

YUROK TRIBE CLIENT SERVICES DEPARTMENT

190 Klamath Boulevard • Post Office Box 1027 • Klamath, CA 95548

Phone: 855-55-YUROK



Burial Assistance Application Checklist

Burial Assistance Program

Email: Burial@yuroktribe.nsn.us

The Yurok Tribal Burial Assistance Program offers compassionate financial support to assist with burial expenses for deceased Yurok Tribal members whose estates lack sufficient resources. Assistance is available regardless of service area and is intended to ease the financial burden during times of loss. The Yurok Tribal Burial Assistance Program may be able to assist with final expenses such as: Chapel/Mortuary Services, Caskets/Urns, Headstones, Burial Plots, Flowers, Death Certificates, and Newspaper Announcement.

Application Checklist:

- Completed Application
- Verification of Death (e.g. Death Certificate, Newspaper Obituary, Verification from Mortuary)
- Invoice from Funeral Home or other Service Providers
- W9 for Funeral Home or other Service Provider (Outside of the Service Area)
- Copy of Life Insurance Information/Policy, if applicable

Application Submission Options:

- Email: Burial@yuroktribe.nsn.us
- Mail:
190 Klamath Boulevard
Attn: Client Services Department
Post Office Box 1027
Klamath, CA 95548
- Drop off at any Yurok Tribal Office with attention to Client Services Department

Questions?: Please call 855-559-8765 EXT 3086

Burial Assistance Application

Burial Assistance Program | Email: Burial@yuroktribe.nsn.us

Applicant Information:

Applicant Name: _____ Date: _____

Relationship to the Deceased: _____

Phone Number: _____ DOB: _____

Physical Address (Street, City, State, Zip): _____

Mailing Address (if different than physical): _____

Email Address: _____

Deceased Information:

Name: _____

Tribal ID: _____ DOB: _____ Date Deceased: _____

Physical Address (Street, City, State, Zip): _____

Service Area: Del Norte Humboldt Trinity Out of Service Area

District: North South East Requa Weitchpec Pecwan Orick

Did the Deceased have Life Insurance? Yes No If yes, Amount: _____

Please list any Income and Resources available to the Deceased (include SSI, veterans' death benefits, social security, and Individual Indian Money (IIM) accounts, etc.):

Source	Name	Amount
Social Security/SSI		
Veteran Benefits		
Pension/Retirement		
IIM Account		
Other Income		
Other Resources		
		Total

Anticipated total of Burial/ Funeral expenses: \$ _____

Amount requested from Yurok Tribe Burial Assistance Program: \$ _____

Burial Assistance Acknowledgements & Authorization to Release Information:

____ I understand that I will be required to provide verification of Life Insurance for the Deceased, Invoices for services provided, W-9 for Vendors, etc.

____ I understand my application will remain active for ten (10) days in order to give me the opportunity to collect the documentation needed. After ten (10) days, the application will be inactive and I will need to re-apply again if assistance is still needed.

____ I hereby release the Yurok Tribe and its agents and employees from any/ all liabilities, responsibilities, damages and claims which might result from release of information authorized above.

____ I authorize Client Services Department, a department of the Yurok Tribe, and the organizations and/or individuals indicated below by to release and receive information concerning burial/funeral arrangements for the deceased listed above.

By signing below, I am certifying that all information provided, oral and written are true. I acknowledge that such information is subject to verification and that falsification of this information shall be grounds for denial and/or reimbursement of funds received from this program. This release will be in effect for one year from the date it is signed unless terminated earlier at the request of the client.

Verbal Authorization Given: ____ Yes ____ No ____ Not Applicable

Staff Receiving Verbal Authorization: _____

Applicant Signature: _____ Date: _____

Co-Applicant Signature (other household adults) : _____ Date: _____

End of Application

