



Burial Assistance Addendum

*****Only complete applications will be processed*****

BBNA Burial Assistance Program: The Bristol Bay Native Association Burial Assistance Program is funded by a grant from the Bureau of Indian Affairs. The burial assistance program is for indigent Alaska Native or American Indians when no other resources are available. Applications will be accepted from 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/or donation accounts. Upon determination that the deceased meets the basic eligibility conditions, a maximum standard amount (minus any available resources) are paid directly to vendors that have been listed on the application.

NOTE: Casket supplies for casket building require approval of the application and a purchase order prior to picking up materials.

If deceased was receiving State of Alaska Public Assistance, an application must be submitted to the State of Alaska.

Burial Assistance does not cover the cost of transporting relatives to and from the community to attend the funeral.

Burial assistance will not exceed \$2500.00

Basic Eligibility and Required Documents:

- Must be Alaska Native and/or American Indian, provide documentation of deceased's enrollment in federally recognized tribe
- Must provide Photo ID
- Must be a resident of the Bristol Bay Region and provide proof of residency (examples would include rental agreement or utility bills). The deceased must have resided within the boundaries of the Bristol Bay Region for the past six consecutive months.
- Completed BBNA Burial Application
- Proof of Income (Must submit current income and current bank statement)

Bristol Bay Communities:

Aleknagik
Clarks Point
Ekuk
Kokhanok
Manokotak
***Nondalton**
Portage Creek
Twin Hills

Chignik Bay
Dillingham/Curyung
***Igiugig**
King Salmon
***Naknek**
***Pedro Bay**
***Port Heiden**
***Ugashik**

Chignik Lagoon
Egegik
***Iliamna**
Koliganek
***Newhalen**
Perryville
South Naknek

Chignik Lake
Ekwok
Ivanof Bay
Levelock
New Stuyahok
Pilot Point
Togiak

BBNA cannot provide Burial Assistance services; please contact the Tribal Council in your community

If you have any questions please do not hesitate to contact us.



Bristol Bay Native Association - Workforce Development

P.O. Box 310 • Dillingham, AK 99576 • Phone 907-842-2262 or
1-888-285-2262 Fax 1-(833) 693-0570 • eligibility@bbna.com

BBNA Burial Application

Section I – Personal Information for the deceased

NAME: _____
 (First) (Middle) (Last) (Also known as / Maiden Name)

SOCIAL SECURITY # _____ **DATE OF BIRTH:** _____ **GENDER:** Male Female

MAILING ADDRESS: _____
 (P.O. Box #) (City) (State) (Zip Code)

PHYSICAL ADDRESS: _____
 (Street Address) (City) (State) (Zip Code)

TRIBAL ENROLLMENT: (Please check one or indicate "Other" and provide a Copy of Tribal Card)

Aleknagik	Chignik Bay	Chignik Lagoon	Chignik Lake	Clarks Point	Dillingham	Egegik
Ekuk	Ekwok	Igiugig	Iliamna	Ivanof Bay	Kanatak	King Salmon
Kokhanok	Koliganek	Levelock	Manokotak	Naknek	New Stuyahok	Newhalen
Nondalton	Pedro Bay	Perryville	Pilot Point	Port Heiden	Portage Creek	South Naknek
Togiak	Twin Hills	Ugashik	Other: _____			

BBNC Shareholder? No Yes (If Yes, Please complete BBNC memorial Fund application)

ETHNICITY: Alaska Native American Indian Asian African American Hispanic or Latino
 Native Hawaiian Pacific Islander Caucasian Other: _____

FAMILY / LIVING SITUATION: (Please check ALL that apply)

MARITAL STATUS: Single Living as a Couple Married Separated Divorced Widowed

FAMILY STATUS: Single Parent Two Parent Foster Parents Teen Parent Other _____

LIVING SITUATION: Own Home Rent Home Rent Room Multi-family Home Overcrowded Living Situation
 Homeless-Describe: _____ Other-Describe: _____

EDUCATIONAL STATUS: Student: Current Grade: _____ HS Dropout: Highest Grade Completed: _____
 High School Graduate – Year: _____ GED Graduate – Year: _____ Some College/No Degree
 College Graduate: Type of Degree: AA/AAS BA/BS MA/MS Vocational Graduate: _____

CURRENT EMPLOYMENT STATUS: (Please check ALL that apply)

Full-time Employed Part-time Employed Seasonal Employed-In Season Seasonal Employed– Not in Season
 Hold Multiple Jobs Unemployed Collecting Unemployment – 15+ weeks: Yes No
 Dislocated Worker Migrant Worker Not in the Labor Force
 On Public Assistance (ATAP, TANF, General Assistance (GA), Food Stamps, etc.)

IF DECEASED WAS EMPLOYED:
 Hr. Wage \$ _____ Occupation: _____
 Employer: _____
 Employer Phone Number: _____

Answer the following:

- | |
|--|
| 1. Was deceased receiving state or public Assistance? Yes No |
| 2. Did the deceased have life insurance? Yes No |
| 3. Is there any other tribe or corporation providing burial assistance? Yes No |
| 4. Was the deceased a veteran? Yes No |
| 5. Was the deceased married at the time of death? Yes No |
| 6. Does the deceased have a prepaid funeral plan? Yes No |
| 7. Was the deceased transported to Anchorage by the State of Alaska Yes No |

Section II – Household Information

HOUSEHOLD MEMBERS: (Please list ALL household members)

First, MI and Last Name	Relationship to Applicant	Tribal Enrollment	Date of Birth	Social Security #

Section III – Household Income and Resources

List all sources of income that apply: YOU MUST PROVIDE PROOF OF INCOME WITH THIS APPLICATION AND A MOST RECENT BANK STATEMENT

Type of Payment	How Much	How Often	Type of Payment	How Much	How Often
Social Security (Blue/Green Check)			State Checks for Aid to Blind, Disabled, Aged		
Supplemental Security Income			Retirement/Pension		
Veteran Benefits			ATAP / TANF / GA Benefit		
Unemployment Insurance			Child Support/Alimony		
Native Dividend Payments			Payments from Renters/ Boarders		
Money from Friends or Relatives (Not loans) and Go Fund Me, Fundraisers, kick starts, Etc.			Interest or Dividends from Savings, Stocks, etc...		
Other (specify); Longevity bonus/Permanent Fund, Inheritance, donations, etc...			Senior Benefits (Longevity)		
Employment			Self-Employment (Selling crafts, In-home daycare, Foster Care etc.)		

Section IV – Burial Service Information

Place of Death:	Date of Death:
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Please Check the services you are requesting -		
Casket - <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, select color)	White <input type="checkbox"/> Blue <input type="checkbox"/>	Ex- Large - <input type="checkbox"/> Yes <input type="checkbox"/> No
Transportation to burial site <input type="checkbox"/> Yes <input type="checkbox"/> No	From:	To:
Funeral home services <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Funeral Home		
Funeral Home Contact Name		
Funeral Home Contact Number		
Casket Building Materials <input type="checkbox"/> Yes <input type="checkbox"/> No (application must be approved prior to picking up supplies)		
Burial Feast <input type="checkbox"/> Yes <input type="checkbox"/> No (Will not exceed \$500.00 and is limited to the amount remaining after burial services.)	Check one: <input type="checkbox"/> Bigfoot <input type="checkbox"/> Alaska Commercial <input type="checkbox"/> N&N Market	

Section V – Your Information

Name of Applicant (first, Middle, Last)	Relationship to Deceased	Birthdate	Social Security Number
Mailing Address (Street or P.O. Box)	City	State/Zip Code	Phone Number
I am applying for Burial Assistance because I cannot afford to pay for the burial from my own resources.			

IMPORTANT NOTICE ABOUT YOUR RIGHTS

FAIR HEARING: If you do not agree with any decision made in any matter concerning your case, you have the right to a fair hearing. You may make this request in writing or in person to any office of the Bristol Bay Native Association.

AGREEMENT

I certify that I have checked the information on this application carefully and that it is a true and complete statement of facts according to my best knowledge and belief.

I understand that it is against the law to make false statements and that I am subject to prosecution if I do. I further understand that some of all statements on this application may be subject to investigation by the Bristol Bay Native Association.

I agree to notify the Bristol Bay Native Association within 10 days if I become aware of additional information 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 other like accounts or donations), life insurance, burial insurance, property owned by the deceased, bank accounts, available liquid resources, or other assets easily converted into cash.

I understand the Bristol Bay Native Association may place a claim against the estate of the deceased, not to exceed the payment amount for services requested with this application, should I supply false information regarding this application.

I understand that in order for the Bristol Bay Native Association, Workforce Development Center to serve me under the General Assistance Burial Program they will need information from the State, Federal, City Councils, Village Councils, Employers, Private or Educational Agencies. I hereby give my authorization to release information (including income) to the Bristol Bay Native Association.

I understand the above and I agree to provide any documents necessary to prove my eligibility for assistance. If documents are not available, I agree to provide name(s) of persons or organization the Bristol Bay Native Association may contact to obtain the necessary proof. I also authorize the Alaska Department of Labor to release to the Bristol Bay Native Association information about any eligibility for Unemployment compensation benefits or wage credits.

PRINT: _____ **SIGNATURE:** _____ **DATE:** _____