MANIILAQ ASSOCIATION EMPLOYMENT & TRAINING
BURIAL ASSISTANCE APPLICATION

BIA Burial Funds do NOT allow for reimbursements, for services already paid for-

Once you pay for anything to do with the Burial, we cannot reimburse you, as these BIA Funds are supplemental only.

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**Burial Assistance**

Assistance is provided to those tribes who have an authorizing BIA resolution to Maniilaq. Current tribes are Ambler, Buckland, Deering, Kiana, Kivalina, Kobuk, Noatak, Noorvik, Selawik, and Shungnak.

Assistance is available only in the absence or other resources.

An application will be accepted from the survivor spouse, if none, the relative responsible for making arrangements.

Eligibility is based on the income and resources available to the deceased, which includes but is not limited to SSI, veteran’s death benefits, social security, and Individual Indian Money accounts.

Determination of need will be accomplished on a case-by-case basis using the BIA payment standard.

Upon determination a vendor payment to the mortuary will be made minus any available resources applied to the funeral costs.

If the family requests assistance for the funeral feast or potlatch, up to $400 may be provided, this is not an addition to the payment standard.

**Eligibility Required Documents**

- Complete, signed Burial Assistance application – must be submitted within 30 days following death
- Tribal enrollment verification (IRA) for deceased and applicant from Maniilaq service area besides Kotzebue
- Proof of death – Death Certificate or letter from hospital or morgue
- Verification of Insufficient Resources – copies of house/rental statements, electric, heating, water/sewer and phone bills
- Residency verification, must reside in the Maniilaq Service Area- provide mail or bills with deceased address
- Applied for other assistance such as: Native Corporations, Veterans benefits and any other local or state funding agencies.

**Goals and Objectives**

The goal of the Burial Assistance Program is to provide relief and support to families who are not supported by their own means, other public funds, or assistance programs.

**To qualify you must:**

- Be Tribally enrolled in one of the villages from the Maniilaq service area;
- Applicants and deceased must be enrolled into a Federally Recognized Tribe
- Deceased must be a resident of the Maniilaq service area;
- Income eligible, not enough resources to meet the funerary costs;
- Applicants are required to apply for other state, federal and private assistance; BIA funds are supplemental only.

**Notice**

Maniilaq Association Burial Assistance Program, is not automatic and is not an entitlement. You must apply, and provide all documentation required. Burial Assistance applications are processed immediately upon receipt of all required information.

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Submit Complete Applications to:
Maniilaq Association Employment & Training
P: (907) 442-7021   Fax: 1-866-832-9350
scholarships@maniilaq.org

Revised 5.17.19
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Name of Deceased: | Date of Death:  
---|---
Deceased’s Date of Birth: | Social Security Number: | Tribe Enrolled To:  
Deceased’s Last Mailing Address:  
P.O. Box or Street Address | City | State | Zip

*The Deceased must have resided in the service area for at least 6 consecutive months*

Name of Applicant filling out this application: | Relationship to Deceased:  
---|---
Date of Birth: | Social Security Number: | Tribe Enrolled To:  
Mailing Address:  
P.O. Box or Street Address | City | State | Zip

Home Phone #: | Message Phone #: | Work Phone #:  

Name of Mortuary:  
Address: | City | State | Zip Code
Contact Person: | Phone: | Fax:  
Will the casket be built?  
Yes  
No  
If yes, by whom? Please write information below.
Name:  
Address: | City | State | Zip Code
Building Material Cost: $  
Getting Material from:  
Address: | City | State | Zip Code
Contact Person: | Phone: | Fax:  
Did the deceased have an Individual Indian Money (IIM) account?  
Yes  
No  
If YES, please contact Gloria Gorman at the BIA (907) 271-4111/Gloria.gorman@bia.gov

What are the plans you have arranged for the burial?

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________
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RECORD OF INCOME AND RESOURCES
Did the DECEASED have income from any source? ☐ Yes ☐ No

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

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

READ BEFORE SIGNING
I am applying 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. I understand that Maniilaq Employment and Training program 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 ______________

MUST READ and Initial to Agree to terms

1. 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.

Initials of applicant________________________

2. I agree to supply information regarding resources and income and to notify Maniilaq E&T of any changes in my situation.

Initials of applicant________________________

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Privacy Act Notice (PL 93-579)

The law requires every federal agency maintaining records about people to inform each person, from whom information is obtained, about the nature and purpose of the record. This includes employment and vocational training records maintained by the Maniilaq Association Higher Education and Career Development Department, as we have contracts with the U.S. Department of the Interior, Bureau of Indian Affairs; the U.S. Department of Labor, Division of Indian and Native American Programs; and the Department of Health and Human Services, Administration for Children and Families.

The purpose of the forms and questions asked of you is to enable us to organize, staff and provide comprehensive employment and vocational training services to the people we serve. In most instances you may choose not to answer the questions if you so desire, without risk to your rights and entitlements. However, by giving the information requested of you, we will be able to carry out our responsibilities to you more effectively, and render better services.

Information provided by you is held in confidence, and is only available to Maniilaq employees who have a need to know in the performance of their duties. In addition, certain data may be provided to local, state, federal, and other health and welfare facilities and agencies on a need-to-know basis for continuation of services, to provide for a proper evaluation of your case file and for reporting as required by the aforementioned federal agencies.

Data may also be made available to approved accreditation agencies and performance standard review organizations for evaluation of our system; to authorized research personnel with an approved research protocol when no personal identification data is included, and to the Department of Justice or other law enforcement agencies.

I CERTIFY THAT I UNDERSTAND THE AUTHORITY BY WHICH INFORMATION IS ASKED OF ME, AND THE PURPOSE AND USE TO WHICH THAT INFORMATION WILL BE PUT, AND THAT PROVIDING ANY INFORMATION IS VOLUNTARY ON MY PART.

Authorization for Release of Information

I, (applicant) ________________________________________________, and (co-applicant) ___________________________________________________, hereby authorize the release of information requested by the Tribal Government Services, Employment & Training Program. The requested information shall be used solely in the administration of Employment & Training and will not be release to any other person or agency outside the Employment & Training Program or its agents. I hereby authorize the Employment & Program Services to obtain and exchange information related to my applications to participate in their programs. And, to arrange for such participations based on my employability assessment and plan to employment related services and activities. This release of information shall be in effect while I am an applicant or recipient of Employment & Training 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, stock 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 Tribal Government Services.

Printed Name of Applicant __________________________ Date ______________ Printed Name of Co-Applicant __________________________ Date ______________

Signature of Applicant __________________________

Signature of Co-Applicant __________________________

Applicant SS# __________________________ Applicant DOB __________________________

Co-Applicant SS# __________________________ Co-Applicant DOB __________________________
NOTIFICATION TO CLIENT

Under the Privacy Act, 5 U.S.C. 552(a), Section 7(a)(1)(2), the E&T Program cannot give out the information you provide to our workforce development department with the exception of Federal, State, Tribal Offices and other programs who have some responsibility for providing the services for which you are applying. For any other person or program wanting information from your case record file, you must first give your written consent. You also have a right to know what information is inaccurate, ask your caseworker about how to change the information in the case record.

Fraud 18 U.S.C. 1001, Applicants and recipients who knowingly and willfully provide the program with false, fictitious or fraudulent information are subject to prosecution under 18 U.S.C 1001, which carries a fine and or imprisonment.

CLIENT RIGHTS

As a client, you have the right to be treated with respect; to be treated without regard to race, color, creed, national origin, religion, sex, sexual preference, age, disability or income status. E&T will keep your information confidential. You have the right to discuss any action taken on your application or your case with your case worker or with your case worker’s supervisor.

APPLICANT APPEAL/ GRIEVANCE PROCESS

Maniilaq Employment & Training has established a uniform grievance and appeals procedure applicable to all participants and tribal staff within this 477 program engaged in any type of activity included under the 477 Plan. The procedure insures due process and establishes a series of levels, starting with informal resolution at the staff level. The final tribal level of appeal is presented to the Maniilaq Association Tribal Government Administrator. All appeals and grievances must be in writing and submitted within ten business days of the action being appealed. Participant will be advised of determination(s) within ten (10) business days of receipt of written complaint(s). A grievance/appeal may be sought by any participant within our programs who believe that a violation of the Regulations has occurred or to further research eligibility determination. The following procedure shall be used as the means of settling such appeal and/or grievances:

Step 1. The participant will first make his/her complaint in writing known to his/her case worker, within 10 days of the incident.

Step 2. If the matter is not resolved to the satisfaction of the participant, the participant will immediately put such complaint in writing and submit this for review to the Employment & Training Lead Case worker, at P.O. box 256 Kotzebue, AK 99752.

Step 3. If the matter is not resolved to the satisfaction of the participant, the participant will immediately request in writing, that the complaint be reviewed by the Workforce Development Director.

Step 4. If the matter is not resolved to the satisfaction of the participant, the participant will immediately request, in writing a review by the Tribal Government Services Administrator.

Step 5. Resolution of the grievance should not exceed four working weeks from start to finish.

By signing below, you acknowledge that you have read, understand and have received a copy of the Grievance Procedures outlined above.

Participant Signature ___________________________________________ Date ____________________________

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