



## 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 require by 25 CFR 20.300.
- Income based and deceased must NOT have sufficient resources to be eligible. (This includes, but is no limited to SSI, Veteran's 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 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**  
**PO Box 296**  
**Kotzebue, AK 99752**  
**(907) 442-3467**

**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Contact Person:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Did the deceased have an Individual Indian Money (IIM) account?**     \*Yes     No

\*If YES, please contact Gloria Gorman at the BIA (907) 271-4111 / gloriak.gorman@bia.gov

## RECORD OF INCOME AND RESOURCES

**Did the DECEASED have income from any source?**                     Yes                     No

If yes, please list source of income and amounts below.

**\*\*\*Applicant MUST provide proof of ALL income & resources\*\*\***

SOURCE OF INCOME	AMOUNT
<b>Salary #1: Deceased's Income/Salary</b>	\$
<b>Salary #2: Surviving Spouse's Income/Salary</b>	\$
<b>Life Insurance</b>	\$
<b>*State of Alaska ATAP/Tribal TANF</b>	\$
<b>*Adult Public Assistance (APA)</b>	\$
<b>Social Security (SSA) or SS Retirement</b>	\$
<b>Supplemental Security Income (SSI)</b>	\$
<b>Disability Insurance</b>	\$
<b>Alaska Permanent Fund Dividend (PFD)</b>	\$
<b>Cashouts of Retirement or Pension Plans</b>	\$
<b>State Longevity</b>	\$
<b>Veteran's Benefit</b>	\$
<b>Unemployment Insurance Benefits (UIB)</b>	\$
<b>Worker's Compensation</b>	\$
<b>Medicare/Medicaid</b>	\$
<b>Native Corporation Dividends</b>	\$
<b>Native Corporation Dividends</b>	\$
<b>Checking Account</b>	\$
<b>Savings Account</b>	
<b>Donations – Community and/or Churches</b>	
<b>Donations</b>	
<b>TOTAL MONTHLY INCOME</b>	



**Native Village of Kotzebue**  
**P.O. Box 296**  
**Kotzebue, Alaska 99752**  
**PHONE: (907) 442-3467 FAX: (907) 442-2162**  
**E-MAIL: [john.stalker@qira.org](mailto:john.stalker@qira.org)**

DATE: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize the release of information requested by the Native Village of Kotzebue, General Assistance Program. The requested information shall be used solely in the administration of General Assistance and will not be released to any other person or agency outside the General Assistance Program or its agents. I hereby authorize the Native Village of Kotzebue to obtain and exchange information related to my applications to participate in their programs. And, to arrange for such participations based on my employability assessment and plan to employment related activities. **This release of information shall be in effect while I am an applicant or recipient of General Assistance, and for any later inquiries pertaining to my eligibility and receipt of General Assistance benefits.**

Persons or organizations that may be contacted include, but are not limited to: the Department of Labor, the Department of Military Affairs, Alaska State Housing Authority, Regional Housing Authorities, Social Security Administration, local and tribal governments, State of Alaska ATAP, Tribal TANF or other public assistance program contractors and grantees, health care providers, tax assessors, banks and credit unions, Native corporations, landlords (including family/friends who are renting to applicant), employers, school authorities, and all departments and programs administered by the Native Village of Kotzebue.

**FRAUD NOTICE:** Under 18 U.S.C. §1001, the Federal Law concerning fraud states: "Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact, or makes or uses any false writing or documents, knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both."

**A REPRODUCTION OF THIS RELEASE IS AS VALID AS THE ORIGINAL**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Signature of Witness if signed with an "X"

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Printed Name of Witness if signed with an "X"

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Witness Signature

\_\_\_\_\_  
Date of Applicant Signature



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**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 Federal Law governing fraud. I agree to supply information regarding resources and income and to notify the agency of any changes 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 the Privacy Act.**

\_\_\_\_\_  
**Relative Applicant Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**