



Burial Assistance Application

The application must be submitted within the 30 days following death and will need to include the following documentation:

- Proof of Tribal membership for the deceased
- Proof of residence in the CRNA service area (the deceased must have lived in the area for at least 6 months prior to death)
- Proof of State of Alaska Burial Assistance Program Application being submitted - a deceased person who was receiving Adult Public Assistance or TANF/ATAP will have their burial assistance provided through the State of Alaska (per Section 2103.7 of the State of Alaska – General Relief Assistance Manual, these persons are automatically disqualified for BIA funded Burial Assistance)
- Proof of Insufficient Funds or Resources – including but not limited to the deceased’s income, the deceased spouse’s income, life insurance, ANY AND ALL DONATIONS, Native Corporation aid/donations, Tribal Organizations aid/donations, or any other resource that may be available.
- Release of Information – Only as needed; signed by the applicant
- Death Certificate – we can accept an obituary, coroner’s report, Priest/Clergy letter TEMPORARILY until you have this document
- An invoice from the Mortuary for the cost
- Proof of Casket Materials Cost if applicable – only building material will be covered; fence is not allowed to be covered
- All income for direct household members living in the home at the time of the deceased’s death is also needed in order to determine the amount of assistance that the program will be able to grant.

Any missing documents will delay the processing of this application
This assistance is only for the deceased and the person filing for burial assistance is filing on behalf the deceased.

Name of Deceased: _____

Deceased’s Date of Birth: _____ Deceased’s Date of Death: _____

Deceased’s Physical Address (PO Box is UNACCEPTABLE):

Street Address City State Zip Code

Tribe the deceased is enrolled with: _____ Enrollment Number: _____

Name of Mortuary: _____

Mortuary Address: _____

Mortuary Phone Number: _____ Mortuary Fax Number: _____

Applicant Information

Name of Applicant: _____ Relationship to deceased: _____

Mailing Address: _____
Address City State Zip Code

Main Contact Phone Number: _____ Secondary Contact Phone Number: _____

Work Phone Number: _____ Other Contact Phone Number: _____

Email Address: _____

Alternate Contact Person: _____ Alternate Contact Phone Number: _____

What arrangements have been made for the burial? _____

Are/were there any costs related to transporting the body? If so, please explain. _____

Will the casket be built? If built, please provide the following information

Builder's Name: _____ Builder's Phone Number: _____

Builder's Address: _____
Address City State Zip Code

Cost of Building Materials: _____

The Vendor is the person handling the financial aspects of the burial. We are asking for this information in an attempt to provide assistance with the Funeral Feast/Potlatch Food. This assistance will not exceed \$400.00 and is only available if there is any funding remaining after paying for the burial cost.

Vendor Name: _____

Vendor Address: _____
Address City State Zip Code

Vendor Phone Number: _____ Vendor Fax Number: _____

Income Statements

Deceased's Income - also include all shareholder dividends and PFDs

<u>Source of Income</u>	<u>Amount of Income</u>	<u>How Often</u>

PLEASE ATTACH ALL APPLICABLE PROOF - ALSO INCLUDE SHAREHOLDER DIVIDENDS AND PFDs

<u>Household Member Name</u>	<u>Source of Income</u>	<u>Amount of Income</u>	<u>How Often</u>

READ BEFORE SIGNING

I am applying on behalf of the deceased for burial assistance services. I have received a copy of and have had explained to me the provisions of Federal Law governing fraud. I agree to supply all information regarding resources and oncome and to notify the agency of any and all changes in my situation within 10 business days. Tribal Community Services is authorized to verify information necessary in order to establish eligibility for assistance. I have read, or have had explained to me, the provisions of my protections under the Paerwork Reduction Act and the Privacy Act.

Applicant's Signature

Date

Applicant's Printed Name

Release of Information

I hereby authorize Copper River native Association to disclose or receive the following information from my records:

Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

SSN: _____

Information to be released to CRNA:

Information is to be released to Copper River Native Association for the purpose of Tribal Community Services.

I understand this authorization may be revoked in writing at any time except to the extent that the action has been taken in reliance to this authorization. Unless otherwise revoked, this authorization will expire on the following date, event, or condition: _____

This facility, its employees, officers, and physicians are hereby released of any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

Signature

Date

Signature of Parent/guardian or other Authorized Person

Date

PROHIBITION OF REDISCLOSURE: This information has been disclosed to you from records whose confidentiality is protected by federal regulations (42 CFR Part 2) prohibiting you from making any further disclosure of this information except with the specific written consent of the person to whom it pertains.

A general authorization for the release of medical or other information if held by another party is NOT sufficient for this purpose. Federal Regulations state that any persons who knowingly violate any provision of this law shall be fined not more than \$50,000, in case of a first offense, and not more than \$1.5 million in the case of each subsequent offense.

Return form to

Tribal Community Services Department
PO Box H
Copper Center, AK 99573
Main Phone 907-822-5241 Fax 907-822-8800
www.crnative.org