



Maniilaq Association Workforce Development Burial Assistance Application

A grant from the Bureau of Indian Affairs funds the Maniilaq Association Workforce Development burial assistance program. This an indigent program for Alaska Native or American Indians **when no other resources are available**. Applications will be accepted from the surviving spouse or 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 tribal or native corporation burial assistance, SSI, veteran's death benefits, social security, and Individual Indian Money (IIM) accounts. Upon determination that the deceased meets the basic eligibility conditions, a vendor payment to the mortuary will be made (a maximum standard amount) minus any available resources.

The deceased had to been a resident of the service area, that includes the following tribes: Ambler, Buckland, Deering, Kiana, Kivalina, Kobuk, Noatak, Noorvik, Selawik, and Shungnak. Residents of other villages/cities must apply to the closest tribal organization to the deceased's last known address. Burial Assistance does not cover the cost of transporting relatives to and from the community to attend the funeral and does not allow for reimbursements or payments to the family.

Basic Eligibility information/documents needed:

- Application for Burial Assistance completed by Next of Kin within 180 days of death
- Deceased must be Alaska Native or American Indian. Acceptable documentation is Certificate of Indian Blood from the Bureau of Indian Affairs (showing tribe enrolled into), or Tribal Enrollment verification.
- Current Photo Identification.
- Proof of Residency, examples would include rental agreement, utility bills. Deceased must have resided within the Maniilaq Service area for the past thirty consecutive days.
- Proof of income. Must submit current income available to deceased and current bank statement.
- Death Certificate or official document from a hospital, morgue or funeral home.
- Proof of applying for all other available resources, i.e. State of Alaska, Native Corporation, Veterans Affairs, Tribe, Local and Federal entities. Assistance provided when no other resources are available.

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 authorize Maniilaq WFD to obtain the information necessary to establish eligibility for this assistance.



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Section I - Personal Information on deceased

Date of Application ____/____/____

Name:		Cause of Death:	
Date of Birth:	Social Security Number:		Tribe Enrolled To:
Last Known Mailing Address		City	State Zip
Home Address		City	State Zip
Place of Death:	Date of Death:	Alaska Resident Y N	Veteran Y N

Name of relative applicant:		Relationship to Deceased:	
Date of Birth:	Social Security Number:		Tribe enrolled to, if any:
Mailing Address		City	State Zip
Home Phone:	Cell Phone:	Message Phone:	

Applicant Status: __Single __Married __Divorced __Separated __Widowed
 (Circle all that apply) __Single Parent __2 Parent Family __Foster Parents __Teen Parents __Dependent
 __Adoptive Parents __Legal Guardian __Grandparent Parent __Head of Household

Ethnicity: (If you have multiple, enter a P for Primary, and an S for Secondary)

___Alaska Native ___Asian ___Caucasian ___Hispanic
 ___American Indian ___African American ___Hawaiian ___Other

Complete the following for the deceased - Shareholder and Corporation:

Shareholder ___ ___13th Region ___Bristol Bay ___Koniag ___Doyon
 Family member ___ ___Ahtna ___Calista ___NANA
 Descendant of ___ ___Aleut ___Chugach ___Sealaska
Select a corporation ➡ ___ASRC ___CIRI ___Bering Straits

Education Status:

___Dropout Enrolled in H.S.? Y N
 ___Student Highest Grade Completed
 ___High School Grad/GED Degree/Certificate Attained? Y N
 ___Post-High School Post High School Level Completed (Degree) _____

Employment Status: Was the deceased working? Y N Hr. Wage \$ _____
 Occupation _____



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Section II - Family Income

Check all sources of income that apply in each column.	Last 30 Days	# of Months		Last 30 Days	# of Months
Employed FI <input type="checkbox"/> PT <input type="checkbox"/>	\$		Child Support	\$	
Unemployment Benefits	\$		Social Security Income (SSI)	\$	
ATAP/TANF Benefit	\$		Foster Care Payments	\$	
Child Care Assistance	\$		Inheritance	\$	
Food Stamps	\$		Retirement Pension	\$	
General Assistance/General Relief	\$		Native Corp. Dividends	\$	
Permanent Fund Dividend	\$		Longevity Bonus	\$	
Scholarship/Grants			Housing Assistance		
Other(List):	\$		Other(List):	\$	

Name of Funeral Home:	
Address and Phone of Funeral Home:	
Name of Next of Kin or Relative Applicant:	Phone Number:
Next of Kin or Relative Applicant Address:	
Will a 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 name of person building casket:	Contact number:
Maniilaq WFD Burial Assistance Program covers basic burial costs incurred through the funeral home. Answer the following:	
Was the deceased receiving public assistance?	
Did the deceased have life insurance?	
Was the deceased married at the time of death?	
Does the deceased have a prepaid funeral plan?	
Is any other tribe or corporation assisting you with burial assistance? If yes, list the name(s):	
Did the deceased have a BIA Individual Indian Money (IIM) account? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If YES, please contact Gloria Gorman/BIA Representative at (907) 271-4111/Gloria.gorman@bia.gov</i>	



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APPLICANT CERTIFICATION

I am applying for Burial Assistance for the above named family member. I cannot afford to pay for the burial of the deceased from my own resources. I certify that I have written and checked the information on this application carefully and that it is a true and complete statement of facts according to the best of my knowledge and belief. I understand that it is against the law to make false statements and that I am subject to prosecution for any false statements included in this document.

I agree to notify Maniilaq WFD within 10 days if I become aware of additional information in the future that was either incorrectly stated or omitted on this application. I acknowledge that this future information includes crowd sourcing accounts (e.g. – Go Fund Me, Kickstarter, or their like), life insurance, burial insurance, property owned by the deceased, bank accounts, available liquid resources, or other assets easily converted into cash.

I understand the above and agree to provide any documents necessary to prove eligibility for the deceased's burial assistance, and I understand that the Maniilaq WFD Burial Assistance Program is authorized to obtain information necessary to establish eligibility.

Applicant (Next of Kin) Signature

Date

UNIFORM GRIEVANCE & APPEALS PROCEDURE: The Tribe has established a uniform grievance and appeals procedure applicable to all participants and tribal staff within the 477 program engaged in any type of activity included under the 477 Plan and Employment & Training Program. The procedure ensures due process and establishes a series of levels, starting with informal resolution at the staff level. The final level of appeal is to a committee including the Department Director and two other senior-level tribal administrative staff. Appeals to the final level must be in writing and submitted within ten business days of the action being appealed. Participants will be advised of determination(s) within ten (10) business days of receipt of written complaint(s). The levels are as follows:

Step 1: Informal/Verbal Complaint-Resolve informally at the staff level.

Step 2: Written Complaint: Time and Date received noted, staff relays to Director. The participant is contacted directly. The director investigates/reviews complaints. Once determination is made the participant is advised.

Step 3: Final Formal Complaint: If unable to resolve or the participant is not satisfied with the Director's determination, a written request for Final review may be made by the participant. The Department Director will relay all pertinent written documentation to senior-level tribal administrative staff that includes one or more of the following as applicable: Human Resource Director, Deputy Administrator, Vice-Chairman, or Tribal Chairman.

Step 4: Only when the grievance specifically involves an elected official, will Step 4 apply. All written grievances will be reviewed following the Tribe's by-laws.



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MANIILAQ BURIAL ASSISTANCE PROGRAM

Release of Information

Name of Deceased: _____

Social Security No.: _____

OR Division of Public Assistance

Name of Funeral Home

OR Other: _____

I authorize the release of information from the above listed agencies to assist with the eligibility determination and/or services from the:

Maniilaq Workforce Development Department
PO Box 256
Kotzebue, AK 99752
Tel: (907) 442-7021, Fax: (907) 442-7025

This information is only for the qualification purposes for the Maniilaq WFD Burial Assistance Program; or

Other, as specified: _____

I understand that I may revoke this authorization at any time, except for that action which has already been taken. Any information will NOT be released by the above named person or organization to any other person or organization unless I authorize. With my expressed revocation, this consent will automatically expire upon satisfaction of the need for disclosure. I understand that I have a right to receive a copy of this request. If the client is a minor and being treated for alcohol/drug abuse, the signature of the minor is required by federal law.

EXPIRATION: Not to exceed six (6) months from date signed.

Applicant Signature

Date

Representative Signature

Date

Witness Signature

Date