



**Aleutian Pribilof Islands Association, Inc.**  
**Department of Family & Community Development**  
 1131 East International Airport Road  
 Anchorage, AK 99518  
 907.276.2700 or 1.800.478.2742  
 Fax 907.222-9735

## Application for Burial Assistance

### Burial Assistance

To Process your application for Burial Assistance, please include the following:

- ✓ A completed *Application for Services* including signatures and all questions answered
- ✓ Release of Information section signed and dated
- ✓ Tribal Card (For Burial Assistance, include Tribal Card of Deceased)
- ✓ Proof of wages for the last 30 days

Completed applications and all supporting documents need to be mailed, faxed or dropped off at the following locations:

#### Anchorage

APIA  
 1131 E. International Airport Rd.  
 Anchorage, AK 99518  
 Fax: 907.222.9735

APIA wishes to help you during your time of sorrow so that you may celebrate the life and memory of your loved one. The Burial Assistance Program is a secondary or residual resource of assistance. It is available only to meet the immediate need at the time of death and may not be approved after the burial has occurred.

**Please contact APIA *before* signing any contract for the burial to find out if your loved one is eligible for this service.**

#### **To be eligible:**

- **The deceased must be an enrolled Tribal member of a Tribe served by APIA. Provide a copy of the tribal enrollment card and/or tribal enrollment number.**
- **The deceased must not have the income or resources to pay for the burial.**
- **The deceased must have been an Alaskan resident for the past 6 months.**

The approved payment for burial services cannot exceed the maximum burial payment standard of \$2,500.00.

Upon determination that the deceased meets the basic eligibility conditions, a vendor payment to the mortuary will be made in the amount of the maximum standard amount minus any available resources.

For further information, call 907-276-2700 or 1-800-478-2742 and ask to speak to our Burial Assistance staff.

**\*\*\*You may also want to consider checking with the corporation of which the deceased may have been a shareholder. In some instances, if funding allows, they may be able to provide similar assistance.\*\*\***

### Other Resources

**State of Alaska**  
**Department of Public Assistance**  
 Coastal Field Office  
 3601 C St. Suite 410  
 Anchorage, AK 99524  
 1-800-478-4372 or 269-8950

**US Veterans Administration**  
**Veterans Services Division**  
 2925 Debarr Road  
 Anchorage, AK 99508  
 1-800-827-1000

**The Aleut Foundation**  
 703 W. Tudor Road, Suite 102  
 Anchorage, AK 99503  
 907-646-1929  
 1-800-232-4882

1. Personal Information of the deceased		
Deceased's Name	Deceased's Date of Birth	Date Deceased
Social Security # _____ - _____ - _____	Male / Female	Veteran Yes / No
Physical Address	City	State Zip
<b>Who can we contact regarding this application?</b>		
Name: _____ Phone Number: _____		
Total NET INCOME of deceased and/or spouse for the past 12 months: \$		
If the deceased had no income or has had no income for the past 12 months, please briefly explain how they met their needs:		
Does deceased and/or spouse own a home? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does deceased and/or spouse own a fishing vessel? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what is the value of the home? \$	What is the estimated annual net income from fishing? \$	
Does deceased have any liquid assets? <input type="checkbox"/> Yes <input type="checkbox"/> No (A <b>liquid asset</b> is cash on hand or an <b>asset</b> that can be readily converted to cash. An <b>asset</b> that can readily be converted into cash is similar to cash itself because the <b>asset</b> can be sold with little impact on its value)		
If yes, please list assets valued at over \$1,500: _____ _____		
Does deceased and/or spouse have a bank account? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, Name of Financial Institution: _____ Account Balance: _____		
Tribal Affiliation <input type="checkbox"/> Agdaagux <input type="checkbox"/> Atka <input type="checkbox"/> Akutan <input type="checkbox"/> Belkofski <input type="checkbox"/> False Pass	<input type="checkbox"/> Nelson Lagoon <input type="checkbox"/> Nikolski <input type="checkbox"/> Pauloff Harbor <input type="checkbox"/> Qagan Tayagungin <input type="checkbox"/> Qawalangin	<input type="checkbox"/> St. George <input type="checkbox"/> St. Paul <input type="checkbox"/> Unga <input type="checkbox"/> Other: _____
<input type="checkbox"/> 8 <sup>th</sup> Grade or Below <input type="checkbox"/> 9 <sup>th</sup> Grade <input type="checkbox"/> 10 <sup>th</sup> Grade	<input type="checkbox"/> 11 <sup>th</sup> Grade <input type="checkbox"/> 12 <sup>th</sup> Grade <input type="checkbox"/> GED	<input type="checkbox"/> Some College <input type="checkbox"/> College Graduate <input type="checkbox"/> Vocation/Technical School

## 2. Statement of Truth

To receive assistance, you must agree to all of the statements below and sign and date this form.

- I am requesting services from the Aleutian Pribilof Islands Association's Department of Family & Community Development (DFCD)
- I understand that information on this application will be used for determination of eligibility for programs in DFCD
- I understand that an APIA representative may call my home and may contact other people in order to verify the information I have provided.
- I understand that intentionally providing false information constitutes fraud and will result, at a minimum, in termination from any APIA programs for which I have been found eligible. As a result of fraud, I understand that I will be required to reimburse APIA for any funding it has provided to (or on behalf of) me.
- I understand that the following will be explained to me at the time of intake: eligibility requirements of the programs, the services available, my rights and responsibilities, confidentiality.
- I authorize APIA to communicate with my vendor(s) and other agencies on my behalf as it relates to the Burial Assistance Program.
- I also understand that knowingly and willingly providing APIA with false, fictitious, or fraudulent information is subject to prosecution under 18 U.S.C. 1001, which is punishable by fine, imprisonment or both.

*I certify, under perjury, or of unsworn falsification in violation of AS11.56.210, that the statements made regarding the persons in my home and the income and all other items that pertain to my possible eligibility for benefits are true and correct to the best of my knowledge.*

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

\_\_\_\_\_  
Date

## 3. Release of Information

Your signature on this application gives the Aleutian Pribilof Islands Association, Inc. permission to ask for:

- Information about deceased finances and benefits
- Permission to discuss
- Information about your citizenship and personal history

This information is only used in the administration of services within the Department of Family & Community Development's (DFCD) Burial Assistance Program at the Aleutian Pribilof Islands Association and will not be released to any other person or agency outside of the DFCD Burial Assistance Program, unless it directly relates to your application for services and benefits. This Release expires one year from signature date.

*I have read the Release of Information section of the application and I understand it, including fraud and penalty provisions, as described in this application.*

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

\_\_\_\_\_  
Date