SHAWNEE TRIBE SOCIAL SERVICES

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Burial Assistance Program

Any enrolled Shawnee Tribal citizen in eligible to receive, on their behalf, financial assistance for expenses incurred with their funeral and burial services. Burial Assistance may also be provided for an unborn child or a child through twelve (12) months of age when at least one parent is an enrolled Shawnee Tribal citizen. All program assistance will be awarded as annual funding allows. Citizen or applicant income, location, or dual citizenship status will not be used to determine program eligibility. Applications will be processed as they are received. Incomplete applications are not guaranteed consideration.

The following Administrative Guidelines have been established by the Social Service Department of the Shawnee Tribe and will be followed in the conduct and operation of the Shawnee Tribe Burial Assistance Program.

1. The family member or representative applying to the Burial Assistance Program on the deceased's behalf must be the individual(s) officially responsible for coordinating the funerary services with the funeral home.
2. A completed program application and the required supporting documents must be received by the Social Services Department within one hundred and eighty (180) calendar days from the citizen's date of death.
3. The following required supporting documents must accompany the completed application form:
    a. A certified copy of the Death Certificate. A working copy provided by the funeral home may be submitted temporarily until the certified death certificate is received. (Certified Death Certificates will be returned to the applicant once the application packet has been processed).
    b. A statement/invoice & W9 tax form from the funeral home(s) which performed the funeral and/or burial services.
4. Citizens that have pre-paid funerals will not be eligible to receive any reimbursement on premiums already paid. However, any outstanding funeral balance may be eligible for assistance.
5. Within thirty (30) calendar days of receipt of a completed application packet, the Social Services Department will consider and approve or deny the application and mail the applicant a letter indicating the approval status.
6. Approved applications will be forwarded to the Shawnee Tribe Finance Department, which will issue payment directly to the funeral home. The applicant will receive a copy of the payment receipt.
7. The total amount of authorized assistance per application shall not exceed $5,000, and the Social Services Department may authorize a lesser amount depending on the specific needs of the applying family and available program funding.
8. Tribal citizens are only eligible to receive burial assistance once. (I.e., if the total cost of funeral/burial services exceed the awarded amount, the applicant may not reapply for additional funds the following fiscal year).
9. Burial Assistance may be provided for an unborn child or a child through twelve (12) month of age who is not enrolled with the Shawnee Tribe, provided that at least one parent is an enrolled Shawnee Tribal citizen. The enrolled parent must provided verification of Shawnee Tribal citizenship. All other applicable program requirements and documentation requirements must be met.

Burial Assistance Program Application

Full Name of Deceased: _____
Last *First* *M.I.*

Last Known Address: _____
Address *City* *ST* *ZIP*

DOB: _____ DOD: _____ Shawnee Tribe Enrollment #: _____
(MM/DD/YYYY) *MM/DD/YYYY*

FUNERAL HOME INFORMATION

Funeral Home Name: _____

Address: _____
Address *City* *ST* *ZIP*

Point of Contact (full name): _____

Point of Contact Info: _____
Phone *Fax* *E-mail*

APPLICANT / FAMILY REPRESENTATIVE INFORMATION

Applicant's Full Name: _____ _____
First *Last* *Phone Number*

Address: _____
Address *City* *ST* *ZIP*

Is the deceased a beneficiary of funeral/burial insurance? ○ YES ○ NO

If yes, please complete the following: _____
Name of Insurance Company *Policy Number*

_____
Applicant Signature ***Date***

TO BE COMPLETED BY THE SOCIAL SERVICES DEPARTMENT

- ☐ Application — Date Received: _____
- ☐ Invoice from Funeral Home — Date Received: _____
- ☐ Funeral Home W9 — Date Received: _____
- ☐ Certified Death Certificate — Date Received: _____

Date of Approval: _____

Approved Amount: _____

Date to Accounting: _____