Burial Assistance

Burial Assistance (BA) is a burial program for individuals who lack all other available resources. The program assists families with expenses such as funeral home services, a casket, and cross or headstone, transportation of the remains to Bethel.

Funds are not used for transportation for family members and/or loved ones.

Application must be completed by the surviving spouse or the relative responsible for making the funeral arrangements. It’s important for our office to have one point of contact to avoid any mistakes in communication. It is equally important for that point of contact to be in communication with one case worker, unless there are extenuating circumstances.

**Eligibility Requirements**

Deceased must be an Alaska Native or American Indian and have lived in Bethel for at least six consecutive months prior to their death. There are some exceptions. Determination will be on a case-by-case basis.

Eligibility is based on the income and resources available to the deceased, which includes but is not limited to Supplementary Security Income (SSI), veterans’ death benefits, social security, and Individual Indian Money (IIM).

Determination of need will be accomplished on a case-by-case basis using the current BIA payment standard.

**Application Process**

Applications must be submitted within 30 days following death. We do not require a death certificate.

Please have the following available:

[ ] Copy Tribal ID [ ] Copy of Certificate of Degree of Indian Blood if no Tribal ID

[ ] Invoice from funeral home [ ] Estimate of cost of coffin, cross, or headstone

[ ] Estimate of shipping costs for remains

Other documents may be needed based on your family’s needs.

The goal of the 477 Department staff is to help in any way that we can. We have information available in our office about the Burial Assistance Program, as well as other resources that you may be eligible for to help with the process of burying a loved one.

Name of Deceased:

Date of Birth: Date of Death:

Tribe Name and Enrollment Number:

Social Security Number:

Address:

Applicant Name: Relationship to Deceased:

Mailing Address:

Contact Phone Number:

What are the funeral arrangements?

Name of Mortuary/Funeral Home:

Address:

Contact Person Name: Contact Number and Fax:

Will you use a separate vendor for the casket and cross? [ ] Yes [ ] No

If yes, provide Business name, address, and contact information below (or attach an invoice or estimate):

Have you applied for assistance from the following:

[ ] State of Alaska Adult Public Assistance [ ] Calista Education & Culture, Inc. Burial Assistance

[ ] Village Corporation [ ] Coastal Villages Region Fund [ ] Other:

Name of Deceased: Social Security Number:

Date of Birth: Date of Death:

Address:

Did the deceased have a source of income? [ ] Yes [ ] No

If yes, applicant must provide proof of income from all income sources.

**Salary of Deceased $**

Spouse’s salary $

**Adult Public Assistance $**

Public Assistance Burial Funds $

**Social Security $**

Disability Insurance $

**Pension and Retirement $**

Medicare or Medicaid $

**Veterans Benefit $**

Checking Account $

**Savings Account $**

Donations $

**Total $**

**Acknowledgements and Release of Information**

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 and to notify the agency of any changes in my situation.

I certify that the information contained above is complete and accurate to the best of my knowledge. I understand that I am signing this statement under penalty of prosecution if I knowingly give false information, which results in assistance received for which I am not eligible.

ONC 477 Department 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. A reproduction of this release is as valid as the original; to be used indefinitely for the present time and future eligibility verifications.

Printed Name and Signature of Applicant Date