



MANIILAQ ASSOCIATION WORKFORCE DEVELOPMENT

BURIAL ASSISTANCE APPLICATION

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.
- If deceased resided in Kotzebue, please see Kotzebue IRA.
- The deceased must have resided in the Maniilaq service area for at least 6 consecutive months before death.
- BIA Burial Funds do NOT allow for reimbursements.
- Assistance is available only in the absence of 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.
- Burial Assistance does not cover the cost of transporting relatives to and from the community to attend the funeral.

Applicant Responsibility

Applicants are required to apply with the State of Alaska. If approved, WFD will not be able to assist. Deceased must not be receiving public assistance; SSI, SSA or PA.

If your application is incomplete, we will contact you to inform you of what's needed. You will have 30 days from the date we received your application to submit the required documents to our office. After the initial contact, it is the applicant's responsibility to contact our office to ensure your application is received and complete.

Eligibility Required Documents

- ☐ Complete, signed Burial Assistance application – must be submitted within 180 days following death
- ☐ Deceased must be Alaska Native or American Indian. Acceptable documentation - Certificate of Indian Blood from the Bureau of Indian Affairs, or Tribal Enrollment verification.
- ☐ Death Certificate or official letter from hospital or morgue
- ☐ Verification of Insufficient Resources – provide a copy of the deceased recent unpaid bill
- ☐ Deceased residency verification- Provide mail with recent deceased address or official statement from a business
- ☐ Burial Assistance approval or denial statement from the State of Alaska
- ☐ All income received for deceased, including bank statement(s) at time of death.
- ☐ If deceased was a minor child, please provide all income for that child and his/her parents at time of death.
- ☐ If deceased was married, please provide all income from deceased and spouse at time of death.

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Name of Deceased:		Date of Death:	
Date of Birth:	Social Security Number:	Tribe Enrolled To:	
Deceased's Last Mailing Address:	City:	State:	Zip:

Name of Applicant filling out this application:		Relationship to Deceased:	
Date of Birth:	Social Security Number:		Tribe enrolled to, if any:
Mailing Address:		City:	State: Zip:
Home Phone #:		Cell Phone #:	Work Phone #:
Name of co-applicant, if any:	Co-applicant home phone #:		Co-applicant cell phone #:

Name of Mortuary:			
Address:		City:	State: Zip:
Contact Person:		Phone:	Fax:
Cremation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are all expenses covered for cremation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will the casket be built? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are all expenses covered for the casket material? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Contact person building casket:		Contact number:	
Address:		City:	State: Zip:
Did the deceased have an Individual Indian Money (IIM) account? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If YES, please contact Gloria Gorman /BIA Representative at (907) 271-4111/Gloria.gorman@bia.gov			

Plans arranged for the burial:

[illegible]



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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*****

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-Fundraiser	\$
Other	\$
TOTAL RESOURCE INCOME	\$

READ BEFORE SIGNING

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.

I agree to supply information regarding resources and income. I understand I must report all changes of income. I authorize Maniilaq Workforce Development to obtain information necessary to establish eligibility for assistance.

Applicant Signature

Printed Name

Date



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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 all records maintained by Maniilaq Association Workforce 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 application is to enable us to provide comprehensive services. 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 on a need-to know basis 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 for continuation of services.

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 Maniilaq Association-Workforce Development. I authorize Workforce Development to obtain and exchange information related to my application. This release of information shall be in effect while I am an applicant or recipient of Workforce Development.

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 and 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