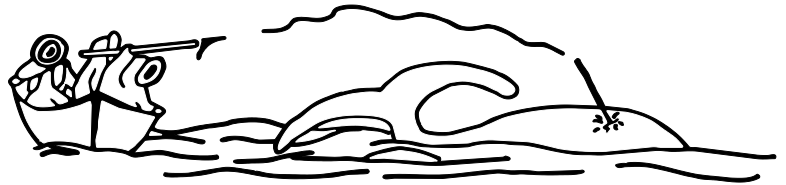




NOME ESKIMO COMMUNITY
 P.O. BOX 1090
 NOME, ALASKA 99762
 PHONE (907) 443-2246
 FAX (907) 443-3539



BURIAL ASSISTANCE REQUEST

The deceased must have resided in the Nome Service Area for the last 6 months of his/her life
 If the deceased was a minor child, please provide the income of all household members

Name of Deceased: _____ Social Security #: _____

Date of Birth: _____ Date of Death: _____ Tribe: _____

Name of Next of Kin: _____ Relationship to Deceased: _____

Address: _____

Home Phone #: _____ Work Phone #: _____

Did the decease have income from any sources? Yes No
 If yes, please list sources on 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	\$
Social Security	\$
Disability Insurance	\$
Pension or Retirement	\$
State Longevity	\$
Medicare or Medicaid	\$
Veterans Benefit	\$
Donation	\$
Other	\$
TOTAL RESOURCE INCOME	\$

Please note:

NEC Burial Assistance Program cannot pay for funeral services in excess of \$2,500.00. If another party pays for any portion of these funeral expenses, NEC cannot supplement any cost. If the body is transported from Nome by court order for autopsy or other purposes, the agency in charge of these arrangements will pay the transportation cost back to Nome for burial.

Have the funeral arrangements been made? Yes No

Name and address of Funeral Home

Funeral home Director

Funeral home phone number

Please read before signing:

My signature attests that the information provided by me is a true representation of the circumstances. By signing this application, I hereby give NEC WA Program permission to verify all information needed to make an eligibility determination for burial assistance on behalf of the deceased.

Signature: _____

Date: _____

Print Name: _____

Phone: _____

DO NOT WRITE BELOW THIS LINE

****FOR OFFICAL USE ONLY****

Date of Death: _____

Date Application received: _____

Burial Assistance Payment Standard (Not to exceed\$2500.00)	\$2,500.00
Subtract ALL Income Resources	\$
TOTAL ADJUSTED NEED =	\$
Subtract Total Burial Cost =	\$
Remaining Funds =	\$
Subtract Funeral Feast (Not to exceed \$400.00)	\$
TOTAL BURIAL ASSISTANCE PAYMENT =	\$

Please note:

If a family requests assistance for the funeral feast, up to \$400.00 may be provided. The \$400.00 is not in addition to the payment standard of \$2,500.00.

Decision of Application: Approved Denied Date: _____

Comments/notes: _____

Caseworkers Signature: _____ Date _____

