

# SOCIAL SERVICES APPLICATION FOR BURIAL SERVICES



ALL SERVICE PROGRAMS ARE BASED ON AVAILABLE FUNDING. ALL DOCUMENTATION  
MUST BE RECEIVED BY THE SOCIAL SERVICES DEPT. FOR AN APPLICATION TO BE  
COMPLETED IN A TIMELY MANNER.

## DOCUMENTATION NEEDED TO COMPLETE APPLICATION:

### BURIAL ASSISTANCE for ELIGIBLE PIT RIVER TRIBAL MEMBERS

(\$5000.00 Max assistance for combined service for Funeral/Casket/Urn/Flowers/plot)

(Burial can include food check in the amount of \$ 300.00 separate from the above funds)

1. Tribal Verification for the deceased
2. Must have copy of Official Death Certificate
3. Must have invoice for total cost from Funeral Home (payment goes to funeral home)
4. Identify who is handling the application
5. Identify food service vendor
6. Pit River Health Service will assist with flower arrangements for up to \$200 upon filling out their "Request for Assistance" form
  - a. Please attach celebration of life/funeral service announcement flyer
7. Must submit copy of completed application to Social Services for processing

### PERSON HANDLING APPLICATION:

NAME: \_\_\_\_\_

RELATIONSHIP TO DECEASED: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**BURIAL ASSISTANCE FOR:**

<b>FIRST NAME</b>	<b>MIDDLE NAME</b>	<b>LAST NAME</b>
<b>DATE OF BIRTH</b>	<b>SOCIAL SECURITY NO.</b>	

<b>PHYSICAL ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>MAILING ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>

**BAND AFFILIATION:** \_\_\_\_\_

**ENROLLMENT NO:** \_\_\_\_\_

**FUNERAL HOME:** \_\_\_\_\_

**FUNERAL HOME ADDRESS:** \_\_\_\_\_

**FUNERAL HOME PHONE NO:** \_\_\_\_\_

(Please include the Funeral Home Invoice)

**FOOD SERVICE VENDOR:** \_\_\_\_\_

**PHONE NO.** \_\_\_\_\_

\_\_\_\_\_  
**APPLICANT SIGNATURE:**

**DATE:**

**OFFICE USE ONLY:**

**AUTHORIZING SIGNATURE:** \_\_\_\_\_

**REQUISITION NO:** \_\_\_\_\_ **DATE PROCESSED BY SS DEPT:** \_\_\_\_\_