



ASSOCIATION OF VILLAGE COUNCIL PRESIDENTS
SOCIAL SERVICES DEPARTMENT
POUCH 219 · BETHEL, ALASKA 99559
Toll Free: (800) 478-3521 ext. 8712 · Direct (907) 543-8712
Fax (907) 543-7479

Questions about where you can apply for Burial Assistance

- 1 Was the Deceased receiving any Public Assistance?** (*Adult Public Assistance, Senior Benefits, TANF, Nursing Home Medicaid-only recipients, Children in State Custody who are Medicaid recipients*)
 - ☐ Yes If Yes, you need to apply with Department of Public Assistance
Anchorage Area (907)269-6599 or Toll free 1-800-478-4372 or 4364

Bethel Area (907)543-2686 or toll free 1-800-478-2686
 - ☐ No If No, proceed to Question 2
- 2 Where did the Deceased last live a full 6 months of his/her life?**
 - ☐ Anchorage Area (Nursing home, homeless, and college) You need to apply with CITC (Cook Inlet Tribal Council @ (907)793-3300
 - ☐ Fairbanks Area (Nursing home, homeless, and college) You need to apply with TCC (Tanana Chiefs Conference) @ (907)452-8251 Ext 3106
 - ☐ Kodiak Area Apply with Department of Public Assistance @ (907)486-3783 or Toll free 1-888-480-3783
 - ☐ Bethel You will need to apply with ONC (Orutsararmiut Native Council) @ (907)543-2608
 - ☐ Village If village is serviced by AVCP; Akiachak, Alakanuk, Andreafski, Bill Moore's Slough, Chevak, Chuathbaluk, Eek, Emmonak, Goodnews Bay, Hamilton, Hooper Bay, Kalskag (Lower), Kalskag (Upper), Kipnuk, Kongiganak, Kotlik, Lime Village, Marshall, Napaimute, Napakiak, Napaskiak, Nightmute, Nunam Iqua, Nunapitchuk, Ohogamiut, Oscarville, Pilot Station, Pitka's Point, Platinum, Red Devil, Russian Mission, Scammon Bay, Stony River, Toksook Bay, Tuntutuliak, Tununak, and Umkumiut (Nightmute)
you need to apply with AVCP (907)543-8712 or Toll free 1-800-478-3521 Ext 8712
If village is not serviced by AVCP contact your Tribal Office
- 3 If serviced by AVCP fill out Burial Assistance Application and include Proof of Income for the last 30 Days. Eligibility is based on income and resources available to the deceased.**

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APPLICATION FOR BURIAL ASSISTANCE

Name of Deceased:

Deceased's Date of Birth: / / Date of Death: / /

Tribe Enrolled To: Tribal Enrollment #:

Deceased's Last Address:

P.O. Box or Street Address

City

State

Zip

*****The deceased must have resided in the service area.*****

Name of Relative Applicant: Relationship to Deceased:

Mailing Address:

P.O. Box or Street Address

City

State

Zip

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

What are the plans you have arranged for the burial?_____

Name of Mortuary:_____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Phone: _____ Fax: _____

Will the casket be built? ☐ Yes ☐ No If yes, by whom? Please write information below.

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Vendor Name: _____ Building Material Cost: \$ _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Phone: _____ Fax: _____



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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 proof of ALL income & resources for 30 days prior to signature date****

SOURCE OF INCOME	AMOUNT	SOURCE OF INCOME	AMOUNT
Salary #1: Deceased's Income/Salary	\$	Worker's Compensation	\$
Salary #2: Spouse's Income/Salary	\$	Medicare or Medicaid	\$
*Adult Public Assistance	\$	Veterans Benefit	\$
*TANF/ATAP	\$	Checking Account	\$
*Public Assistance Burial Funds	\$	Savings Account	\$
*State Longevity (Senior Benefits)	\$	DONATION -Community	\$
Social Security (SSA) or SS Retirement	\$	DONATION-Tribal Organization	\$
Supplemental Security Income (SSI)	\$	DONATION-Native Corporation	\$
Disability Insurance	\$	Other	\$
Pension or Retirement	\$	Other	\$
Unemployment Benefits	\$		
TOTAL RESOURCE INCOME	\$		

***A deceased person who was receiving Adult Public Assistance, Senior Benefits or TANF/ATAP will have their burial assistance provided through the State of Alaska, per section 2103.7 of the State of Alaska – General Relief Assistance (GRA) Manual. These persons are automatically not eligible for BIA Funded Burial Assistance**

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



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TRIBAL ENROLLMENT VERIFICATION FORM
(FOR DECEASED)

◆◆◆**MAKE COPIES OF THIS FORM IF MORE THAN ONE IS NEEDED**◆◆◆
COMPLETE THIS FORM ·OR· PROVIDE A CLEAR COPY OF TRIBAL ID / CDIB CARD

Full Name: _____

Other names known by: (Maiden Name) _____

Village enrolled in: _____

Current Address: _____
P.O. Box Village Zip code

Please circle one Eskimo Indian Aleut Tsimshian

Birthdate: _____

Birthplace: _____

Social Security Number: _____

Father's Name: _____

Mother's Name (Maiden): _____

I hereby request a certification of my verification of Tribal Enrollment. The above identifying information is true to the best of my knowledge.

Relative Applicant Signature

Date

Tribal Services Division/Village Administrator

Date

Tribal Enrollment Village

Enrollment number



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AUTHORIZATION FOR RELEASE OF INFORMATION

NAME OF DECEASED : _____

SOCIAL SECURITY No.: _____

I, _____, hereby authorize the release of information requested by the AVCP General Assistance Program. The requested information shall be used solely in the administration of General Assistance and will not be released to any other person or agency outside the General Assistance Program or its agents. I hereby authorize AVCP to obtain and exchange information related to my applications to participate in their programs. And, to arrange for such participation based on my employability assessment and plan to employment related activities. This release of information shall be in effect while I'm an applicant or recipient of General Assistance, and for any later investigation pertaining to my eligibility and receipt of General Assistance benefits.

Person or organizations that may be contacted include, but are not limited to: the Department of Law, the Department of Public Safety, the Department of Fish and Game, the Department of Labor, the Department of Military Affairs, Alaska State Housing Authority, Social Security Administration, local and tribal governments, Public Assistance Program contractors and grantees, health care providers, tax assessors, financial institutions, Native corporations, stock brokerage firms, landlords, employers, school authorities, private individuals and all departments and programs within and administered by AVCP.

Relative Applicant Signature

Signature of Witness if signed with an X

Print Name of Relative Applicant

Print Name of Witness

Date

Date