

RECORD OF INCOME AND RESOURCES

Did the DECEASED have income from any source? Yes No

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

*****Applicant MUST provide verification of ALL income reported & received*****

SOURCE OF INCOME	AMOUNT
Salary #1: Deceased's Income/Salary	\$
Salary #2: Spouse's Income/Salary	\$
Adult Public Assistance	\$
Public Assistance Burial Funds	\$
Social Security	\$
Disability Insurance	\$
Pension or Retirement	\$
State Longevity	\$
Medicare or Medicaid	\$
Veterans Benefit	\$
Checking Account	\$
Savings Account	\$
DONATION-Community	\$
DONATION-Native Corporation	\$
DONATION-Tribal Organization	\$
DONATION-Community	\$
Other	\$
Other	\$
TOTAL RESOURCE INCOME	\$

READ BEFORE SIGNING

I apply for financial assistance for burial assistance services for the deceased who is in need. I, have received a copy of and have had explained to us, and understand the provisions of Federal Law governing fraud. I agree to supply information regarding resources and income and to notify the agency of any changes in my situation. Social Services is authorized to obtain information necessary to establish eligibility for assistance. I have read, or had explained to me, the provision of my protection under the Paperwork Reduction Act and the Privacy Act.

Relative Applicant Signature

Printed Name

Date

Burial Assistance File Checklist

COMPLETED

1. **Application Form**
(Must be submitted within 30 days following death-A completed, signed and dated by relative applicant with a copy of death certificate)
2. **Tribal Membership Verification (verified for the deceased)**
3. **Verification of Residence in Service Area**
(Deceased must have lived in service area for at least the last 6 months of his/her life)
4. **Verification of Insufficient Resources**
5. **Verification of processed BA payment**
(Copy of check, voucher, purchase order, receipts of payment or billing, etc.)
6. **Client Case Notes**
(Include the (SAP) situation, assessment and plan)
7. **Approval, Pending, Denial Letter Sent**
(Letters must include appeal language and steps to do so)
8. **Release of Information**
(AS NEEDED-Signed by relative applicant)

Date of Death: ___ / ___ / ___ Date Application Received: ___ / ___ / ___

Application Received By: _____

DECISION OF APPLICATION: Approved Denied Date: ___ / ___ / ___

1.	Burial Assistance Standard		\$2500.00	<i>NOT TO EXCEED \$2500.00</i>
2.	Subtract ALL Income Resources - <i>This amount is from Application Total Resource Income Section.</i>		\$	<i>SUBTRACT Line 2 from Line 1. If Line 2 is MORE THAN Line 1, STOP HERE, Applicant is not eligible for Burial Assistance.</i>
3.	ADJUSTED NEED =		\$	<i>This is the Maximum Amount of Burial Assistance that can be provided.</i>
4.	Total Adjusted Need		\$	<i>ENTER Amount from Line 3</i>
5.	Subtract Total Burial Costs -		\$	<i>SUBTRACT Line 5 from Line 4. If Line 5 is MORE THAN Line 4, STOP HERE Burial Assistance can ONLY be provided at the amount on Line 4.</i>
6.	REMAINING FUNDS =		\$	<i>If Line 5 is less than Line 4, Subtract Line 5 from Line 4 and this is the total Remaining Funds.</i>
7.	Remaining Funds		\$	<i>ENTER Amount from Line 6. If Line 7 is MORE THAN Line 8, STOP HERE, the Funeral Feast can ONLY be provided at the amount of Line 8.</i>
8.	Funeral Feast- <i>NOT TO EXCEED \$400.00 and is not in addition to the payment standard of \$2500.00.</i>		\$400.00	<i>If Line 8 is MORE THAN Line 7, STOP HERE, the Funeral Feast can ONLY be provided at the amount of Line 7.</i>
9.	TOTAL FUNERAL FEAST = <i>NOT TO EXCEED \$400.00</i>		\$	<i>ENTER the smaller amount of Line 7 or 8. NOT TO EXCEED \$400.00</i>
10.	TOTAL BURIAL ASSISTANCE PAID		\$ +\$ _____ =	<i>ADD the smaller amount of Line 4 or 5 and ADD the smaller amount of Line 7 or 8 to get the amount for the Total Burial Assistance Paid.</i>

Caseworker Signature: _____ Date: ___ / ___ / ___

Supervisor Signature: _____ Date: ___ / ___ / ___

SHOONAQ' TRIBE OF KODIAK
312 W. MARINE WAY
KODIAK, ALASKA 99615
PHONE: (907) 486-4449 FAX: (907) 486-3361

DATE:

I, _____, hereby authorize the release of information requested by the **Shoonaq Tribe of Kodiak**, General Assistance Program. 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 General Assistance Program or its agents. I hereby authorize the **Shoonaq Tribe of Kodiak** to obtain and exchange information related to my applications to participate in their programs. And, to arrange for such participation based on my employability assessment and plan to employment related activities. This release of information shall be in effect while I'm an applicant or recipient of General Assistance, and for any later investigation pertaining to my eligibility and receipt of General Assistance 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 & 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 **Shoonaq Tribe of Kodiak**.

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