

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 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	\$
Public Assistance Burial Funds	\$
Social Security	\$
Disability Insurance	\$
Pension or Retirement	\$
State Longevity	\$
Medicare or Medicaid	\$
Veterans Benefit	\$
Checking Account	\$
Savings Account	\$
DONATION-Community	\$
DONATION-Native Corporation	\$
DONATION-Tribal Organization	\$
DONATION-Community	\$
Other	\$
Other	\$
TOTAL RESOURCE INCOME	\$

READ BEFORE SIGNING

I 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

Burial Assistance File Checklist

COMPLETED

1. Application Form

(Must be submitted within 30 days following death-A completed, signed and dated by relative applicant with a copy of death certificate)

2. Tribal Membership Verification (verified for the deceased)

3. Verification of Residence in Service Area

(Deceased must have lived in service area for at least the last 6 months of his/her life)

4. Verification of Insufficient Resources

5. Verification of processed BA payment

(Copy of check, voucher, purchase order, receipts of payment or billing, etc.)

6. Client Case Notes

(Include the (SAP) situation, assessment and plan)

7. Approval, Pending, Denial Letter Sent

(Letters must include appeal language and steps to do so)

8. Release of Information

(AS NEEDED-Signed by relative applicant)

Date of Death: ___/___/___ Date Application Received: ___/___/___

Application Received By: _____

DECISION OF APPLICATION: Approved Denied Date: ___/___/___

Step 1.	Burial Assistance Standard	\$ _____
Step 2.	Subtract ALL Income/Donations	-
Step 3.	Maximum Burial Assistance Amount.	
Step 4.	Subtract Total Burial Costs. If burial costs exceed the amount in Step 3, use only the amount in Step 3.	-
Step 5.	Remaining Funds. If you have money left over after paying the burial costs you may use the money to pay towards a Funeral Feast.	
Step 6.	Funeral Feast. A Funeral Feast cannot exceed \$400.00	-
Step 7.	Balance.	-
Step 8.	Total Burial Assistance Paid. Subtract the Balance in Step 7 from the Maximum Burial Assistance Amount in Step 3. This is the total amount payable for this burial assistance.	

Caseworker Signature: _____ Date: ___/___/___

Supervisor Signature: _____ Date: ___/___/___

