

# KAWERAK, INC.

## WELFARE ASSISTANCE PROGRAM

### BURIAL ASSISTANCE APPLICATION

Kawerak Burial Assistance (BU) Program is an income based, last resort assistance program. BU offers basic BIA funeral and burial assistance. These services include *(up to a \$2,500 limit): preparation & embalming; provision for a cloth-covered casket with at least 4 handles & a padded & lined interior; one chapel service at vendor's place of business; use of a hearse, use of other facilities & equipment for burial or cremation; if the casket and cross are going to be made, supplies may be purchased in your local community with staff approval.* The family will be notified the determination, and if approved, a vendor payment to the mortuary/funeral home will be made appropriately. The family is responsible for taking care of all arrangements with the mortuary/funeral home and with the State Medical Examiners office if appropriate. If the deceased was receiving APA, ATAP or SSI, they must first apply first for General Relief Burial Assistance (GRA) through the State of Alaska, Public Assistance office at 1.800.478.2236 or 443.2237.

#### **Eligibility criteria:**

- Be in a federally recognized tribe, Alaska Native or American Indian;
- Reside in the Bering Straits Region for the last consecutive 6 months; and
- Income eligible, not have enough resources to meet the essential needs.

#### **Documents required:**

- A complete, signed Burial Application by family member;
- Tribal enrollment verification or BIA certification for the deceased;
- Proof of Bering Straits Region residency;
- Verification of all income for deceased, spouse, boyfriend/girlfriend;
- Proof from Hospital/Village Clinic of incident and date of death.
- Verification that you have applied for other assistance; and
- Release of information on behalf of the deceased

The maximum payment for basic funeral and burial services shall not exceed \$2,500.00 for each deceased person. Applications will be accepted from the surviving spouse or a relative responsible for making funeral home arrangements. If any person or organization pays for a more expensive burial than the minimum provided by this program for the deceased, authorization will not be made. Reasonable transportation costs will be considered in addition to the burial cost on a case by case basis. If the family requests assistance for a funeral feast or potlatch, a maximum of \$400.00 may be authorized, which is not an addition to the \$2,500.00 (i.e. if the \$400 is provided for a funeral feast then the remaining \$2,100 can be provided for the funeral cost). Burial Assistance funds do not cover the cost of transporting relatives to and from the community to attend the funeral.

*Kawerak Burial Assistance Programs are not automatic and are not an entitlement; you must apply for the assistance and provide all necessary documentation including income & tribal verification. Burial applications are processed immediately upon receipt of all required information. A release of information is required by Kawerak to contact other agencies for information.*

**DECEASED INFORMATION**

Deceased Name: \_\_\_\_\_ Date \_\_\_\_\_  
 (Last) (First) (MI)  
 Maiden Name: \_\_\_\_\_ Nick Name: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female  
 Mailing Address: \_\_\_\_\_  
 (P.O. Box) (City) (State) (Zip Code)  
 Home Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Message Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_  
 Veteran?  No  Yes, date of discharge: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of death: \_\_\_\_\_

**APPLICANT INFORMATION**

Your Name: \_\_\_\_\_ Relationship to Deceased: \_\_\_\_\_  
 (Last) (First) (MI)  
 Maiden Name: \_\_\_\_\_ Nick Name: \_\_\_\_\_  
 Your Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Your Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Your Present Mailing Address: \_\_\_\_\_  
 (Street Address or P.O. Box) (City) (State) (Zip Code)  
 Home Phone: \_\_\_\_\_ Work/Message Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Deceased household information:** List all persons currently living in the deceased household (example: deceased/spouse, boyfriend/girlfriend, children, grandparents, aunts/uncles, etc.).

Full Legal Name	Relationship	DOB	SSN	Marital Status	Tribe
	deceased				

**BURIAL INFORMATION**

Is another person or organization paying for any portion of this burial with money or resources other than that of the deceased?  No  Yes  
 If yes, by whom? Name: \_\_\_\_\_ Amount: \$\_\_\_\_\_  
 Expected date of funeral: \_\_\_\_\_ Place of funeral: \_\_\_\_\_  
 Name of Mortuary/Funeral Home: \_\_\_\_\_  
 Funeral Home Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Was the deceased medevaced by the hospital/clinic?  No  Yes- If yes, provide hospital/case manager contact info: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**FAMILY INCOME AND AVAILABLE FUNDS**

List all sources of income that the deceased received during the last 30 days and current available funds. If you are on ATAP or other cash programs or you were denied or your case was closed, please list the dates and reasons. Verification of all income for deceased includes: spouse, boyfriend/girlfriend.

Source of Income	Deceased	Significant other	Comments
Wages, net salary (attach pay stubs)	\$	\$	
Tips or gratuities	\$	\$	
ATAP, TANF, ASAP, GA	\$	\$	
Child support and alimony	\$	\$	
Social Security (SSA)	\$	\$	
Supplemental Security Income (SSI)	\$	\$	
Cash-out of retirement or pension plan	\$	\$	
Alaska Longevity Bonus	\$	\$	
Unemployment insurance benefits	\$	\$	
Worker's Compensation	\$	\$	
Bank account (current balances)	\$	\$	
Other income (specify)	\$	\$	
<b>Total Income for Last 30 Days</b>	<b>\$</b>	<b>\$</b>	

Donations received for funeral:	\$	From:
	\$	From:

**READ BEFORE SIGNING** - I am applying for financial assistance for burial assistance. I have received a copy of, have had explained to us, and understand the provisions of Federal Law governing fraud. Kawerak GA 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, your application will be denied.

\_\_\_\_\_  
 Family Member #1, Signature                      Date

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

**OFFICE USE ONLY**

Date application received	Date of death	<input type="checkbox"/> Approved	<b>Burial Standard:</b>
		<input type="checkbox"/> Denied	<b>\$ 2,500 (Maximum)</b>
Comments/Notes:		Voucher #	<b>Funeral Feast</b>
			<b>\$ (\$400 max)</b>
			<b>Total Burial</b>
			<b>\$ (\$2,500 max)</b>
			<b>Transportation</b>
			<b>\$</b>
Staff Name (printed)	Staff Signature	Date Approved/Denied	

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I authorize the release of information requested by the Kawerak Inc., Welfare Assistance Program on behalf of \_\_\_\_\_ SSN: \_\_\_\_\_ who is deceased.

The requested information shall be used solely in the administration of General Assistance and will not be released to any other person or agency outside the Welfare Assistance Program or its agents. I hereby authorize the Kawerak, Inc. to obtain and exchange information on behalf of \_\_\_\_\_ to participate in Kawerak programs. This release of information shall be in effect while an applicant or recipient of Welfare Assistance, and for any later investigation pertaining to my eligibility and receipt of Welfare Assistance benefits.

Persons or organizations that may be contacted include, but are not limited to: NSHC, Funeral Homes, Medical Examiners 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 the Kawerak, Inc.

A REPRODUCTION OF THIS RELEASE IS AS VALID AS THE ORIGINAL

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

\_\_\_\_\_  
Signature of Witness if signed with an 'X'

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Printed Name of Witness

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## 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.”

**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.

**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. I understand and have read or explained to me the provision of my protection under the Paperwork Reduction Act and the privacy act.

\_\_\_\_\_  
Applicant #1, Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant #2, Signature

\_\_\_\_\_  
Date

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

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

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

\_\_\_\_\_  
Date of Birth

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

\_\_\_\_\_  
Date of Birth