



Kawerak, Inc. Education, Employment & Supportive Services Division

Tribal Welfare Assistance Department – Burial Assistance Program

P.O. Box 948, Nome, AK 99762 ♦ Toll Free: 1-800-478-5230 ♦ Phone: 907-443-4370 or 907-443-4367

Fax: 907-308-6934 ♦ Email: [welfare@kawerak.org](mailto:welfare@kawerak.org) ♦ Website: [www.kawerak.org](http://www.kawerak.org)

## Burial Assistance Application

The Kawerak Burial Assistance (BA) Program is an income based, *last resort* assistance program for residents of the Bering Strait Region. BA offers basic Bureau of Indian Affairs (BIA) funeral and burial assistance. These services (up to a maximum of \$2,500) can include the cost of the casket and freight. However, embalming and additional funeral home fees are not covered under this program. If the casket and cross are going to be made, supplies may be purchased in your local community with Kawerak Welfare Assistance Department staff approval. Funding for a funeral feast (up to a maximum of \$400.00) can also be provided if there is left over funding after the casket and freight expenses have been paid.

## Eligibility Criteria

Eligibility is based on the tribal enrollment, residency and resources of the deceased person. If the deceased person was married, the spouse's resources are also considered.

- Applicants must provide proof that the deceased met the Tribal Enrollment and Residency Requirements listed below.
- Applicants must provide proof that the deceased had an unmet need and little to no resources.
- Applicants must first apply for the State of Alaska General Relief Assistance (GRA) Program through the State of Alaska, Public Assistance Office.

### Tribal Enrollment and Residency

1. Applicants applying on behalf of deceased Tribal members of Nome Eskimo Community and federally recognized Tribes that are located outside of the Bering Strait Region, *who resided in Nome*, must apply for Burial Assistance through Nome Eskimo Community (NEC) per Section 4 of NEC's Tribal Redesign Plan.
2. Applicants applying on behalf of Tribal members of federally recognized Tribes *who resided in Unalakleet* must apply for Burial Assistance through the Unalakleet IRA Office.
3. Applicants applying on behalf of all other Tribal members residing in Nome and other communities in the Bering Strait Region must apply for Burial Assistance through Kawerak.

\*If applicants are already receiving similar burial assistance through any other resource, or burial expenses were already paid for, the deceased will not qualify for Kawerak Burial Assistance.

## Application Checklist

The following documents or information are required in order to complete this application:

- Complete a State of Alaska Application for Services. Mark General Relief Assistance (GRA) and "burial expenses". Then fax it to 1-888-269-6520. You can also email it to [hss.dpa.offices@alaska.gov](mailto:hss.dpa.offices@alaska.gov), or drop it off to the Nome State Public Assistance Office at 214 East Front Street. Please call them at 443-2236 to confirm they received the application if you do not drop it off in person.
- Complete the Kawerak Burial Assistance Application and attach the documents listed in this checklist. Then fax, email, or drop it off to us at 110 East Front Street, Suites 201 and 202. Kawerak staff will then contact the State and verify that a burial application was turned in and what decision has been made on that application. If the State of Alaska will be assisting, Kawerak will be unable to assist. Kawerak must wait for the State's determination before we can process this application in accordance with the Code of Federal Regulations (CFR) Title 25, Chapter 1, § 20.324.
- Provide a copy of the Tribal Enrollment of the deceased and proof of residency.
- Provide a death certificate, or note from a health provider/hospital, funeral home, or law enforcement confirming the loss.
- Provide a report of all available income for the deceased and the deceased's spouse (if applicable). Please include copies of any available bank, or credit union statements and any cash on hand.
- Verify that you have applied for other assistance on behalf of the deceased.



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Once a BA Program application has been submitted, the family will be notified of eligibility determination, and if approved, a subsequent vendor payment to the mortuary/funeral home will be made. The family is responsible for taking care of all arrangements with the mortuary/funeral home and with the State Medical Examiner's office (if applicable).

### Important Agency Information

Agency	Phone	Fax	Website and/or Email
<b>Alaska Division of Public Assistance</b> General Relief Assistance (GRA)	(800) 478-2236 (907) 443-2237	(888) 574-2307 (907) 443-2307	<a href="http://dhss.alaska.gov/dpa">http://dhss.alaska.gov/dpa</a> Email: <a href="mailto:hss.dpa.offices@alaska.gov">hss.dpa.offices@alaska.gov</a>
<b>Nome Eskimo Community</b>	(907) 443-2246	(907) 443-9144	<a href="https://www.necalaska.org/">https://www.necalaska.org/</a>
<b>Unalakleet IRA Office</b>	(907) 624-3622 / ext. 30	(907) 624-3621	Email: <a href="mailto:tracy.cooper@unkira.org">tracy.cooper@unkira.org</a>
<b>Cook Inlet Tribal Council</b> (Tribally Enrolled Anchorage Residents)	(877) 985-5900	(907) 793-3422	<a href="https://citci.org/">https://citci.org/</a>
<b>Norton Sound Health Corporation</b> (Patient Support Services)	(907) 443-4540	(907) 443-4546	<a href="https://www.nortonsoundhealth.org/">https://www.nortonsoundhealth.org/</a>
<b>Bering Straits Native Corporation</b>	(907) 443-5252	(907) 443-2985	<a href="https://beringstraits.com/">https://beringstraits.com/</a>
<b>Sitnasuak Native Corporation</b>	(907) 387-1200	(907) 443-6437	<a href="https://snc.org/">https://snc.org/</a>
<b>Medical Examiner's Office</b>	(907) 334-2200	(907) 334-2216	<a href="https://health.alaska.gov/dph/medicalexaminer/pages/default.aspx">https://health.alaska.gov/dph/medicalexaminer/pages/default.aspx</a>
<b>Norton Sound Economic Development Corporation</b>	(907) 274-2248	(907) 443-2478	<a href="https://www.nsedc.com/">https://www.nsedc.com/</a>

### Deceased Information

Name: \_\_\_\_\_  
 (First) (Middle Initial) (Last) (Also Known As or Maiden Name)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female Social Security #: \_\_\_\_\_

Spouse's Name (if applicable): \_\_\_\_\_  
 (First) (Middle) (Last)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female Social Security #: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email Address: \_\_\_\_\_

Present Mailing Address: \_\_\_\_\_  
 (Street Address or P.O. Box) (City) (State) (Zip Code)

Was the deceased a veteran?  No  Yes – Discharge Date: \_\_\_\_\_



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### Applicant Information (Family Member)

Name: \_\_\_\_\_  
                     (First)                    (Middle Initial)                    (Last)  (Also Known As or Maiden Name)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female Social Security #: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email Address: \_\_\_\_\_

Present Mailing Address: \_\_\_\_\_  
   (Street Address or P.O. Box)  (City)  (State)                    (Zip Code)

Physical Address: \_\_\_\_\_  
   (Street Address)  (City)  (State)                    (Zip Code)

Are you a veteran?  No  Yes – Discharge Date: \_\_\_\_\_

Are you registered with Selective Service?  
 Yes  No  N/A

### Native Corporation Shareholder Information

Was the deceased a shareholder of a Native Corporation?

No  Yes – List Corporation(s) Here: \_\_\_\_\_

### Deceased Income

List all sources of income that the deceased and their surviving spouse (if applicable) received during the last 30 days. Please also list current available funds. If the deceased is under the age of 19, report income from parents/guardians as applicable.

Source of Income	Deceased	Surviving Spouse (if applicable)	Who Received Income
Wages (Net Salary Income)	\$	\$	
Unemployment Insurance Benefits (UIB)	\$	\$	
Public Assistance (ATAP, GRA, APA)	\$	\$	



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Supplemental Nutrition Assistance Program (SNAP)	\$	\$	
Senior Benefits	\$	\$	
Veteran’s Administration (VA) Benefits	\$	\$	
Federal Tax Refund	\$	\$	
Board Member Stipend	\$	\$	Name of Board:
Profit from a Business (Carving, Beading, Baking, etc.)	\$	\$	
Child Support	\$	\$	
Alimony	\$	\$	
Supplemental Security Income (SSI)	\$	\$	
Social Security Disability Insurance (SSDI)	\$	\$	
Social Security Retirement Benefits	\$	\$	
Social Security Survivors Benefits	\$	\$	
Native Corp Dividends that Exceed \$2,000	\$	\$	Name of Corp:
Bingo, Pull Tab or Other Gaming Winnings	\$	\$	
Other Income (please specify)	\$	\$	
<b>Total Income for Last 30 Days</b>	<b>\$</b>	<b>\$</b>	

**Available Cash Resources**

<b>Current Available Funds</b>	<b>Deceased</b>	<b>Surviving Spouse (if applicable)</b>	<b>Shared Account?</b>
Checking Account Balance	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Savings Account Balance	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lump Sum Payments (Social Security, VA, Retirement)	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Resources (please specify): _____	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Total Current Resources</b>	<b>\$</b>	<b>\$</b>	





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**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

\_\_\_\_\_  
Applicant's Printed Name

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

\_\_\_\_\_  
Name of Deceased (Please Print)

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

\_\_\_\_\_  
Social Security Number of the Deceased

\_\_\_\_\_  
Date of Death



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**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 7.

§ 7.1 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.

§ 7.2 Fair hearing process. When a client requests a fair hearing, the request must be in writing, signed by the client and submitted to the TWA Program Director within 20 days of the action. If the TWA Program Director is unable to resolve the situation, the hearing request will be forwarded to Kawerak’s EESS Vice President for attention and disposition. If the client is dissatisfied with the EESS Vice President’s 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 or 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 sections 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

\_\_\_\_\_  
Applicant’s Printed Name

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