNITY-CUSTODY-PLACEMENT REQUIREMENT**

- The LCO Tribal TANF Program will work collaboratively with Tribal, County, and State of WI Child Support and Law Enforcement Agencies whose purpose is to establish paternity, locate work with the absent parent in financially providing support for their children. If the TANF participants/caretakers are not cooperating with Child Support Agencies, they will not be eligible for any type of assistance until the LCO TANF Program receives documented verification from Child Support Agencies that the participants/caretakers are cooperating.
- In accordance with provisions set forth in 45 CFR 286.75(8), LCO TANF Program requires cooperation with Child Support Agencies, except when to do so would place child and parent in grave danger. A protection court order issued by court and completed "GOOD CAUSE" claim form must be filed with TANF to protect parent and child.
- The Tribe does not require assignment of Child Support Benefits to the LCO TANF Program. Benefits may go directly to the family. Child Support Benefit distribution will be determined by your Child Support Agency.
- It is the responsibility of the TANF Participant to report all monthly child support payments received. This will be determined as "**unearned income**" and **counted** in calculating your TANF Cash Benefit each month.

**AUTHORIZATION STATEMENT**

I, (print name) \_\_\_\_\_ hereby voluntarily authorize the disclosure of information and documents between **Child Support Agencies** and **LCO TANF program** to determine paternity, custody, physical placement of children. This establishes financial/nonfinancial eligibility, employment related services, parental responsibility and reporting requirements. I understand my records are protected under Federal regulations governing confidentiality and cannot be disclosed without my written consent, unless otherwise provided for in the regulations.

TANF Participant Sign: \_\_\_\_\_ Date: \_\_\_\_\_

**TANF REQUESTOR SIGN:** \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY OTHER AGENCY:**

initials	initials	initials
Child of Interest/DOB _____	Child of Interest/DOB _____	Child of Interest/DOB _____
_____	_____	_____

Verification of cooperation/non-cooperation status of the TANF client:

- IS cooperating with the Child Support Agency**
- Has completed LCO Child Support Application
- Has completed Paternity Interview (if applicable)

**NOTE:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- IS NOT cooperating with the Child Support Agency**

Print Name/Title: \_\_\_\_\_

Agency verifying information: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## REFERRAL TO CHILD SUPPORT PROGRAM

1. Tribe providing TANF	2. TANF Amount/Freq. \$	3. Date Grant Effective	4. Referral Type <input type="checkbox"/> Initial <input type="checkbox"/> Case Change	5. Case Type <input type="checkbox"/> TANF <input type="checkbox"/> MA <input type="checkbox"/> FS <input type="checkbox"/> KINSHIP/FOSTER CARE
-------------------------	----------------------------	-------------------------	--	---

### I. CUSTODIAL PARENT

6. Last Name, First, MI		7. Maiden Name		8. Birthdate		9. SSN (Optional for Foster Parent)		
10. Address – Street			City	State	Zip	Apt#	P.O. Box	11. Telephone
12. Tribal Affiliation					13. Tribal ID#			
14. Relationship with Child(ren)		15. Name and Address of Employer					16. Telephone	

### II. ABSENT PARENT

17. Last Name, First, MI			18. Maiden Name		19. Birthdate		20. SSN		21. Sex <input type="checkbox"/> M <input type="checkbox"/> F
22. Last Known Address -			City	State	Zip	Apt#	P.O. Box	Date	23. Telephone
24. Tribal Affiliation					25. Tribal ID#				

### COMPLETE THE REST OF THIS SECTION ONLY IF BOTH PARENTS ARE ABSENT

26. Last Name of Other Parent/Minor Mother, First, MI				27. Birthdate		28. SSN		29. Sex <input type="checkbox"/> M <input type="checkbox"/> F	
30. Last Known Address -			City	State	Zip	Apt#	P.O. Box	Date	31. Telephone
32. Tribal Affiliation					33. Tribal ID#				

### III. CHILDREN OF ABSENT PARENTS

34.	Name	Sex	SSN	Birthdate	MA	Tribal Affiliation	Tribal ID#
1		<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Y <input type="checkbox"/> N		
2		<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Y <input type="checkbox"/> N		
3		<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Y <input type="checkbox"/> N		
4		<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Y <input type="checkbox"/> N		
5		<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Y <input type="checkbox"/> N		
6		<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Y <input type="checkbox"/> N		
Caseworker Name – Please Print			Telephone – Ext.			Date	

### COMMENTS:

\_\_\_\_\_



LAC COURTE OREILLES  
TRIBAL TEMPORARY ASSISTANCE  
FOR NEEDY FAMILIES (TANF)

13394W Trepania Rd.  
Hayward WI 54843  
PH 715-634-8934  
FAX 715-634-0014

NOTIFICATION TO CLAIM "GOOD CAUSE"

DETERMINATING COOPERATION WITH CHILD SUPPORT

- The LCO Tribal TANF Program will work collaboratively with Tribal, County and State of WI Child Support, and Law Enforcement Agencies whose purpose is to establish paternity, locate and work with the absent parent(s) in financially providing support for their children.
- In accordance with the provisions set forth in 45 CFR 286.75(8), the LCO Tribal TANF program will require cooperation with child support agencies, **except when a Protection Order is issued by a court**, which would automatically provide "GOOD CAUSE" for non-cooperation with the Child Support Agency.
- Other reasons that may qualify as "GOOD CAUSE" can be submitted in writing to the LCO Tribal TANF Director who will determine whether it may be deemed as "GOOD CAUSE" for further action.
- You may have "Good Cause" not to cooperate with Child Support Agencies if you show proof that your cooperation would be contrary to the best interest of the children. You must be able to provide evidence to support this claim. The LCO Tribal TANF Director will make a determination based on the strength of the evidence you provide with the claim.
- "Good Cause" reasons for failing to comply with the LCO TANF Program's Work Participation requirements will be determined by the LCO Tribal TANF Director on a case-by-case basis.
- If it is decided that your cooperation with Child Support is not likely to bring harm to you or your children, you will then be required to cooperate with Child Support Agency. Your refusal to do so at that point will result in you ineligibility for LCO Tribal TANF Program benefits.

CHILD SUPPORT BENEFITS

The Tribe does not require assignment of Child Support Benefits to the LCO TANF Program. Benefits may go directly to the family. Child Support Benefit distribution will be determined by your Child Support Agency.

If you think that you may want to file a "Good Cause" exemption, you must request a "GOOD CAUSE", Claim form from your LCO TANF Case Manager or the LCO TANF Director.

1st Participant Sign: \_\_\_\_\_ Date: \_\_\_\_\_

2nd Participant Sign: \_\_\_\_\_ Date: \_\_\_\_\_

TANF Case Manager Sign: \_\_\_\_\_ Date: \_\_\_\_\_



LAC COURTE OREILLES TRIBE

13394W Trepania Road
Hayward WI 54843
Phone: 715-634-8934
Fax: 715-634-0014

- TANF
WIOA
NEW

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES
WORKFORCE INNOVATION OPPORTUNITY ACT
NATIVE EMPLOYMENT WORKS

VERIFICATION OF SCHOOL ENROLLMENT

In conjunction with Lac Courte Oreilles Tribal Assistance for Needy Families (TANF) Program:

- I authorize LCO TANF Program to obtain information on the current education status of all adults and children listed under my household as part of the qualifying points of participating in LCO TANF Program; and
I authorize the recipient to provide information that may be pertinent as part of my household's continued eligibility in LCO TANF program.

A copy of this release should be accepted as an original.

- ADULT(S): All information regarding school enrollment for myself and my partner; includes (and or) attendance, financial aid, transcripts, grade reports, costs, or related expenses.
CHILD(REN) All information regarding school enrollment for my child(ren), includes attendance, grade reports, progress reports, etc.

\*Parents, please obtain the verifications from your or your children's schools prior to turning this form in

Parent / Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

To be completed by the School:

NAME OF EDUCATIONAL INSTITUTE: \_\_\_\_\_

PRINT EDUCATORS NAME: \_\_\_\_\_

ADDRESS OF SCHOOL: \_\_\_\_\_

Student: \_\_\_\_\_ Grade \_\_\_\_\_ Student: \_\_\_\_\_ Grade \_\_\_\_\_
Student: \_\_\_\_\_ Grade \_\_\_\_\_ Student: \_\_\_\_\_ Grade \_\_\_\_\_
Student: \_\_\_\_\_ Grade \_\_\_\_\_ Student: \_\_\_\_\_ Grade \_\_\_\_\_
Student: \_\_\_\_\_ Grade \_\_\_\_\_ Student: \_\_\_\_\_ Grade \_\_\_\_\_

EDUCATION YEAR ENDS ON: \_\_\_\_\_

Will the child(ren) advance to the next grade? Yes: [ ] No: [ ]

Any additional comments: \_\_\_\_\_

Signature

Date

For TANF Office Use:

Case Manager Signature: \_\_\_\_\_

Date Received: \_\_\_\_\_



LAC COURTE OREILLES  
TRIBAL TEMPORARY ASSISTANCE  
FOR NEEDY FAMILIES (TANF)

13394W Trepania Rd.  
Hayward WI 54843  
PH 715-634-8934  
FAX 715-634-0014

ASSURANCE OF NON-DUPLICATIVE SERVICES

All applicants/recipients are required to sign this assurance to assure that they are not receiving assistance from any other State/Tribal TANF or W-2 program. To ensure that no person receives TANF benefits beyond the legal lifetime limits, the LCO TANF program coordinates and exchanges such information through the State of Wisconsin's network system.

**(New to program)**

I, (We) verify that I/We **ARE NOT** currently receiving TANF or W-2 assistance from any other State/Tribal program.

1st Applicant: Print Name: \_\_\_\_\_

2nd Applicant: Print Name: \_\_\_\_\_

1st Applicant Signature	_____	Date	_____
2nd Applicant Signature	_____	Date	_____

**IF REAPPLYING ↓**

**(Returning to program)**

I, (We) verify that we HAVE RECEIVED Temporary Assistance to Needy Families (TANF) Program assistance in the past. The following dates and State/Tribe have the information needed to verify.

Dates of Service: \_\_\_\_\_ States/Tribes: \_\_\_\_\_

Agency and Worker Name: \_\_\_\_\_

Agency Phone Number: \_\_\_\_\_

1st Applicant Signature	_____	Date	_____
2nd Applicant Signature	_____	Date	_____

LCO TANF Case Manager/Director Sign: \_\_\_\_\_ Date: \_\_\_\_\_



LAC COURTE OREILLES  
TRIBAL TEMPORARY ASSISTANCE  
FOR NEEDY FAMILIES (TANF)

13394W Trepania Rd.  
Hayward WI 54843  
PH 715-634-8934  
FAX 715-634-0014

ADHERE TO DRUG AND ALCOHOL TESTING

The following excerpt comes from the Lac Courte Oreilles Personnel Policy Manual approved 6-15-2009; Article 8-CONDUCT..8.8 Drug and Alcohol Testing and from Lac Courte Oreilles Tribal Temporary Assistance to Needy Families Policies and Procedures; Article II APPLICATION PROCESS...(2.16)(2.16a)

"All Employees and applicants for employment are subject to drug and alcohol testing, including reasonable suspicion, pre-employment, return-to-duty, and follow up drug testing. In addition, employees working in any safety sensitive position are subject to random drug testing. Employees are encouraged to contact the Human Resource Director or designee with any questions regarding drug and alcohol testing."

- I understand that there is a drug testing policy which covers all employees and applicants of Lac Courte Oreilles Tribe. I agree to adhere to the tribe's Drug Testing Policies which includes alcohol and all other mood altering substances.
- I understand that there is an Illegal Drugs on Tribal Property. I agree to adhere to the prohibition of any drugs, paraphernalia, use, transfer, transport, or sale of said items on any tribal property, any work site or any where that I may be representing the LCO Tribe as well as the TANF program.

1st Applicant/Recipient Sign: \_\_\_\_\_ DATE: \_\_\_\_\_

2nd Applicant/Recipient Sign: \_\_\_\_\_ DATE: \_\_\_\_\_

TANF Case Manager/Director Signature & Date: \_\_\_\_\_



**LAC COURTE OREILLES TRIBE**

- TANF
- WIOA
- NEW

**TEMPORARY ASSISTANCE FOR NEEDY FAMILIES**  
**WORKFORCE INNOVATION OPPORTUNITY ACT**  
**NATIVE EMPLOYMENT WORKS**

13394W Trepania Rd  
 Hayward WI 54843  
 Phone: 715-634-8934  
 Fax: 715-634-0014

**DOCUMENT WORKSHEET**

**NAME:**

**CIF:**

***CHECK EACH BOX AFTER COLLECTING REQUIRED DOCUMENTS FOR YOUR APPLICATION***

FAMILY UNIT = (ADULTS) MOTHER AND/OR FATHER (CHILDREN) BROTHERS AND SISTERS

ANNUAL RELEASE OF INFORMATION

BIRTH CERTIFICATES: All family members in your unit  
(Must include certificate for each person listed on your application)

GROSS EARNED INCOME: All taxable income earned  
(Last 30 days; paystubs including Self Employment income)

GROSS UNEARNED INCOME:  
(Last 30 days; child support, per capita, veterans pension, Social Security I, Social Security Disability I, Death Benefits, Unemployment...)

LCO TRIBAL I.D.: At least one family member to be LCO enrolled  
(Include all LCO Tribal Membes; letter of decendency, tribal I.D. cards)

RESIDENCY VERIFICATION: Under Head of Households' name  
(Such as; utility bills, rent receipts, housing statements...)

SOCIAL SECURITY CARDS: All family members in your unit  
(Must include Social Security Cards for each person listed on your application)

CUSTODY / PLACEMENT VERIFICATION:  
(Such as; Tribal ICW, or DCF/CFS legal documents, Court Orders...)

CHILD SUPPORT VERIFICATION:  
(Such as; Child support payments, child support orders, and court orders)

K-12 SCHOOL / HIGHER EDUCATION:  
(Children and Adults; official school documents on attendance, participation, current grade level, certificates, diplomas, degrees...)

OTHER: \_\_\_\_\_

**Your Tribal TANF Application MUST BE COMPLETE WITH ALL REQUIRED DOCUMENTS attached and verified for accuracy.**

***INCOMPLETE APPLICATIONS WILL RESULT IN DELAY FOR APPROVAL OF TANF ASSISTANCE.***