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:**

 esi

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Village of Origin, if applicable</th>
<th>Other Names</th>
<th>Village of Origin, if applicable</th>
<th>Social Security # - -</th>
<th>Male/Female</th>
<th>Veteran Y / N</th>
<th>Alaska Resident Y / N</th>
<th>Phone# (______)</th>
</tr>
</thead>
</table>

**Home Address**

<table>
<thead>
<tr>
<th>Address</th>
<th>Mailing Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>City</td>
</tr>
<tr>
<td>State</td>
<td>State</td>
</tr>
<tr>
<td>ZIP</td>
<td>ZIP</td>
</tr>
</tbody>
</table>

**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  

**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  
He / Wife $ ____  
Occupation ___________________  

**Section II - Family Income**
Check all sources of income that apply in each column.

<table>
<thead>
<tr>
<th>Source</th>
<th>Last 30 Days</th>
<th># of Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed FT PT</td>
<td>$</td>
<td>Child Support</td>
</tr>
<tr>
<td>Unemployment Benefits</td>
<td>$</td>
<td>Social Security Income (SSI)</td>
</tr>
<tr>
<td>ATAP/TANF Benefit</td>
<td>$</td>
<td>Foster Care Payments</td>
</tr>
<tr>
<td>Child Care: ❑ CITC ❑ DPA ❑ DCAP</td>
<td>$</td>
<td>Inheritance</td>
</tr>
<tr>
<td>Food Stamps</td>
<td>$</td>
<td>Retirement Pension</td>
</tr>
<tr>
<td>General Assistance (GA)</td>
<td>$</td>
<td>Native Corp. Dividends</td>
</tr>
<tr>
<td>General Relief (GR)</td>
<td>$</td>
<td>Permanent Fund Dividend</td>
</tr>
<tr>
<td>Scholarship/Grants</td>
<td>$</td>
<td>Longevity Bonus</td>
</tr>
<tr>
<td>Housing Assist.: ❑ AHFC ❑ CIHA</td>
<td>$</td>
<td>Worker’s Comp</td>
</tr>
<tr>
<td>Other (Please List):</td>
<td>$</td>
<td>Other: $</td>
</tr>
</tbody>
</table>

The CITC Burial Assistance Program covers basic burial costs incurred through the funeral home. Please answer the following:

1. **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.
2. **Did the deceased have life insurance?** ❑ Yes ❑ No
3. **Is any other tribe or corporation assisting with burial assistance?** ❑ Yes ❑ No
   - If yes, please list name: ____________________________________________

<table>
<thead>
<tr>
<th>Place of Death:</th>
<th>Date of Death:</th>
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<table>
<thead>
<tr>
<th>Name of Funeral Home:</th>
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</table>

<table>
<thead>
<tr>
<th>Address and Phone of Funeral Home:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Next of Kin:</th>
<th>Next of Kin Telephone:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(907)</td>
</tr>
</tbody>
</table>

**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.: ______________________

Name of Funeral Home ____________________________________________

OR ☐ Division of Public Assistance

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