



Nome Eskimo Community
Box 1090
Nome, Alaska 99762
Phone (907)443-2246
Fax (907)443-9144
www.necalaska.org



Nome Eskimo Community Burial Assistance Application

Burial Assistance is a BIA funded income based program that, provides financial assistance for funeral expenses for which other financial resources are unavailable. NEC Burial Assistance Program cannot pay for funeral services in excess of \$3,500.00. 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.

Eligibility Criteria:

- 1) Tribal member of Nome Eskimo Community and a resident of the Nome service area for the last 6 months prior to their death;

Application Checklist

Please use this checklist to ensure your application is complete. Copies of all the following documentation are required to determine eligibility.

- The next of kin must contact the NEC Tribal Services Department
- Next of kin must apply at Alaska Public Assistance. If they are denied assistance, then NEC Tribal Services Department may review the application.
- Next of kin must provide documentation on bank accounts, any income from the deceased or deceased's spouse, including but not limited to: salary, Social Security, Disability, pension/retirement, Veteran's benefits.
- Next of kin must provide information on any community donations received towards the funeral expenses.
- Provide one of the following Death Certificate, Letter from the Hospital, or Letter from the funeral home as proof.
- Provide Invoice for the funeral home.



Nome Eskimo Community
 Box 1090
 Nome, Alaska 99762
 Phone (907)443-2246
 Fax (907)443-9144
 www.necalaska.org



BURIAL ASSISTANCE APPLICATION

****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 parents in the household.

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 #: _____

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

Please provide a copy of the last month bank statements

SOURCE OF INCOME	AMOUNT
Salary #1: 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:

Must be income eligible and applications will be accepted from the surviving spouse or a relative responsible for making funeral home arrangements. If another party pays for any portion of these funeral expenses, NEC cannot supplement any cost.

If the body is transported 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



Nome Eskimo Community
 Box 1090
 Nome, Alaska 99762
 Phone (907)443-2246
 Fax (907)443-9144
 www.necalaska.org



Name and address of Funeral Home

 Funeral home Director

 Funeral home phone number

Please read before signing:

Nome Eskimo Community Burial Assistance Program is not automatic and are not an entitlement; you must apply for the assistance to see if one qualifies, and provide all necessary documentation including income and tribal verification. Burial application is processed immediately upon receipt of all required documentation.

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: _____ Tribal Enrollment Verification: _____

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 a funeral feast, up to \$400.00 may be provided. This will be deducted from the payment standard of \$3,500.00.

Decision of Application: Approved Denied Date:

Comments/notes: _____

Caseworker Signature: _____ Date: _____