



**CENTRAL COUNCIL**  
*Tlingit & Haida Indian Tribes of Alaska*  
 320 West Willoughby Avenue, Suite 300  
 Juneau, Alaska 99801  
 907•463-7158 /1800•344- 1432 Toll Free  
**Employment & Training**

<b>Burial Assistance Case file Checklist</b>		
Name of Deceased	Date of Death	Date Application Received
Name of Applicant	Contact Phone #	Relationship to Deceased
<b>Application Checklist</b>		
<p>Applications must be submitted within 30 days of Date of Death. Application must be fully completed for financial assistance. Incomplete applications cannot be processed. Assistance for Funeral Feast/Potlatch may not exceed \$400 and is part of the Maximum benefit of \$2500.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Application Form complete</li> <li><input type="checkbox"/> Death Certificate</li> <li><input type="checkbox"/> Proof of Tribal Membership for the deceased</li> <li><input type="checkbox"/> Proof of Residence in the Service Area for past 6 months</li> <li><input type="checkbox"/> Proof of Insufficient Resources</li> <li><input type="checkbox"/> Proof of Application with State of Alaska General Relief Assistance Burial Assistance Program</li> <li><input type="checkbox"/> Release of Information Signed by Relative Applicant</li> </ul>		
Decision of Application: <input type="checkbox"/> Approved <input type="checkbox"/> Denied    Date of Notice:		

Burial Assistance Benefit Amount	
Step 1. Burial Assistance Standard	\$2,500. 00
Step 2. Subtract all Income/Donations	
Step 3. Maximum Burial Assistance Amount	
Step 4. Subtract total Burial costs (if burial costs exceed the Maximum amount in step 3 - then limit is amount in step 3)	
Step 5. Remaining funds - any funds left over may be used for Funeral Feast/Potlatch	
Step 6. Funeral Feast/Potlatch - may not exceed \$400.00	
Step 7. Balance	
Step 8. Total Burial Assistance Paid - subtract the balance in step 7 from the Max Burial Assistance amount in Step 3	
<b><i>The Burial Assistance payment in Step 8 will be sent directly to the Mortuary listed in the Application.</i></b>	

Case Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_