



# Ketchikan Indian Community · Social Services

201 Deermount · Ketchikan, AK 99901  
 Phone (907) 228-9206 · Fax 1-800-476-2094

## Burial Assistance Program

General Assistance (GA) Burial Assistance program is a secondary resource and is not to be used to supplant other programs such as State of Alaska Burial Assistance. **Clients must apply with the state for Burial Assistance** and, if eligible, receive services from that agency, and then the GA Burial Assistance program. **Must reside in Ketchikan.** Saxman residents must apply through CCTHTA.

### Required Documents

Documentation Provided by Applicant
Completed and Signed Application
Proof of KIC Enrollment <i>or</i> Blood Quantum Card
Copy of Bill from Ketchikan Mortuary
Proof of Monthly Income (pay stub or bank statement)
Proof of Application or Denial from State of Alaska Burial Assistance
If Receiving Social Security or Disability a document showing proof
Release of Information signed
Fraud Statement Initialed
Other:

Name of Relative Applicant	Relation to Deceased	Mailing Address	Phone Number

<b>Full Name of Deceased</b>	Last	First	MI
<b>Maiden Name or Other Names Used:</b>			
<b>KIC Enrolment Number:</b>			
<b>Mailing Address</b>			
<b>Physical Address</b>			
<b>Social Security Number</b>			
<b>Marital</b>	<input type="radio"/> Single	<input type="radio"/> Married	<input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Widowed

<b>What are the plans you have arranged for Burial?</b>

Salary #1: Deceased's Income/Salary	<input type="radio"/> Yes	<input type="radio"/> No	If yes, how much: \$
Salary #2: Spouse's Income/Salary	<input type="radio"/> Yes	<input type="radio"/> No	If yes, how much: \$
Adult Public Assistance	<input type="radio"/> Yes	<input type="radio"/> No	If yes, how much: \$
Public Assistance Burial Funds	<input type="radio"/> Yes	<input type="radio"/> No	If yes, how much: \$
Social Security	<input type="radio"/> Yes	<input type="radio"/> No	If yes, how much: \$
Disability Insurance	<input type="radio"/> Yes	<input type="radio"/> No	If yes, how much: \$
Pension or Retirement	<input type="radio"/> Yes	<input type="radio"/> No	If yes, how much: \$
State Longevity	<input type="radio"/> Yes	<input type="radio"/> No	If yes, how much: \$
Medicare or Medicaid	<input type="radio"/> Yes	<input type="radio"/> No	
Veterans Benefit	<input type="radio"/> Yes	<input type="radio"/> No	If yes, how much: \$
Checking Account	<input type="radio"/> Yes	<input type="radio"/> No	If yes, how much: \$
Savings Account	<input type="radio"/> Yes	<input type="radio"/> No	If yes, how much: \$
Donation-Community	<input type="radio"/> Yes	<input type="radio"/> No	If yes, how much: \$
Donation-Native Corporation	<input type="radio"/> Yes	<input type="radio"/> No	If yes, how much: \$
Donation-Tribal Organization	<input type="radio"/> Yes	<input type="radio"/> No	If yes, how much: \$
Other	<input type="radio"/> Yes	<input type="radio"/> No	If yes, how much: \$
<b>Total:</b>			

**\*\*\*Applicant MUST provide proof of ALL income reported & received\*\*\***

**READ BEFORE SIGNING:**

I am applying for financial assistance for Burial Assistance for the deceased who is in need. I agree to supply information regarding resources and income

I certify to the best of my knowledge that the information and documentation contained in this application is accurate and true. I also understand that additional information may be requested to verify what has been submitted.

I understand that my application is subject to verification, and that falsification of information shall subject me to Federal prosecution under 18 U.S.C. §1001, which carries a fine of not more than \$10,000 or federal imprisonment for not more than 5 years, or both. I also understand that if I receive services as a result of falsified information, I will have to repay the Tribe for those services.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**Please submit applications to:**

**Ketchikan Indian Community  
General Assistance Program  
201 Deermount  
Ketchikan, AK 99901  
(907) 228-9206  
(800) 476-2094 Fax**

**Ketchikan Indian Community**  
**201 Deermount**  
**Ketchikan, AK 99901**  
**Phone: (907) 228-9206**  
**Fax: 1-800-476-2094**

I, \_\_\_\_\_, hereby authorize the release of information requested by the Ketchikan Indian Community, General Assistance Program/Social Services. The requested information shall be used solely in the administration of General Assistance and will not be released to any other person agency outside the General Assistance Program/Social Services, or its agents. I hereby authorize the Ketchikan Indian Community to obtain and exchange information related to my applications to participate in their programs. And, to arrange for such participations based on my employability assessment and plan to employment related activities. This release of information shall be in effect while I am an applicant or recipient of General Assistance, and for any later investigations pertaining to my, and receipt of General Assistance benefits.

Persons or organizations that may be contacted include, but not limited to:

- |                                   |                                |
|-----------------------------------|--------------------------------|
| Department of Law/Adult Probation | Medical/Behavioral Providers   |
| Department of Public Safety       | Tax Assessors                  |
| Department of Fish & Game         | Financial Institutions         |
| Department of Labor               | Stock Brokerage Firms          |
| Department of Military Affairs    | Landlords                      |
| Social Security Administration    | Employers                      |
| Tribal Governments                | School Authorities             |
| Native Corporations               | Private Individuals            |
| Public Assistance Programs        | Vocational Rehab Providers     |
| Private Assistance Programs       | Alaska State Housing Authority |
- All departments and programs within and administered by the Ketchikan Indian Community.

Dates of Information to be Released From: \_\_\_\_\_ To: \_\_\_\_\_  
(Limited to 1 year unless otherwise specified)

**A REPRODUCTION OF THIS RELEASE IS AS VALID AS THE ORIGINAL**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Signature of Other Adult Applicant

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Printed Name of Other Adult Applicant

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Applicant Signature

\_\_\_\_\_  
Date of Other Adult Applicant Signature

## **Client Rights / Responsibilities**

### **The client has a right to...**

- ❖ Be treated with respect
- ❖ Be treated without regard to race, color, creed, national origin, religion, sex, sexual preference, or age.
- ❖ Be treated without regard to disability.
- ❖ Have all personal information treated in a confidential manner.
- ❖ Review his/her file with appropriate staff present.

### **The client has the responsibility to....**

- ❖ Treat KIC staff with respect and use family friendly behavior, no profanity or aggressive behavior.
- ❖ Be accurate and complete as possible when providing information to a KIC staff person.
- ❖ To follow program rules and regulations.
- ❖ Ask for clarifications regarding any services received from KIC that he/she does not understand.
- ❖ Keep all information received, heard and/or clients seen at Social Services office confidential.

**Applicants under the influence of alcohol or illegal substances will not be served until they return sober.**

## **Client Grievance Procedure**

A procedure has been established and maintained by Ketchikan Indian Community to assist clients in resolving any complaints or grievances arising from a real or perceived violation of client rights. No specific form is necessary to file a grievance; however a grievance must be in writing. You must clearly state the problem(s) by detailing the actions taken or not taken by KIC staff and outline possible solutions and/or resolutions. An earnest effort will be made by KIC staff to resolve problems encountered during all stages of program participation. The following steps outline the recommended procedure for attempting prompt resolutions to complaints/grievances regarding the service components of the Ketchikan Indian Community Tribal Council.

### **Step 1:**

Submit a complaint in writing to the Department Coordinator/ Program manager where the grievance occurred. An informal meeting will be scheduled to discuss the complaint. If the complaint cannot be resolve informally, the Coordinator/ Manager shall, within 10 days after the receipt of the complaint, issue a written decision and inform the client of the opportunity to further appeal the matter outlined in Step 2 below.

### **Step 2:**

If unsatisfied with the written decision by the Coordinator/Manager submit an appeal, in writing, within thirty (30) days of Step 1, to the KIC Tribal Administrator, 2960 Tongass Avenue, Ketchikan, AK 99901.

# **ACKNOWLEDGEMENTS FOR KIC GENERAL ASSISTANCE (GA) APPLICATION**

## **FEDERAL LAW GOVERNING FRAUD**

Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or devise a material fact, or makes or uses any false writing or documents, knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both.

**Initial** \_\_\_\_\_

## **DECISION**

When you file an application for social services, you have a right to a written decision within 30 days. In some cases, it may take 45 days. If you disagree with the decision, you may have a review of the decision by seeing your Social Services worker or supervisor. You also may file an appeal and have a hearing. An applicant or recipient must pursue the appeal process applicable to the Public Law 93-638 contract, Public Law 102-477 grant, or Public Law 103-413 Self-Governance Annual Funding Agreement. The regulations for Human Services are in Title 25, Code of Federal Regulations, Part 20.

The amount of assistance you may receive or authorize to be expended is based on State Standards of Public Assistance and/or the rates established by the Assistant Secretary - Indian Affairs, minus your income and available resources. The information you give must be accurate. If your circumstances change, you must report this immediately to your Social Services office. By doing so, your Social Services worker can provide you proper assistance you may be eligible to receive.

## **ELIGIBILITY/INDIAN BLOOD (25 CFR §20.100)**

Applicant must (1) be a member of a federally recognized Indian Tribe, or (2) in the Alaska service area only, any person who meets the definition of "Native" as defined under 43 U.S.C. 1602(b): "a citizen of the United States and one-fourth degree or more Alaska Indian." It includes, in the absence of proof a minimum blood quantum, any citizen of the United States who is regarded as an Alaska Native by the Native village or Native group of which he claims to be a member and whose father or mother is (or, if deceased, was) regarded as native by a village or group.

## **ELIGIBILITY FOR OTHER SERVICES**

An individual who is presumed to be eligible for these programs may, after providing evidence of having applied for those benefits, be granted Assistance pending approval of such application. Also, all clients who are eligible for assistance from other programs such will be required to seek and show that they have applied for that assistance. The BIA Financial Assistance and Social Services programs are a secondary resource and cannot be used to supplant or supplement other programs.