

Burial Assistance Fact Sheet

Date_____

Deceased Name_____

Social Security Number____/____/____.

Deceased's village of residence_____

List all people in the deceased's household at the time of death

_____	_____	_____
_____	_____	_____
_____	_____	_____

List all amounts of income received by the deceased for this month

SSI_____ APA_____ Social Security_____

Longevity_____ Wages_____ ATAP_____

Other_____ Other_____

Name of contact person who will handle the deceased's paperwork

Name_____ Telephone Number_____

Is client at least 1/4 native and do they have a CDIB (proof of Indian Blood) available?_____

Where did the deceased pass away_____

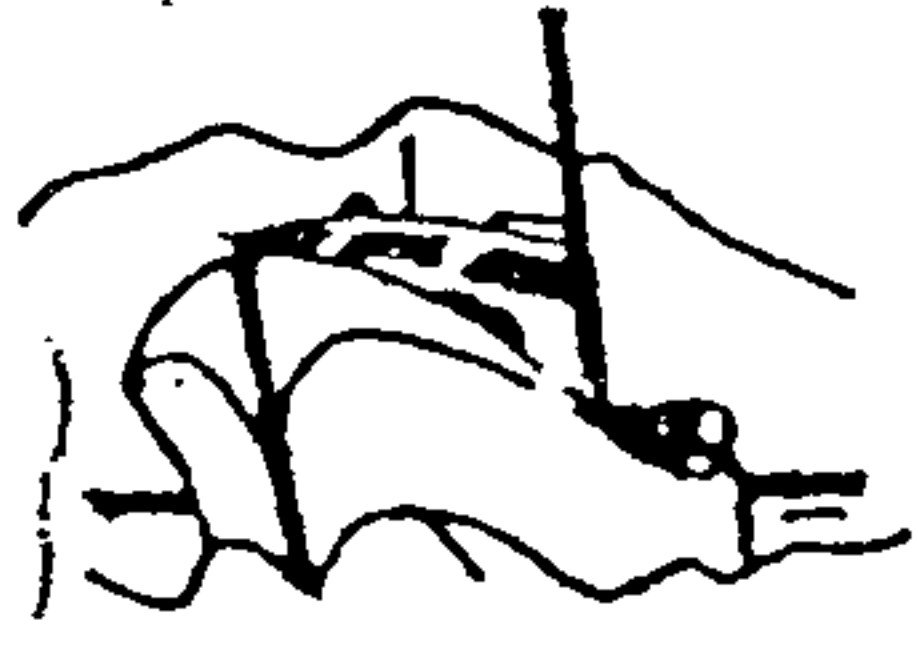
What are the plans for the deceased? Burial_____ Cremation_____ Other_____

Can the family contribute Yes_____ No_____ If so how much_____

Are there any special conditions for the deceased?

Large-size casket_____ Burial in another city_____ Other_____

Additional notes/comments_____



Bristol Bay Native Association
Workforce Development Center
 P.O. Box 1236 - Dillingham, Ak 99576
 (907)842-2262 or 1-888-285-2262
 (907)842-3498 fax

For Office Use Only	
Date Stamp	
Case Number:	

General Assistance Burial/Cremation Application

Carefully read and complete all questions. All questions must be complete before your application can be processed. If a question does not apply to your situation write "N/A". If you do not understand a question we will help you complete the question.

Applicant Household information

Name of the Deceased (First, Middle, Last)		Birth date	Date of Death	Social Security Number	
Address of Last Residence		City	State	Zip Code	
List all Persons Living with the Deceased at the time of death	Relationship to Deceased	Birth date	Social Security Number		
Name of Applicant (First, Middle, Last)		Relationship to Deceased	Birth date	Social Security Number	
Mailing Address (Street or P.O. Box)		City	State	Zip Code	
Street Address (if different from above)			Telephone Number		
I am applying for General Assistance Burial because I cannot afford to pay for the burial from my own resources:					
Signature				Date	

Services you are requesting: Cremation Burial

Was the Deceased:

yes	no
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

- a. A veteran? If yes, give Veterans' number _____
- b. Married? If yes, name of surviving spouse _____
- c. Transported to place of death by the Department of Health & social Services for medical reasons

Place requested for burial of the deceased (town or village) _____

Name of Funeral home: _____ Contact: _____ Location: _____

Household Income and Resources

Non-Work Income Sources (if more room is needed add on last page under "additional information")

YOU MUST PROVIDE PROOF OF INCOME WITH THIS APPLICATION AND A MOST RECENT BANK STATEMENT

Type of Payment	How much	How often	Type of Payment	How much	How often
Social Security (Blue/Green Check)			State Checks for Aid to Blind, Disabled, Aged		
Supplemental Security Income (gold check)			Retirement/Pension		
Veteran' Benefits			Alaska Temporary Assistance Program (ATAP)		
Unemployment Insurance			Child Support/Alimony		
Dividend Payments			Payments from Roomers or Boarders		
Money from Friends or Relatives (not loans)			Interest or Dividends from Savings, Stocks, etc...		
Other (specify); Longevity bonus Permanent Fund etc....					

IMPORTANT NOTICE ABOUT YOUR RIGHTS

FAIR HEARING: If you do not agree with any decision made in any matter concerning your case, you have the right to a fair hearing. You may make this request in writing or in person to any office of the Bristol Bay Native Association.

CIVIL RIGHTS: Eligibility for participation in this program is the same for everyone without regard to race, color, religious creed, national origin, handicap, or political beliefs.

AGREEMENT

I certify that I have checked the information on this application carefully and that it is a true and complete statement of facts according to my best knowledge and belief.

I understand that it is against the law to make false statements and that I am subject to prosecution if I do. I further understand that some or all statements on this application may be subject to investigation by the Bristol Bay Native Association.

I agree to notify the Bristol Bay Native Association within 10 days if I become aware of additional information pertaining to, but incorrectly stated or omitted on this application.

I understand the Bristol Bay Native Association may place a claim against the estate of the deceased, not to exceed the payment amount for services requested with this application should I supply false information regarding this application.

I understand that in order for the Bristol Bay Native Association, Workforce Development Center to serve me under the General Assistance Burial Program they will need information from State, Federal, City Councils, Village Councils, Employers, Private or Educational Agencies'. I hereby give my authorization to release information (including income) to the Bristol Bay Native Association

I understand the above and I agree to provide any documents necessary to prove my eligibility for assistance. If documents are not available, I agree to provide the name(s) of persons or organization the Bristol Bay Native Association may contact to obtain the necessary proof. I also authorize the Alaska Department of Labor to release to the Bristol Bay Native Association information about any eligibility for Unemployment compensation benefits or wage credits.

Signature	Date
Witness signature if signed with an "X"	

PLEASE PROVIDE: A COPY OF IDENTIFICATION (VERIFYING SOCIAL SECURITY NUMBER), PROOF OF TRIBAL ENROLLMENT AND/OR PROOF OF ACTUAL BLOOD QUANTUM VERIFICATION OF RESIDENCY FOR THE BRISTOL BAY REGION

Bristol Bay Native Association
Workforce Development Department
P.O. Box 310
Dillingham, Alaska 99576
(907) 842-2262 or toll-free 1-888-285-2262

Client Consent Form
Information Sharing Release

I _____, understand that in order for the Bristol Bay Native Association, Workforce Development Department to serve me under the General Assistance Program (GA), Child Care Development Fund program (CCDF), Food Bank, Employment & Training Program and Higher Education Program they will need information from the following agencies, programs and organizations:

1. Social Security Administration
2. Supplemental Security Insurance Program
3. Alaska State Public Assistance Program
4. Tribal Operations Department
5. Tribal Childrens Service Worker (TCSW)
6. Commercial Fishing Companies (for itemized fishing statements)
Please list company/companies below
7. Funeral Homes (if needed for burial purposes)
Please list name of funeral home below
8. Bristol Bay Area Health Corporation (all programs under BBAHC)
9. Bristol Bay Housing Authority (BBHA)
10. Southwest Region Schools
11. Unemployment Agency
12. Other (please specify)

The information sought will be for the sole purpose of completing the processing of my General Assistance, Child Care Development Fund, Food Bank Employment & Training and Higher Education Programs.

Client Signature

Date