



Ninilchik Traditional Council
Tribal Services Department
P.O. Box 39444
Ninilchik, Alaska 99639
Phone: 907-206-2740 / Fax: 907-567-3354
E-mail: eweber@ninilchiktribe-nsn.gov

APPLICATION FOR BURIAL ASSISTANCE

Name of Deceased: _____

Deceased's Date of Birth: _____ Date of Death: _____

Tribe Enrolled To: _____ Tribal Enrollment #: _____

Deceased's Last Address: _____

P.O. Box or Street Address City State Zip

The deceased must have resided in the service area

Name of Relative Applicant: _____ Relationship to Deceased: _____

Mailing Address: _____

P.O. Box or Street Address City State Zip

Home Phone: _____ Message Phone: _____ Work Phone: _____

What are the plans you have arranged for the burial? _____

Name of Mortuary: _____

Address: _____

P.O. Box or Street Address City State Zip

Contact Person: _____ Phone: _____ Fax: _____

Will the casket be built? Yes No _____ If yes, by whom? Please write information below.

Name: _____

Address: _____ Phone: _____

P.O. Box or Street Address City State Zip

Building Material Cost: \$ _____

Vendor Name: _____

Address: _____

P.O. Box or Street Address City State Zip

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



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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 proof of ALL income & resources*****

SOURCE OF INCOME	AMOUNT
Salary #1: Deceased's Income/Salary	\$
Salary #2: Surviving Spouse's Income/Salary	\$
Life Insurance	\$
*State of Alaska ATAP/Tribal TANF	\$
*Adult Public Assistance (APA)	\$
Social Security (SSA) or SS Retirement	\$
Supplemental Security Income (SSI)	\$
Disability Insurance	\$
Alaska Permanent Fund Dividend (PFD)	\$
Cashouts of Retirement or Pension Plans	\$
State Longevity	\$
Veteran's Benefit	\$
Unemployment Insurance Benefits (UIB)	\$
Worker's Compensation	\$
Medicare/Medicaid	\$
Native Corporation Dividends	\$
Native Corporation Dividends	\$
Checking Account	\$
Savings Account	\$
Donations - Community and/or Churches	\$
Donations	\$
TOTAL MONTHLY INCOME	\$

READ BEFORE SIGNING

I will 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



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Date: _____

I, _____, hereby authorize the release of information requested by the Ninilchik Tribe, 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 hereby authorize the Ninilchik Tribe 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 employment related activities. This release of information shall be in effect while I am an applicant or recipient of Burial Assistance, and for any later investigations 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 Ninilchik Tribe.

FRAUD NOTICE: Under 18 U.S.C. §1001, the Federal Law concerning fraud states: "Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or devise a material fact, 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 or imprisoned not more than five years or both.

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 if signed with an "X"

Social Security Number

Date of Witness Signature

Date of Applicant Signature



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CLIENT RIGHTS & RESPONSIBILITIES

The client has the right to: be treated with respect; to be treated without regard to race, color, creed, national origin, religion, sex, sexual orientation, age, or disability. Understand that all personal information be held confidential. Be fully informed of all fees associated with services received from NTC. And have access and review of files with NTC staff member present.

The client has the responsibility to: treat NTC staff with respect, be accurate and complete as possible when providing information to the Ninilchik Traditional Council. Carry out NTC Program rules and regulations. Inform NTC staff of any changes in address, income, etc. Actively participate in the decision-making process and follow through with associated processes.

CLIENT GRIEVANCE PROCEDURE

A procedure has been established and maintained by the Ninilchik Traditional Council to assist clients in resolving any complaints or grievances arising from any real or perceived violations of client rights.

No specific form is necessary to file a grievance. However, a grievance must be in writing and must state clearly that this inquiry is in regard to a grievance. You must clearly state the problem(s) by detailing the action taken or not taken by NTC staff and outline possible solutions and/or resolutions.

An earnest effort will be made by NTC staff to resolve problems in a prompt and professional manner. The following steps outline the procedure for grievance resolution

- Step 1. Submit a complaint in writing to the General Assistance Program Manager. An informal meeting will be scheduled to discuss the complaint. If the complaint cannot be resolved informally, the Childcare Specialist shall, within 10 days, issue a written decision.
- Step 2. If unsatisfied with the written decision by the General Assistance Program Manager, the client can submit an appeal, in writing to the NTC Quality Care Management Committee, C/O Executive Director, P.O. Box 39070, Ninilchik, AK 99639. A hearing will be scheduled within 30 days of receipt of the appeal. The Executive Director will issue a written response within 10 days of the hearing with the Quality Care Management Committee.