CORTINA RANCHERIA
KLETSEL DEHE BAND OF WINTUN INDIANS

BURIAL ASSISTANCE POLICY

TRIBAL BURIAL ASSISTANCE POLICY:

The Tribal Burial Assistance Policy was established by the Cortina Rancheria Tribal Council to assist with paying funeral expense for Cortina Rancheria Tribal Members.

WHO IS ELIGIBLE FOR CORTINA RANCHERIA BURIAL ASSISTANCE?

Deceased enrolled members of the Tribe.

MAXIMUM BENEFIT:

The Tribal Burial Assistance Program will pay directly to the funeral home/mortuary of choice, a maximum of $2,000.00 for funeral related costs. The family or representative of the deceased is responsible for any cost over $2,000.00. This tribal service is subject to allocated funding being available.

WHAT SERVICES ARE COVERED BY THE BURIAL ASSISTANCE?

Funeral home services and expenses offered by the identified funeral home/mortuary as established by the mortuary's statement of final funeral goods and services.

HOW DO I APPLY FOR ASSISTANCE WHEN A MEMBER DIES?

The appointed representative or designated family member of the deceased should contact the Tribal Administrative Department at, telephone number (530) 473-3274. In the event there is not an appointed representative or family member, the next of kin will be accepted to act as the deceased representative in the matter of the Cortina Rancheria Burial Assistance Policy.

WHAT INFORMATION IS NEEDED TO ESTABLISH ELIGIBILITY FOR THE DECEASED?

The following information is required:

- Name of the deceased
- Date of death
- Enrollment number, if known or date of birth
- Name of funeral home/Mortuary
- Name and telephone number of appointed representative for the deceased.

WHAT DOCUMENTS ARE NEEDED FOR FUNERAL COSTS TO BE PAID?

The following documents shall be submitted prior to any disbursement:

- An application for Burial Assistance Program (provide by the Administrative Department)
- Itemized invoice from funeral home/mortuary

WHO IS THE DESIGNATED REPRESENTATIVE?

The designated representative is the person accepting legal and fiscal responsibility of the deceased, the person named in a living will, health care directive, or person making the funeral arrangements.

HOW IS PAYMENT MADE?

Upon receipt of the completed application and itemized invoice of funeral/mortuary expenses, payment is made directly to the chosen funeral home/mortuary. The Tribe shall not reimburse funeral expenses previously paid by family members or legal representative of the deceased.

WHAT IF THERE ARE OTHER EXPENSES RELATED TO THE FUNERAL?

- Any unused amounts shall not be transferable or paid to family or the representative of the deceased.
- The Tribe shall not have any monetary responsibility/obligation for any costs in excess of the benefited provided in this policy. No Exceptions.

The Cortina Rancheria Tribal Council may, at its sole discretion, amend or terminate the Burial Assistance Program and Policy.

Any amendments to this Burial Assistance Program and Policy shall be approved by the Cortina Rancheria Tribal Council.

Please sign and date below indicating that you have read the Cortina Rancheria Tribal Burial Assistance Policy and fully understand and agree to the terms of the agreement.

_____ _____

Signature of the Representative Date

Printed Name:_____

Address:_____

Telephone Number:_____

Cell:_____

Email:_____

Adopted By Resolution: 07-21-2016

CORTINA RANCHERIA
BURIAL ASSISTANCE PROGRAM POLICY
APPLICATION FOR FUNERAL HOME EXPENSES

Deceased and Representative Information

Name of deceased:_____

Maiden or other names:_____

Date of Birth:_____ Enrollment Number:_____
(or proof of eligibility for enrollment attached)

Date of Death:_____Hospital or Funeral Home Verification must be received by the Social Services Coordinator at the Time of this application.

Designated Representative of Deceased:_____

Address of Representative: _____

_____

Telephone Number(s): Home:_____ Work:_____

Cell: _____

Email: _____

Funeral Home/Mortuary Information

Name of Funeral Home: _____

Funeral Home Director: _____

Address: _____

Telephone Number:_____Fax Number:_____

Representative Signature:_____Date:_____

For Office Use Only

Original Death Certificate Received Yes____ No____

Copy of Death Certificate to Enrollment Department Yes____ No____

Processed by Administrative Services Coordinator:

Signed:_____ Date:_____