



NATIVE VILLAGE OF KOTZEBUE KOTZEBUE IRA

* * * * *

BURIAL ASSISTANCE APPLICATION GUIDELINES

GENERAL:

Our burial assistance program is income/need based and is only available when there are no other resources available to pay the cost of the funeral/burial. Our tribe provides minimum burial expenses according to the Bureau of Indian Affairs (BIA) payment standards which are established by the Assistant Secretary of the BIA.

ELIGIBILITY:

- Deceased must be Alaska Native/American Indian who meets the criteria as required by 25 CFR 20.300.
- Income based and deceased must NOT have sufficient resources to be eligible. (This includes, but is not limited to SSI, Veterans Death Benefits, Social Security, and donations from other organizations.)
- Deceased must have resided in the service area for at least the last six (6) consecutive months of his/her life.
- Extended family/surviving spouse may apply for deceased.

DETERMINATION:

- Determination of need will be accomplished on a case-by-case basis using the BIA payment standard.
- Upon determination that the deceased meets the basic eligibility requirements a voucher can be made to pay the following:
 - Supplies needed to build/buy a casket
 - Transportation of the deceased
 - Funeral feast/potlach
- If the family requests assistance for the funeral feast/potlach, up to four hundred dollars (\$400.00) may be provided (this is not in addition to the payment standard formulation related to the funeral, but is part of the cost).
- The cost of transporting relatives to and from the community for the funeral is NOT provided with the Burial Assistance funds.

CONTACT INFORMATION:

NATIVE VILLAGE OF KOTZEBUE / TRIBAL FAMILY SERVICE DEPARTMENT
PO BOX 296~ KOTZEBUE, ALASKA ~ 99752
907.442.3467 (P) 907.442.4013 (F)



NATIVE VILLAGE OF KOTZEBUE KOTZEBUE IRA

BURIAL ASSISTANCE FILE CHECKLIST

COMPLETED

- 1.) APPLICATION FORM _____
(MUST BE SUBMITTED WITHIN 30 DAYS FOLLOWING: COMPLETED, SIGNED, AND DATED BY RELATIVE APPLICANT WITH A COPY OF DEATH CERTIFICATE.)
- 2.) PROOF OF TRIBAL MEMBERSHIP (FOR THE DECEASED) _____
- 3.) PROOF OF RESIDENCE IN SERVICE AREA _____
(DECEASED MUST HAVE LIVED IN SERVICE AREA)
- 4.) PROOF OF INSUFFICIENT RESOURCES _____
- 5.) PROOF OF PROCESSED—BA payment _____
(COPY OF CHECKS, VOUCHER/PURCHASE ORDER, RECEIPTS OF PAYMENT/BILLING, ETC...)
- 6.) CLIENT CASE NOTES _____
- 7.) APPROVAL, PENDING, DENIAL LETTER SENT _____
(LETTERS MUST INCLUDE APPEAL LANGUAGE AND STEPS TO DO SO.)
- 8.) RELEASE OF INFORMATION _____
(AS NEEDED TO SIGN BY RELATIVE APPLICANT.)

APPLICATION RECEIVED BY: _____

DATE APPLICATION RECEIVED: _____

DECISION OF APPLICATION: _____ APPROVED _____ DENIED

NOTES: _____



**NATIVE VILLAGE OF KOTZEBUE
KOTZEBUE IRA**

BURIAL ASSISTANCE APPLICATION

DECEASED DEMOGRAPHICS:

NAME OF DECEASED: _____

DECEASED DATE OF BIRTH: _____

DATE OF DEATH: _____

TRIBAL ENROLLMENT AND NUMBER: _____

DECEASED LAST MAILING ADDRESS: _____

APPLICANT DEMOGRAPHICS:

NAME OF APPLICANT: _____

RELATIONSHIP TO DECEASED: _____

MAILING ADDRESS: _____

CONTACT NUMBER: _____

BURIAL INFORMATION:

**PLEASE PROVIDE A BRIEF SUMMARY OF THE PLANS THAT HAVE BEEN
ARRANGED FOR THE BURIAL:**



**NATIVE VILLAGE OF KOTZEBUE
KOTZEBUE IRA**

NAME OF MORTURARY: _____

CONTACT PERSON: _____

ADDRESS: _____

CONTACT NUMBER: _____

WILL THE CASKET BE BUILT? ___ YES ___ NO

IF YES, BY WHOM? PLEASE PROVIDE INFORMATION BELOW:

NAME: _____

ADDRESS: _____

CONTACT NUMBER: _____

CASKET MATERIAL COST: \$ _____

VENDOR NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

CONTACT NUMBER: _____

DISCLAIMER (READ BEFORE SIGNING):

I APPLY FOR FINANCIAL ASSISTANCE FOR BURIAL ASSISTANCE SERVICES FOR THE DECEASED WHO IS IN NEED. I, HAVE RECEIVED A COPY OF AND HAVE HAD EXPLAINED TO US, AND UNDERSTAND THE PROVISIONS OF THE FEDERAL LAW GOVERNING FRAUD. I AGREE TO SUPPLY INFORMATION REGARDING RESOURCES AND INCOME AND AGREE TO NOTIFY THE TRIBE IN MY SITUATION. SOCIAL SERVICES IS AUTHORIZED TO OBTAIN INFORMATION NECESSARY TO ESTABLISH ELIGIBILITY FOR ASSISTANCE. I HAVE READ OR HAD EXPLAINED TO ME, THE PROVISION OF MY PROTECTION UNDER THE PAPERWORK REDUCTION ACT AND PRIVACY ACT.

RELATIVE APPLICANT (PRINT)

(SIGNATURE)

(DATE)



NATIVE VILLAGE OF KOTZEBUE KOTZEBUE IRA

RECORD OF INCOME AND RESOURCES

DID THE DECEASED HAVE INCOME FROM ANY SOURCE? YES NO

IF YES, PLEASE PROVIDE SOURCE OF INCOME AND AMOUNTS BELOW.

MUST PROVIDE PROOF OF ALL INCOME REPORTED AND RECEIVED!

<u>SOURCE OF INCOME</u>	<u>AMOUNT</u>
<i>DECEASED INCOME/SALARY</i>	\$
<i>SPOUSE INCOME/SALARY</i>	\$
<i>ADULT PUBLIC ASSISTANCE</i>	\$
<i>PUBLIC ASSISTANCE BURIAL FUNDS</i>	\$
<i>SOCIAL SECURITY</i>	\$
<i>DISABILITY INSURANCE</i>	\$
<i>PENSION/RETIREMENT</i>	\$
<i>STATE LONGEVITY</i>	\$
<i>MEDICARE/MEDICAID</i>	\$
<i>VETERANS BENEFITS</i>	\$
<i>CHECKING ACCOUNT</i>	\$
<i>SAVINGS ACCOUNT</i>	\$
<i>DONATION— COMMUNITY</i>	\$
<i>DONATION— TRIBAL ORGANIZATION</i>	\$
<i>DONATION – NATIVE CORPORATION</i>	\$
<i>OTHER</i>	\$
TOTAL RESOURCE INCOME	\$



NATIVE VILLAGE OF KOTZEBUE KOTZEBUE IRA

TRIBAL FAMILY SERVICES DEPARTMENT
PO Box 296
Kotzebue, AK 99752

907.442.3467 ~ Phone 907.442.4013 ~ Direct Fax

I _____, hereby authorize the release of information requested by the Native Village of Kotzebue. The requested information shall be used solely in the administration of Assistance and will not be released to any other person or agency outside the Social Services Program or its agents. I hereby authorize the Native Village of Kotzebue to obtain and exchange information related to my application to participate in the Assistance program. This release of information shall be in effect while I'm an applicant or recipient of the Assistance Program.

Persons or organizations that may be contacted include, but are not limited to: The Alaska Departments of Public Assistance, Law, Public Safety, Social Security Administration, local and tribal governments, health care providers; Maniilaq Health Center, Alaska Regional Medical Center and Providence Medical Center, Native corporations, and all departments and programs within and administered by the Native Village of Kotzebue/Kotzebue IRA.

A REPRODUCTION OF THIS RELEASE IS AS VALID AS THE ORIGINAL AND IS VALID FOR ONE YEAR FROM THE DATE SIGNED.

Applicant Signature

Social Security No. of Applicant

Printed Name of Applicant

Date Signed