**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**
**P.O. Box 296, Kotzebue, Alaska 99752**
**907.442.3487 (p) 907.442.4013 (f)**

UPDATED MAY 2016
BURIAL ASSISTANCE FILE CHECKLIST

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:

UPDATED MAY 2016
# 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:

- 
- 
- 
- 
- 
- 
- 
- 

*Updated May 2016*
NATIVE VILLAGE OF KOTZEBUE
KOTZEBUE IRA

NAME OF MORTUARY: ________________________________

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 ENSURE 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: ________________________________

UPDATED MAY 2016
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!**

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

UPDATED MAY 2016
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