



BURIAL ASSISTANCE APPLICATION

The Burial Assistance Program is for *indigent Alaska Natives or American Indians* - when no other resources - cash assets - are available thus the spouse or estate are unable to pay for the burial expenses. Applicant must submit the deceased's Certificate of Degree of Indian Blood (CIDB) with this application, applications can not be approved without a CIDB.

Name of Deceased: _____ Social Security Number: _____

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

This application must be completed by the next of kin within 30 days of death.

Deceased's Tribe they are Enrolled with: _____ (provide Certificate of Degree of Indian Blood)

Deceased's Last Address: _____

The deceased must have resided in the Chugach Service Area for the last 6 months of his/her life.

Name of Relative Applicant: _____ Relationship to Deceased: _____

Address: _____

Home Phone: _____ Work Phone: _____

Have the funeral arrangements been made? Yes No If assistance is granted, payment is made to the Funeral Home only, the program can not reimburse for prior payments.

Name and address of Funeral Home: _____

Funeral Home Director: _____ Telephone Number: _____

A copy of the *Certified Death Certificate* must be submitted to Chugachmiut within 30 days following the death.* The *Certificate of Degree of Indian Blood* must be submitted with the *Burial Assistance application.

Did the Deceased have income from any source? Yes No
 If yes, please list all sources and amounts of income below.

****Applicant must provide proof of all income reported and received****

If the deceased was a minor child, please provide the income of all adult household members.

SOURCE OF INCOME	AMOUNT
Salary #1: Deceased's Income/Salary	\$
Salary #2: Spouse's Income/Salary	\$
Adult Public Assistance	\$
Social Security	\$
Disability Insurance	\$
Pension or Retirement	\$
State Longevity	\$
Medicare or Medicaid	\$
Veterans Benefit	\$
Checking Account	\$
Savings Account	\$
Donations – Community, Tribe, Native Corp	\$
Other	\$
Total Resources	\$

Upon approval of the deceased's eligibility for the program, payment will be made to the mortuary up to the maximum Burial Assistance Standard of \$2,500.00. Payment is based upon the maximum standard amount minus any available resources. Burial Assistance does not cover the cost of transporting relatives to and from the community to attend the funeral.

Please read before signing:

My signature attests the information provided by me is a true representation of the deceased's (and his/her spouse's) assets. I am applying for financial assistance for burial services for the deceased who is indigent, in need and unable to pay for the burial services. By signing this application, I hereby give Chugachmiut permission to verify all information needed to make an eligibility determination for burial assistance on behalf of the deceased.

Signature: _____ Date: _____

Print Name: _____ Phone: _____

