



**CENTRAL COUNCIL**  
*Tlingit & Haida Indian Tribes of Alaska*  
 320 West Willoughby Avenue, Suite 300  
 Juneau, Alaska 99801  
 907-463-7158 /1800-344- 1432 Toll Free  
**Employment & Training Division**

**APPLICATION FOR BURIAL ASSISTANCE**

**Burial Assistance is available only in the absence of other resources available to the deceased. Applications for Burial Assistance must be submitted within 30 days of Date of Death. Applications must be fully complete with all required documentation provided. Payment will be made directly to the Mortuary listed in this application.**

Name of Deceased	Date of Birth	Date of Death
Tribes Enrolled	Tribal Enrollment #	Village Corp.
Deceased last Residence Address (last 6 months):		
Deceased Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		

Applicant/Relative Information		
Name of Applicant	Relationship to Deceased	
Mailing Address		
Home Phone	Message Phone	Work Phone

Name of Mortuary	Contact Person	Phone #	
Address	City	State	Zip Code
<b>In order for Central Council Tlingit &amp; Haida to determine eligibility Applicant must apply with the State of Alaska General Relief Assistance Cremation/Burial Assistance Program.</b>			

Burial Assistance Application Checklist
<p>To qualify the deceased must be an Enrolled Tribal Member and lived in the CCTHITA Service area for the last 6 months. The following documentation must be provided with the Application. Incomplete application cannot be processed.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Application Form (must be submitted within 30 days following death)</li> <li><input type="checkbox"/> Death Certificate</li> <li><input type="checkbox"/> Proof of Tribal Membership for the deceased</li> <li><input type="checkbox"/> Proof of Residence in the Service Area (Deceased must have lived in Service Area)</li> <li><input type="checkbox"/> Proof of Insufficient Resources</li> <li><input type="checkbox"/> Proof of Application with State of Alaska General Relief Assistance Burial Assistance Program</li> <li><input type="checkbox"/> Release of Information Signed by Relative Applicant</li> </ul>

### Deceased Record of Income and Resources

Eligibility is based on the income and resources available to the deceased. The approved payment will not exceed the maximum Burial Benefit of \$2500 less available resources.

*Assistance for Funeral Feast/Potlatch may not exceed \$400 and is part of the Maximum benefit of \$2500.*

Did the Deceased have income from any source?     Yes     No

If yes, please list sources of income and amounts below.

Source of Income	Amount
Salary #1: Deceased's Income/Salary	\$
Salary #2: Spouse Income/Salary	\$
Adult Public Assistance	\$
Social Security	\$
Disability Insurance	\$
Pension or Retirement	\$
State Longevity Bonus	\$
State Permanent Fund	\$
Medicare or Medicaid	\$
Veterans Benefit	\$
Checking Account	\$
Savings Account	\$
Donation Community	\$
Donation - Tribal Organization	\$
Donation - Native Corporation	\$
Other	\$
Other	\$
<b>Total Resource/Income</b>	<b>\$</b>

#### **READ BEFORE SIGNING**

Applicants or recipients who knowingly and willfully provide false or fraudulent information are subject to prosecution under 18 U.S.C. §1001, the Federal Law concerning fraud which carries a fine of not more than \$10,000 or imprisonment of not more than five years or both.

I (We) agree to supply information regarding resources and income and to notify the agency of any changes in my (our) situation.

I understand the above and I agree to provide any documents necessary to prove eligibility for assistance.

I (We) certify to the best of my knowledge that the information and documentation contained in this application is accurate and true.

\_\_\_\_\_  
Relative Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relative Applicant Printed Name



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## **AUTHORIZATION FOR RELEASE OF INFORMATION**

I \_\_\_\_\_ authorize the release of information requested by Central Council Tlingit & Haida Indian Tribes of Alaska Employment & Training Office. This release will be in effect while I am an applicant or recipient of Employment & Training assistance, and for any later investigations of my eligibility and receipt of benefits.

Persons or organizations that may be contacted include, but are not limited to: the Department of Law, the Department of Public Safety, the Department of Fish and Game, the Department of Labor, the Department of Military & Veterans Affairs, the Department of Revenue, the Bureau of Citizenship and Immigration Services, Alaska Housing Finance Corporation, Social Security Administration, local governments, public assistance program contractors and grantees, tax assessors, financial institutions, Native corporations, stock brokerage firms, landlords, employers, school authorities, and private individuals.

**A COPY OF THIS RELEASE IS AS VALID AS THE ORIGINAL**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Signature of Other Household Member**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**



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**Burial Assistance Benefit Worksheet**

Name of Deceased	Date of Death	Date Application Received
Name of Applicant	Contact Phone #	Relationship to Deceased

**Application Checklist**

Applications must be submitted within 30 days of Date of Death. Application must be fully completed for financial assistance consideration. Incomplete applications cannot be processed. Eligibility is based on the income and resources available to the deceased. **Assistance for Funeral Feast/Potlatch may not exceed \$400 and is part of the Maximum benefit of \$2500.**

- Application Form complete
- Death Certificate
- Proof of Tribal Membership for the deceased
- Proof of Residence in the Service Area for past 6 months
- Proof of Insufficient Resources
- Proof of Application with State of Alaska General Relief Assistance Burial Assistance Program
- Release of Information Signed by Relative Applicant

Decision of Application:     Approved     Denied    Date of Notice:

Burial Assistance Benefit Amount	
Step 1. Burial Assistance Standard	<b>\$2,500. 00</b>
Step 2. Subtract all Income/Donations	
Step 3. Maximum Burial Assistance Amount	
Step 4. Subtract total Burial costs (if burial costs exceed the Maximum amount in step 3 - then limit is amount in step 3)	
Step 5. Remaining funds - any funds left over may be used for Funeral Feast/Potlatch	
Step 6. Funeral Feast/Potlatch - may not exceed \$400.00	
Step 7. Balance	
Step 8. Total Burial Assistance Paid - subtract the balance in step 7 from the Max Burial Assistance amount in Step 3	

**The Burial Assistance payment in Step 8 will be sent directly to the Mortuary listed in the Application.**

Case Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_