

COOK INLET TRIBAL COUNCIL COMMUNITY SERVICES
3600 San Jeronimo Drive, Anchorage, Alaska 99508
PHONE: (907) 793-3300 FAX: (907) 793-3394

APPLICATION FOR BURIAL ASSISTANCE

Cook Inlet Tribal Council, Inc. burial assistance program is funded by a grant from the Bureau of Indian Affairs. The burial assistance program is for indigent Alaska Native or American Indians **when no other resources are available**. Applications will be accepted from surviving spouse or if none, the relative responsible for making arrangements.

Eligibility is based on the income and resources available to the deceased, which includes but is not limited to tribal or native corporation burial assistance, SSI, veteran's death benefits, social security, and Individual Indian Money (IIM) accounts. Upon determination that the deceased meets the basic eligibility conditions, a vendor payment to the mortuary will be made (a 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.

Basic Eligibility documents needed:

- ◆ Deceased must be Alaska Native or American Indian. Acceptable documentation is Certificate of Indian Blood from the Bureau of Indian Affairs, or Tribal Enrollment verification.
- ◆ Copy of Picture Identification.
- ◆ Burial Assistance is provided when no other resources are available.
- ◆ Proof of Residency, examples would include rental agreement, utility bills. Deceased must have resided within the boundaries of the Municipality of Anchorage for the past six consecutive months. The service area of Anchorage includes north to, but not including Eklutna, and south to Portage. Residency requirement does not apply to CIRI shareholders or their descendents.
- ◆ Proof of income. Must submit current income available to deceased and current bank statement.
- ◆ CITC Application for Burial Assistance completed by Next of Kin within 30 days of death.

Application For Services

Section I - Personal Information on deceased Date of Application: ___/___/___

Name _____ Village of Origin, if applicable _____
 Other Names _____ Proof of Residence Y / N Date of Birth _____
 Social Security # _____ - _____ - _____ Male/Female Veteran Y / N Alaska Resident Y / N
 Phone# (_____) _____

Home Address

Address _____
 City _____ State _____ ZIP _____

Mailing Address

Address _____
 City _____ State _____ ZIP _____

Applicant Status: Circle one (Single / Married / Divorced / Separated / Widowed)

(Check all that apply)

___ Single parent ___ Foster Parents ___ Teen Parents ___ Head of Household
 ___ 2 parent family ___ Adoptive Parents ___ Legal Guardian ___ Grandparent Parent ___ Dependent

Household Members:

___ # of people under 18
 ___ Total # in household ___ # of people 18 and over

Ethnicity: (If you have multiple, enter a P for Primary, and an S for Secondary)

___ Alaska Native ___ Asian ___ Caucasian ___ Hispanic
 ___ American Indian ___ African American ___ Hawaiian Other _____

complete the following for the deceased – Shareholder and Corporation:

Shareholder _____	___ 13 th Region	___ Bristol Bay	___ Koniag
Family member _____	___ Ahtna	___ Calista	___ NANA
Descendant of _____	___ Aleut	___ Chugach	___ Sealaska
	___ ASRC	___ CIRI	
Select a corporation →	___ Bering Straits	___ Doyon	

Education Status:

Dropout Enrolled in H.S.? Y / N
 Student Highest Grade Completed _____
 High School Grad/GED Degree/Certificate Attained? Y / N
 Post-High School Post High School Level Completed (Degree) _____

Employment Status:

Was the deceased working? Y / N
 If Yes \$ _____ Occupation _____

Section II - Family Income

Check all sources of income that apply in each column.	Last 30 Days	# of Months		Last 30 Days	# of Months
Employed FT <input type="checkbox"/> PT <input type="checkbox"/>	\$		Child Support	\$	
Unemployment Benefits	\$		Social Security Income (SSI)	\$	
ATAP/TANF Benefit	\$		Foster Care Payments	\$	
Child Care: <input type="checkbox"/> CITC <input type="checkbox"/> DPA <input type="checkbox"/> DCAP	\$		Inheritance	\$	
Food Stamps	\$		Retirement Pension	\$	
General Assistance (GA)	\$		Native Corp. Dividends	\$	
General Relief (GR)	\$		Permanent Fund Dividend	\$	
Scholarship/Grants	\$		Longevity Bonus	\$	
Housing Assist.: <input type="checkbox"/> AHFC <input type="checkbox"/> CIHA	\$		Worker's Comp	\$	
Other (Please List):	\$		Other:	\$	

The CITC Burial Assistance Program covers basic burial costs incurred through the funeral home.

Please answer the following:

- Was the deceased receiving state public assistance?** Yes No
If you answered yes to this question, you must apply at the Department of Public Assistance.
- Did the deceased have life insurance?** Yes No
- Is any other tribe or corporation assisting with burial assistance?** Yes No
If yes, please list name: _____

Place of Death:	Date of Death:
Name of Funeral Home:	
Address and Phone of Funeral Home:	
Name of Next of Kin:	Next of Kin Telephone: (907)
Next of Kin Address:	

APPLICANT CERTIFICATION

I am applying for Burial Assistance for the above named family member. I understand the provisions of the federal law governing fraud. I agree to supply information regarding resources and income, and I understand that the CITC Burial Assistance Program is authorized to obtain information necessary to establish eligibility.

Applicant (Next of Kin) Signature

Date

Date Published 10-1-03

CITC BURIAL ASSISTANCE PROGRAM

Release of Information

Name of Deceased: _____

Social Security No.: _____

OR Division of Public Assistance

Name of Funeral Home

OR Other: _____

I authorize the release of information from the above listed agencies to assist with the eligibility determination and/or services from the:

Employment & Training Services Department
Cook Inlet Tribal Council
3600 San Jeronimo Drive
Anchorage, AK 99508
Tel: (907) 793-3300, Fax: (907) 793-3394

This information is only for the qualification purposes for the CITC Burial Assistance Program; or

Other, as specified: _____

I understand that I may revoke this authorization at any time, except for that action which has already been taken. Any information will NOT be released by the above named person or organization to any other person or organization unless I authorize. With my expressed revocation, this consent will automatically expire upon satisfaction of the need for disclosure. I understand that I have a right to receive a copy of this request. If the client is a minor and being treated for alcohol/drug abuse, the signature of the minor is required by federal law.

EXPIRATION: Not to exceed six (6) months from date signed.

Applicant Signature

Date

Representative Signature

Date

Witness Signature

Date