

KAWERAK, INC.

TRIBAL WELFARE ASSISTANCE DEPARTMENT

Phone: 1.800.478.5230 or 443.4370

BURIAL ASSISTANCE APPLICATION

Kawerak Burial Assistance Program is an income based, last resort welfare assistance program for tribal members in a federally recognized tribe who resided in the Kawerak Tribal Welfare Assistance compact service areas listed below. Applicants must apply for the State Burial Program (GRA) contact 1.800.478.2236 or 443-2237 for an application. Kawerak Burial Assistance offers **basic** BIA Burial Assistance through BIA funding. If determined eligible, *Kawerak Burial Assistance cannot pay for funeral items in excess of \$2,500.00 (less countable income)*. If eligible, a vendor payment will be made only to the mortuary/funeral home appropriately. *Norton Sound Health Corporation may have caskets in Nome, call 443-4541 or 443-4540 and leave a message. The deceased must have been residing in one of Kawerak tribal compact service areas listed below.*

KAWERAK TRIBAL WELFARE COMPACT SERVICE AREAS (deceased must have been residing)

Brevig Mission, Council, Diomed, Elim, Gambell, Golovin, King Island, Koyuk, Mary's Igloo, Savoonga, Shaktoolik, Shishmaref, Solomon Stebbins, Saint Michael, Teller, Wales, White Mountain.

ELIGIBILITY GUIDELINES

- The decedent must have been Tribally Enrolled Alaska Native or American Indian in a federally recognized tribe;
- The applicant must provide proof that the decedent resided within the Kawerak compact service areas listed above; and
- The decedent's household must meet the low income requirements and be able to show an unmet need.

MAY BE INELIGIBLE

If applicant(s) are already receiving similar burial assistance through any other resources, did not live in the Kawerak service areas or the funeral items were already paid for, the decedent will not qualify for Kawerak Burial Assistance.

- If you have already received assistance through the State of Alaska Public Assistance Burial, or any other similar program,
- If the deceased was a Nome Eskimo Community (NEC) tribal member residing in Nome, contact NEC for assistance,
- If the deceased was a Unalakleet tribal member, contact the IRA for assistance, and/or
- If you have already paid for the burial items through cash on hand, other donations, etc. Kawerak Burial is unable to assist.

APPLICATION PROCESS

1. Complete a State of Alaska Burial Assistance application and fax it to the Nome Public Assistance Office. Call the Nome State office at 443-2236 to confirm they received the application.
2. Complete the Kawerak Burial Application and attach items from the checklist below, then fax the completed application to 443.4485 or 443-4477. Call 1.800.478.5230 or 443.4370 to make sure the entire application came through the fax. Kawerak will contact the Nome State of Alaska Burial Assistance worker to ensure a burial application was turned in and what the decision is on the state application. If the State of AK will be assisting, Kawerak is unable assist. Kawerak must wait for the State's determination before we can process the Kawerak application. Families are responsible for taking care of all the arrangements with the funeral home and transportation.

BURIAL ASSISTANCE APPLICATION CHECKLIST

Please keep a copy of this Kawerak Burial Assistance packet and all the documents for your records.

- Provide a copy of Tribal Enrollment/Certificate of Indian Blood of the deceased and proof of residency in service area.
- Provide a death certificate or note from health provider/hospital, funeral home or the State Troopers confirming the loss.
- Report of all income for deceased, spouse, partner, etc. that is available & include a copy of bank or credit union statements available and any cash on hand.
- Verify that you have applied for other assistance on behalf of the decedent.
- Include a signed release of information on behalf of the deceased & signed notification of rights.

IMPORTANT AGENCY TELEPHONE NUMBERS

AGENCY	PHONE	FAX
State of Alaska Public Assistance Burial (GRA) Nome Office	443.2237 1.800.478.2236	1.888.574.2307 907.443.2307
NSHC Social Worker for assistance with questions/information	907.443.4541 & 443.4540	443.4546
Caskets may be in stock at NSHC-Nome from Alaska Casket Company	907.443.4541 & 443.4540	
Medical Examiner's office	907.334.2200	907.334.2216
Nome Eskimo Community (tribal members living in Nome)	907.443.2246	907.443.3539
Cook Inlet Tribal Council (Tribal members in Anchorage)	793.3600/1.877.985.5900	907.493.3395
Bering Straits Native Corporation	907.443.5252	907.443.2985
Sitnasuak Native Corporation	907.443.2632	907.443.3063
NSEDC	907.443.2477	907.443.2478

DECEASED INFORMATION

Last Name		First Name & Middle Initial		Social Security Number	
Mailing Address/PO Box	<input type="checkbox"/> Own home <input type="checkbox"/> Rent house or apt	<input type="checkbox"/> Minor child <input type="checkbox"/> Over 18 years old	Age	Date of Birth	
Home Address/Physical Address		City, State		ZIP	Date of Death
Cell/Home Phone #			Other Names:		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Living with partner, girl/boy friend					
Veteran: <input type="checkbox"/> No <input type="checkbox"/> Yes		Date of Discharge:			

APPLICANT INFORMATION (family member)

Last Name		First Name & Middle Initial		Social Security Number	
Mailing Address/PO Box		Relationship to deceased	Age	Date of Birth	
Home Address/Physical Address		City, State		ZIP	
Cell/Home Phone #	Message Phone #	E-mail Address	Other Names:		

HOUSEHOLD INFORMATION

Deceased's household information: List all persons currently living in the deceased's household (example: deceased's spouse, boyfriend/girlfriend, children, grandparents, aunts/uncles, etc.). Use another page if necessary.

Full Legal Name	Relationship	DOB	SSN	Marital Status	Tribe (village)
	<i>deceased</i>				

NATIVE CORPORATION SHAREHOLDER INFORMATION

Was the deceased a shareholder of a Native Corporation? No Yes - If so, which Corporation?

DECEASED INCOME AND AVAILABLE FUNDS

List all sources of income that the deceased received during the last 30 days and current available funds. Verification of all income for the deceased includes: spouse, boyfriend/girlfriend. If a minor child, report income from parents/guardians.

Source of Income	Deceased	Partner/Spouse	Where from
Wages, net salary (attach pay stubs)	\$	\$	
Unemployment Insurance Benefits	\$	\$	
ATAP, TANF, ASAP, GA, APA, FS, SSI Disability	\$	\$	
Senior Benefits Program /Veterans Benefits	\$	\$	
Checking/Savings Account balance & Cash on hand	\$	\$	
Retirement funds	\$	\$	
Any Other income (specify what)	\$	\$	
Total Income for Last 30 Days	\$	\$	
Donations received for funeral:	\$	From:	

FUNERAL/BURIAL INFORMATION

Is or was the deceased at the Medical Examiner's Office? _____

Where is the deceased now? _____

Where did the deceased pass away? _____

Where was the deceased residing: _____

☞ Did you contact NSHC - Social Worker 443-4541 to help with the deceased paperwork etc? No Yes

***There may be caskets located in Nome through Alaska Casket Co. please call them for assistance and leave a message.

Was the deceased receiving SSI Disability, ATAP, APA, MED or any other Public Assistance? No Yes

If yes, what type of Public Assistance and how much the deceased was receiving: _____

What income/wages did the deceased have and where from? _____

What income/wages did other family members receive that lived with the deceased? _____

Does anyone have access to the deceased bank account or credit union account? No Yes - If so, who/phone #: _____

If the casket is being built, which Vendor (store name) if approved, where would you like the payment to go to? _____
 Phone: _____

Are you working with a Funeral Home? No Yes If yes, what is the name of the Funeral Home? _____

Have you received any other donations or have cash on hand for the funeral? No Yes - If so, from where and how much? _____

READ BEFORE SIGNING - I am applying for financial assistance for burial assistance. I have received a copy of, have had explained to me, and understand the provisions of Federal Law governing fraud. Kawerak burial office staff is authorized to obtain information necessary to establish eligibility for assistance. Applications that are incomplete will be kept for 30 days. If all information needed is not received within that time period, this application will be denied.

 Applicant Signature

 Date

 Printed Name

OFFICE USE ONLY

Date of death:	Voucher #	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Amount awarded: (\$2,500 max) \$
Notes:			Transportation (may be separate) \$
Welfare Worker Signature	Other Staff Signature	Date approved	

AUTHORIZATION FOR RELEASE OF INFORMATION

I (We), authorize the release of information on behalf of: _____, who is deceased, to Kawerak Inc. or its representatives within the Burial Assistance Program. The requested information shall be used solely in the administration of Burial Assistance and will not be released to any other person or agency outside the Burial Assistance Program or its agents.

I (We) hereby authorize Kawerak, Inc. to obtain and exchange information related to my application to participate in other programs. This release of information shall be in effect while I'm an applicant or recipient of Burial Assistance and for any later investigation pertaining to my eligibility and receipt of Burial Assistance benefits.

Persons or organizations that may be contacted include, but are not limited to: any Federal and State of Alaska programs, NSHC, Funeral Homes, Medical Examiner's office, Department of Law, the Department of Public Safety, the Department of Fish & Game, the Department of Labor, the Department of Military Affairs, Alaska State Housing Authority, Social Security Administration, local and tribal governments, public assistance program contractors and grantees, health care providers, tax assessors, financial institutions, Native corporations, stock brokerage firms, landlords, employers, school authorities, private individuals and all departments and programs within and administered by Kawerak, Inc.

Applicant Signature

Date

Print Deceased Name

Date

Printed Name

Social Security Number

Date of Birth

Social Security Number

Date of Birth

NOTICE ABOUT YOUR RIGHTS

CIVIL RIGHTS

The Civil Rights Act of 1974 states "No person in the United States, on the ground of race, color, or national origin, shall be excluded from participation or be denied the benefits of federal assistance." If you feel you have been discriminated against, you may file a complaint with Kawerak, Inc. or with the United States Department of Health and Human Services.

FAIR HEARING

Kawerak Welfare Assistance Policies – Appeals Section 6.

§ 5.1 Persons who may appeal. Any individual who has applied for services and been denied, or who claims that the level of service provided was not in compliance with the Kawerak Welfare Assistance policies and procedures or in violation of federal law, may appeal by following the fair hearing process below.

§ 5.2 Fair hearing process. When a client requests a fair hearing, the request must be in writing, signed by the client and submitted to the GA Program Director within 20 days of the action. If the GA Program Director is unable to resolve the situation, the hearing request will be forwarded to Kawerak's EET Vice President for attention and disposition. If the client is dissatisfied with the EET Vice Presidents decision, then (s) he can appeal the decision to Kawerak's President and Board of Directors, which at its discretion may hear the appeal as a full Board of delegate the matter to a Board committee.

Kawerak is available to assist you if you request a hearing. At the hearing you may represent yourself. You may also be represented by legal counsel (e.g. – Alaska Legal Services Corporation or another person of your choice). Kawerak will not provide transportation to and from your hearing.

NOTIFICATION TO APPLICANT

The Federal law concerning fraud states... "Whoever in any matter within the jurisdiction of any department or agency of the United States, knowingly and willingly falsifies, conceals or covers up by any trick, scheme or device a material fact, or makes any false fictitious or fraudulent statements or representations or makes or uses any false writing or documents, knowing the same to contain any false, fictitious or fraudulent statement or entry shall be fined not more than \$10,000.00 or imprisoned not more than five years or both." _____ Initial reviewed

Under the Privacy Act, 5 U.S.C. 552(a), Section 7(a)(1)(2), the WA Program cannot give out the information you give the caseworker with the exception of other Federal, State, Tribal Offices and other programs who have some responsibility for providing the welfare services for which your are applying. The information can also be given to those agencies when you ask them for a job or for some other benefit, and for law enforcement purposes. This can be done without your written consent. For any other person or program wanting information from your case record file, you must first give your written consent. You have a right to know what information is inaccurate, ask your caseworker about how to change the information in the case record. _____ Initial reviewed

Paperwork Reduction Act of 1995 S.244 This section of this chapter are to minimize the paperwork burden for individuals, small businesses, educational and nonprofit institutions, federal contractors, State, local and tribal governments and other persons resulting from the collection of information by or for the federal government. Kawerak has this act available and attached to this application.

By signing below, I understand and have read or explained to me the Federal Law concerning Fraud, provision of my protection under the Privacy Act and the Paperwork Reduction Act.

Applicant Signature

Date

Printed Name

Social Security Number

Date of Birth