

ABSENTEE SHAWNEE TRIBE OF INDIANS OF OKLAHOMA

Burial Assistance Program
Administrative Guidelines
(Revised: **September 19, 2018**
by **Resolution No. L-AS-2018-17**)

Contained herein are the Administrative Guidelines to be utilized in administering the Absentee Shawnee Burial Assistance Program.

Any deceased enrolled Tribal Members of the Absentee Shawnee Tribe of Indians of Oklahoma is entitled to receive, on his or her behalf, from the Absentee Shawnee Burial Assistance Program, financial assistance for the costs incurred in connection with the funeral and/or burial services of the named deceased. **Adoption and other singular traditional ceremonies from other tribes will not be recognized for payment.**

Financial assistance to the child of an enrolled member for funeral and/or burial if that child would have been eligible and was not enrolled in another Tribe. The age limit if from conception to three (3) months of age and availability of financial assistance is restricted to this time frame.

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

1. A burial Assistance Application form must be properly completed, signed and submitted to the Absentee Shawnee Social Service office. In order to be eligible for assistance under the Burial Assistance Program, applications and supporting documents must be received by the Social Service office within sixty (60) calendar days after the date of death.
2. A certified copy of the Death Certificate must accompany the application for assistance. In the case of a fetus death, a doctor's document will be accepted in lieu of a Death Certificate.
3. A statement from the funeral home(s) which performed the funeral and/or burial services must accompany the application.
4. Within thirty (30) calendar days of receipt of the items listed above, the Social Service office will consider and approve or disapprove the submitted application.

5. The approved Burial Assistance Application will be submitted to the Finance, along with a requisition, who in turn will authorize a line of credit in:
 - (a) An amount not to exceed Four Hundred Dollars and No Cents (\$400.00) for the purpose of acquiring food (\$200.00 - \$250.00) or tobacco (\$150.00) for the funeral, if the family so indicated the need. Otherwise, the \$400.00 will be carried over to pay for the funeral expenses described below.
 - (b) If the submitted Burial Assistance Application is approved by the Social Service office, the Finance may issue a payment in an amount not to exceed Six Thousand Dollars and No Cents (\$6,000.00).
 - i) Payable to the funeral home(s) which performed the funeral. The specific amount of the financial assistance will be specified by the Social Service office. In no case shall the amount approved be greater than the amount actually due to the funeral home(s) on the date the Application is received by the Social Service office. Should there be funeral costs which involve two or more funeral homes, the Social Service office shall determine which funeral home(s) is to receive payment and in what amount;
 - ii) And payable to vendor performing backhoe service. Due to certain situations where the cost of digging the grave in certain locations would be for less than if the funeral home performed the task, the family will notify the Social Service office of their intentions and the cost of the backhoe services will be deducted from the \$6,000.00 to be paid to the funeral home.
6. The total aggregate amount of Burial Assistance authorized shall not exceed Six Thousand Dollars and No Cents (\$6,000.00) and may be authorized at the discretion of the Social Service office, at a lesser amount depending upon need of the family.

These amended Burial Assistance Program Administrative Guidelines shall supersede any and all previous Burial Assistance Guidelines.



ABSENTEE SHAWNEE TRIBE OF OKLAHOMA



BURIAL ASSISTANCE APPLICATION

(MAXIMUM AMOUNT AVAILABLE \$6,000.00)

INSTRUCTION: The Application must be received by the Social Service Office within sixty (60) calendar days after the date of death. An Original CERTIFIED DEATH CERTIFICATE and funeral Home Statement/Invoice must accompany this Burial Assistance Application.

FULL NAME OF DECEASED: _____

LAST KNOWN ADDRESS OF DECEASED: _____

DATE OF DECEASED: _____ DATE OF BIRTH: _____ CDIB#: _____

FUNERAL HOME NAME: _____

FUNERAL HOME ADDRESS: _____

Point of Contact (full name): _____

TELEPHONE #: _____ FAX #: _____ E-mail: _____

APPLICANTS FULL NAME: _____

ADDRESS (STREET, CITY, STATE, ZIP): _____

TELEPHONE #: _____ WORK #: _____

Is the deceased a Beneficiary of funeral/burial insurance? (CHECK ONE) YES _____ NO _____

IF YES, NAME OF INSURANCE COMPANY: _____

POLICY NUMBER: _____ WORK NUMBER: _____

Applicant Signature

Date

TO BE COMPLETED BY THE SOCIAL SERVICES DEPARTMENT

Application Date Received: _____ Received by: _____

Invoice from Funeral Home Date Received: _____ Received by: _____

Certified Death Certificate Date Received: _____ Received by: _____

Approved Denied Approved Amount: _____

Social Service Staff

Date