



2017/2018

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# Oneida Children's Wellness Fund

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Updated Application Form Oneida Recreation Funding Assistance: Effective June 10, 2017

Amended Oneida Recreation Funding Assistance: June 10, 2017

Reviewed & Revised: June 10, 2017

Approved ONC: June 10, 2017

## **Mission Statement**

The Oneida Wellness Division/Children Wellness Assistance Fund is an annual allocation from the Oneida Nation of the Thames Tobacco Allocation and Ontario Lottery Gaming 2008 (Casino Rama) revenues. The Children's wellness assistance fund supports activities that contribute to the physical, spiritual, mental and emotional well-being of Oneida children. In an effort to reach children who might otherwise not be able to participate in wellness activities, this assistance will provide opportunity for Oneida Children to participate in activities sponsored by the Children's Wellness Assistance Fund. The Children's Wellness Assistance Fund will be available to eligible families based upon the **availability of funding**.

## **Eligibility requirements:**

1. Oneida Nation of the Thames member – Status card or other proof of membership (Letter from Oneida Chief and Council/membership clerk)
2. Funding is based upon **availability of funding**.
3. Activity must be current.

## **Application criteria:**

1. All applications will be reviewed and approved according to Application Criteria
2. Complete applications will be processed weekly Tuesday with payments ready by Friday. (Barring any unforeseen circumstances)
3. Applications are available at the Administration Office, Political Office and Community Development-Ontario Works Office and online at <https://oneida.on.ca>
4. Applications may be approved for registration/activity fees and limited uniforms/equipment up to a maximum of **\$500.00** Canadian dollars *or* US dollars equivalent to **\$500.00** Canadian funds.
5. All Children's wellness activities must be for children **18 years of age and under**. Should your child turn 19 years of age within the month of the activity start date, they will not be eligible for the fund.
6. Children's wellness applications will be accepted for **Two (2)** activities per year based on **availability of funding**.
7. Incomplete applications will not be processed, they must include all required documentation.
8. All registration fees will be paid directly to the organization/association/league or company of the requested activity and/or equipment. Cheques may be made payable to parents for online registrations – parents must provide receipt of payment.
9. Approved activities include Provincial and/or National tournaments unless otherwise supported by decision of Chief and Council. Little NHL is supported by Chief and Council therefore the Children's Wellness fund will not provide additional support for attendance.
10. Oneida Children's Wellness Assistance Fund activities will not reimburse any activities; all applications must be for current activities.
11. Parents are asked to complete a volunteer questionnaire. As a condition of your child receiving funding you or your child may be called upon to volunteer for an Oneida Community and Youth Centre Event, Children's Wellness Assistance Fund fundraising effort, and/or other Band sponsored events. Your Volunteer information may be shared with other Band Departments.
12. All appeals must be in writing to the Children's Wellness Fund Administration and will be forwarded to the Political Portfolio for review and decision or recommendation.
13. The application is Confidential upon completion and remittance and will be shred at fiscal year-end.



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## Oneida Children's Wellness Assistance Fund Application

Child's Name:	Child's age:
Child's Date of Birth:	Band # or membership letter attached:
Parent/Guardian:	Address:
Telephone/Cell# or messages (required)	
Wellness Activity: <b>(Please describe the activity)</b>	
Fee: _____	Description attached: Yes ____ No ____
Start date: _____	End date: _____
<p>Please attach a copy of the <a href="#">Registration form</a>, which includes the <a href="#">complete address of the activity/equipment provider</a>, Description of the Activity and <a href="#">Activity Fee(s)</a> <i>Failure to provide this information may delay the process of your application.</i></p>	
<p>All applicants or Parent/Guardians may be requested to Volunteer for Children's Wellness Fund Fundraising events in consideration of future applications to the Children's Wellness Assistance Fund. The attached form <i>must be signed &amp; returned</i>. All volunteer information may be shared with other Band Departments requiring volunteers for their Event.</p>	
<p>If you received assistance, did you provide a report? Yes/No          If you were contacted to Volunteer, what event did you provide support: _____          # of Hours volunteered: _____</p>	
<p><i>Upon approval of your child's activity would you prefer the cheque mailed directly to the activity provider? (Please check box if YES)</i></p>	<div style="border: 2px solid black; width: 100%; height: 40px;"></div>
Signature:	Date:

**Office use only:**    Date approved: \_\_\_\_\_    Date denied: \_\_\_\_\_

**Applicant notified of decision:** \_\_\_\_\_

**Reason for denial:** \_\_\_\_\_