

**Nome Eskimo Community**  
 Box 1090  
 Nome, Alaska 99762  
 Phone (907) 443-2246  
 Fax (907) 443-3539  
 www.necalaska.org



## BURIAL ASSISTANCE REQUEST

**\*\*The deceased must have resided in the Nome Service Area for the last 6 months of his/her life\*\***  
 If the deceased was a minor child, please provide the income of all household members

Name of Deceased: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Maiden Name or other names used: \_\_\_\_\_

Deceased's Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_ Tribe: \_\_\_\_\_

Name of Next of Kin/Applicant: \_\_\_\_\_ Relationship to Deceased: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work/Message Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

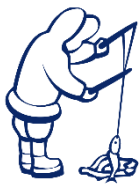
Did the deceased have income from any source(s) for the last 30 days?    Yes    No  
*If yes, please list source(s) on income and amounts below.*

**\*\*\*Applicant MUST provide verification of ALL income reported & received, including the last months bank statements – savings and/or checking's.\*\*\***

SOURCE OF INCOME	AMOUNT
Salary #1: Deceased's Income/Salary	\$
Salary #2: Spouse's Income/Salary	\$
Adult Public Assistance	\$
Social Security	\$
Disability Insurance	\$
Pension or Retirement	\$
State Longevity	\$
Medicare or Medicaid	\$
Veterans Benefit	\$
Donation(s)	\$
Bank account(s) Current balance(s)	\$
Other	\$
<b>TOTAL RESOURCE(S) INCOME</b>	<b>\$</b>

***Please note:***

*NEC Burial Assistance Program cannot pay for funeral services in excess of \$2,500.00. If another party pays for any portion of these funeral expenses, NEC cannot supplement any cost. If the body is transported from Nome by court order for autopsy or other purposes, the agency in charge of these arrangements will pay the transportation cost back to Nome for burial.*



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Have the funeral arrangements been made?     Yes     No    Date of Funeral: \_\_\_\_\_

Name and address of Mortuary/Funeral Home:

_____	_____
_____	Funeral Home Contact Person
_____	_____
_____	Funeral Home Phone #
_____	_____
	Funeral Home Fax #

**Please read before signing:**

My signature attests that the information provided by me is a true representation of the circumstances. By signing this application, I hereby give NEC WA Program permission to verify all information needed to make an eligibility determination for burial assistance on behalf of the deceased.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

**\*\*FOR OFFICIAL USE ONLY\*\***

Date application received: \_\_\_\_\_ Date of death: \_\_\_\_\_

Burial Assistance Payment Standard (Not to exceed \$2500.00)	\$2500.00
Subtract ALL Income Resource(s)	\$
<b>TOTAL ADJUSTED NEED=</b>	\$
Subtract Total Burial Cost=	\$
Remaining Funds=	\$
Subtract Funeral Feast (Not to exceed \$400.00)	\$
<b>TOTAL BURIAL ASSISTANCE PAYMENT=</b>	\$

**Please note:**

*If a family requests assistance for the funeral feast, up to \$400.00 may be provided. The \$400.00 is not in addition to the payment standard of \$2500.00).*

Decision of Application:            Approved            Denied            Date: \_\_\_\_\_

Comments/Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Caseworkers Signature: \_\_\_\_\_ Date: \_\_\_\_\_