



Alaska Department of Health
Division of Public Assistance

FOR OFFICE USE ONLY
DATE RECEIVED BY FEE AGENT OR AGENCY

GENERAL RELIEF ASSISTANCE – BURIAL APPLICATION

CAREFULLY READ AND COMPLETE ALL QUESTIONS. All questions must be completed before your application can be processed. If a question does not apply to your situation, write "N/A." If you do not know or do not understand the question, write "don't know" and your eligibility worker or fee agent can help you complete the question.

APPLICANT HOUSEHOLD INFORMATION

NAME OF THE DECEASED (First, Middle, Last)	SOCIAL SECURITY NUMBER	BIRTHDATE	DATE OF DEATH
ADDRESS OF LAST RESIDENCE	CITY	STATE	ZIP CODE

LIST ALL PERSONS LIVING WITH THE DECEASED AT THE TIME OF DEATH (for more than 5 household members, add information on page 4)	RELATIONSHIP TO DECEASED	BIRTHDATE	SOCIAL SECURITY NUMBER

NAME OF APPLICANT (First, Middle, Last)	RELATIONSHIP TO DECEASED	SOCIAL SECURITY NUMBER
---	--------------------------	------------------------

MAILING ADDRESS (Street or P.O. Box)	CITY	STATE	ZIP CODE
--------------------------------------	------	-------	----------

STREET ADDRESS (If different from above)	TELEPHONE
--	-----------

AGREEMENT

I am applying for General Relief burial assistance because I cannot afford to pay for the burial of the deceased from my own resources. I certify that I have written and checked the information on this application carefully and that it is a true and complete statement of facts according to the best of my knowledge and belief. I understand that it is against the law to make false statements and that I am subject to prosecution for any false statements included in this document. I further understand that some or all statements on this application may be subject to investigation by the Division of Public Assistance Fraud Control Unit, the Department of Law, and the Division of Health Care Services' Medicaid Estate Recovery Unit.

I agree to notify the Division of Public Assistance within 10 days if I become aware of additional information in the future that was either incorrectly stated or omitted on this application. I understand the Division of Public Assistance may place a claim against the estate of the deceased or find me personally liable for an amount that does not exceed the payment for services requested with this application. I acknowledge that this future information includes crowd source funding accounts (e.g. - Go Fund Me, Kickstarter, or their like), life insurance, burial insurance, property owned by the deceased, bank accounts, available liquid resources, or other assets easily converted into cash).

I understand the above and I agree to provide any documents necessary to prove eligibility for the deceased's burial assistance. If documents are not available, I agree to provide the name(s) of persons or organizations the Division of Public Assistance may contact to obtain the necessary proof.

SIGNATURE: _____ **Date:** _____

WITNESS SIGNATURE IF SIGNED WITH AN X: _____ **Date:** _____

1. Circle the services requested: ☐ Cremation ☐ Burial
2. Please mark **YES** or **NO** to the following questions:

YES **NO**

Was the deceased a veteran? If yes, give veterans' number: _____

Was the deceased transported to place of death by the Department of Health? _____

Was the deceased married at the time of death? If yes, name of surviving spouse: _____

Was the deceased claimed as a tax dependent? If yes, by who? _____

Does the deceased have a prepaid funeral or cemetery plan? _____

Does the deceased have a life insurance policy? If yes, give the beneficiary's name and contact information: _____

3. Place requested for burial of the deceased (town or village): _____

4. Name of mortuary being used: _____ Location: _____

HOUSEHOLD INCOME AND RESOURCES

I. NON-WORK INCOME SOURCES. If more room is needed, add on page 4 under "Additional Information."

List all non-work income of the deceased and of all relatives who lived with the deceased at the time of death.

TYPE OF PAYMENT	WHO RECEIVED IT?	AMOUNT OF PAYMENT	HOW OFTEN RECEIVED?
Social Security	1. _____	\$ _____	_____
	2. _____	\$ _____	_____
Supplemental Security Income	1. _____	\$ _____	_____
	2. _____	\$ _____	_____
Veterans' Benefits	1. _____	\$ _____	_____
	2. _____	\$ _____	_____
Unemployment Insurance	1. _____	\$ _____	_____
	2. _____	\$ _____	_____
ANCSA Dividend Payment	1. _____	\$ _____	_____
	2. _____	\$ _____	_____
Adult Public Assistance	1. _____	\$ _____	_____
	2. _____	\$ _____	_____
Retirement/Pension/Annuities	1. _____	\$ _____	_____
	2. _____	\$ _____	_____
Temporary Assistance	1. _____	\$ _____	_____
	2. _____	\$ _____	_____
Child Support/Alimony	1. _____	\$ _____	_____
	2. _____	\$ _____	_____
Payments from roomers or boarders	1. _____	\$ _____	_____
	2. _____	\$ _____	_____
Money from friends or relatives (not loans)	1. _____	\$ _____	_____
	2. _____	\$ _____	_____
Interest or dividends from savings, stocks, etc.	1. _____	\$ _____	_____
	2. _____	\$ _____	_____
Other (specify): Senior Benefits, Permanent Fund Dividend, etc.	1. _____	\$ _____	_____
	2. _____	\$ _____	_____
Additional information regarding these payments:			

II. INCOME FROM WORK AS AN EMPLOYEE. If more room is needed, add on page 4 under "Additional Information."

List all income from work as an employee received by relatives living with the deceased and include income the deceased may have received in the month of death. If anyone has more than one job, list each separately.

1. PERSON EMPLOYED	NAME OF EMPLOYER
EMPLOYER'S PHONE NUMBER	HOW OFTEN PAID
GROSS PAY (Per Check) \$	NET PAY (Per Check) \$

LIST ANY NON-MANDATORY PAYROLL DEDUCTIONS			
---	--	--	--

MONTHLY INCOME FROM TIPS \$	HOURLY PAY RATE (If applicable) \$	HOURS WORKED EACH DAY	DAYS WORKED EACH WEEK
--------------------------------	---------------------------------------	-----------------------	-----------------------

2. PERSON EMPLOYED	NAME OF EMPLOYER
EMPLOYER'S PHONE NUMBER	HOW OFTEN PAID
GROSS PAY (Per Check) \$	NET PAY (Per Check) \$

LIST ANY NON-MANDATORY PAYROLL DEDUCTIONS			
---	--	--	--

MONTHLY INCOME FROM TIPS \$	HOURLY PAY RATE (If applicable) \$	HOURS WORKED EACH DAY	DAYS WORKED EACH WEEK
--------------------------------	---------------------------------------	-----------------------	-----------------------

III. SELF-EMPLOYMENT INCOME

List names of anyone in the household who is self-employed (babysitting, trapping, fishing, sewing, running own business).

What do you anticipate this month's income from self-employment will be? Gross \$ _____ Net \$ _____

Note: Last year's tax forms and proof of current work-related costs and income from self-employment **must** be provided.

IV. RESOURCES

List total amounts of money any members of the household (including the deceased) have:

Cash on hand \$ _____ Stocks and bonds \$ _____

Does anyone in the household (including the deceased) have or share a checking or savings account, or have money in a bank, savings and loan, or credit union? **YES** _____ **NO** _____

If yes, please list them below. (If more room is needed, add on page 4 under "Additional Information.")

TYPE OF ACCOUNT	ACCOUNT NUMBER	NAME(S) ON ACCOUNT
1.		
2.		
3.		

Does anyone in the household (including the deceased and applicant) own any real estate? **YES** _____ **NO** _____

If yes, provide information on the value and use of the property: _____

Does anyone in the household (including the deceased) own or make payments on any cars, trucks, boats, campers, motorcycles, snow machines, or other vehicles? **YES** _____ **NO** _____

If yes, please list them below. (If more room is needed, add on page 4 under "Additional Information.")

TYPE OF VEHICLE	MODEL	MAKE	YEAR	AMOUNT OWED	ESTIMATED VALUE
1.					
2.					
3.					
4.					

IMPORTANT NOTICE ABOUT YOUR RIGHTS

FAIR HEARING: If you do not agree with any decision made on your application, you have the right to a fair hearing. You may make this request in writing to any Public Assistance office.

CIVIL RIGHTS: Eligibility for participation in this program is the same for everyone without regard to race, color, religious creed, national origin, handicap, or political beliefs.

ADDITIONAL INFORMATION

[illegible]

FEE AGENT USE ONLY: Through a personal interview with _____ I have reviewed and
(Applicant)
verified this household's financial and living situation. To the best of my knowledge, all information in the application is complete and
accurate.

Fee Agent Signature: _____ Date: _____