

Funeral Assistance Application

Purpose

Arctic Slope Regional Corporation (ASRC) and North Slope Borough (NSB) have both granted funds to Arctic Slope Native Association, Ltd. (ASNA) to administer and operate the Medical Travel and Funeral Assistance (MTFA) program. MTFA provides aid to ASRC shareholders and residents of the NSB in medical or funeral crisis when no other alternative funds are available to pay for such services.

Program Eligibility Requirements

1. Applicant is a resident of North Slope for 30 days and/or an ASRC Shareholder.
2. Applicant must be an immediate family member of the decedent, including: spouse, natural or adoptive parent, child, sibling, grandparent, etc.
3. Household income during the previous twelve (12) months is less than the levels identified in the Income Guidelines below.
4. ASNA is the LAST source of assistance. This means all other resources have been exhausted.

2018 ASNA Income Guidelines for MTFA

MTFA Income Guidelines 2018, Based on 2018 Federal and State Poverty Guidelines

Family Size	North Slope (Barrow)		North Slope (Villages)		Anchorage/Fairbanks		Out of State	
	2018 Federal Poverty Guidelines for Alaska	200% of Alaska Poverty Guideline	2018 Federal Poverty Guidelines for Alaska	250% of Alaska Poverty Guideline	2018 Federal Poverty Guidelines for Alaska	135% of Alaska Poverty Guideline	2018 Federal Poverty Guidelines for 48 contiguous states	120% of 2018 Federal Poverty Guideline for 48 Contiguous States
1	15,180	30,360	15,180	37,950	15,180	20,493	12,140	14,568
2	20,580	41,160	20,580	51,450	20,580	27,783	16,460	19,752
3	25,980	51,960	25,980	64,950	25,980	35,073	20,780	24,936
4	31,380	62,760	31,380	78,450	31,380	42,363	25,100	30,120
5	36,780	73,560	36,780	91,950	36,780	49,653	29,420	35,304
6	42,180	84,360	42,180	105,450	42,180	56,943	33,740	40,488
7	47,580	95,160	47,580	118,950	47,580	64,233	38,060	45,672
8	52,980	105,960	52,980	132,450	52,980	71,523	42,380	49,584

For families/households with more than 8 persons, add the following amount for Each Additional Family Member:

North Slope (Barrow)
\$ 10,800

North Slope (Villages)
\$ 13,500

Anchorage/Fairbanks
\$ 7,290

Lower 48 States
\$ 5,184

NOTE: ASNA's ability to provide financial assistance is subject to the availability of funds. In the event a shortfall occurs and ASNA does not have sufficient funding available to pay for travel, ASNA will discontinue accepting applications and authorizing benefits.

MTFA Funeral Assistance Program Information

Funeral Benefit Coordination

It is expected that the immediate family of the decedent will select one individual to serve as the contact person for coordination between the family and ASNA MTFA staff for funeral expense and travel benefits.

Funeral Expense Assistance

1. The maximum total assistance provided for funeral expense is up to \$2,500.00. This is separate from any funeral travel costs. The funeral benefit may assist with the cost of the casket, shipping of casket, and funeral home expense.
2. Any funeral expense in excess of the \$2,500.00 limit shall be the responsibility of the family/applicant.

Funeral Travel Assistance

1. Funeral travel assistance will purchase up to two (2) in-state tickets and one (1) out of state ticket.
2. Every family member requesting a ticket must apply separately and meet the income guidelines to receive assistance.



OFFICE USE ONLY

ASRC _____

NSB _____

Date Application Received _____

Please print clearly and answer all questions. Incomplete applications will cause delay in processing.

What type of assistance are you applying for?

Funeral Expenses

Funeral Travel

First Name, Middle Name, Last Name

Date of Birth

Social Security Number

(AS SHOWN ON ID or BIRTH CERTIFICATE)

Physical Address or PO Box

City

State

Zip Code

Applicant Phone Numbers: Home _____ Work: _____

Cell Phone: _____ E-mail: _____

Have you have been known by any another name, maiden name?

Yes

No

If yes, by what name(s): _____

Are you a: North Slope Borough Resident?

Yes

No

Arctic Slope Regional Corporation Shareholder?

Yes

No

Village Corporation Shareholder?

Yes

No

Please indicate which village tribal/corporation you are enrolled: _____

Information Regarding the Deceased Family Member

Name of decedent: _____

Relationship of decedent: _____

Date of Death: _____

Is the decedent a U.S. Veteran? Yes No Post: _____

Is the decedent a North Slope Resident? Yes No

ASRC Shareholder Yes No

Describe your situation and what you need from ASNA. _____



Earned Income: Please list all employers of the adult(s) in the household who have worked within the last 12 months. In addition, include honorariums and loss of pay received from public service(s).

Note: Even if you are not currently working, we still need to verify all income earned within the past 12 months.

Do you own a Personal Business? Yes No

• If so, Name of Company? _____

(If you answered yes, please submit a Profit/Loss Statement with this application)

Do you own a home and receive Rental Income? Yes No

Names of Everyone in Household: Please list the names of all individuals who are living in your household, including any children or dependents age 18 or under:

Full Name	DOB	SSN	Relationship to Applicant	List Annual Income Amount	Earned or Unearned Income	Source of Income
<i>Example: Jane Doe</i>	<i>00/00/00</i>	<i>000-00-000</i>	<i>Mother</i>	<i>\$ 000.00</i>	<i>Earned</i>	<i>Name of employer or source.</i>

I certify that all the information provided on this application is true to the best of my knowledge. I understand I must cooperate with providing any and/or all information upon request to receive assistance from the MTFA Program.

Applicant's Signature Date: _____

Parent/Guardian Signature required if applicant is a minor child. Date: _____

NOTE: The adult signing and submitting this application on behalf of a minor is accepting full financial responsibility for any unauthorized costs, expenses or damages incurred or caused by the minor.



Funeral Assistance Resources Sheet

This form provides ASNA MTFA staff with a list of resources that will be provided to the family for funeral assistance. By providing the requested information, you will allow our staff to better assist with coordination of the funeral.

Vendors	Invoice Total	ASNA	Public Assistance	Native Corporation	Tribal Affiliation	Other	Other	Remaining Balance
Total	\$	\$	\$	\$	\$	\$	\$	\$



AUTHORIZATION FOR RELEASE OF FINANCIAL INFORMATION

The purpose for this release is to determine financial eligibility of the household member who has asked for assistance from Arctic Slope Native Association (ASNA), Ltd., Medical Travel & Funeral Assistance (MTFA) Program.

I. I, _____, hereby request the disclosure of my financial information.

Social Security Number: _____

II. The financial information is to be released from: (Please check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> North Slope Borough | <input type="checkbox"/> Native Village of Nuiqsut | <input type="checkbox"/> City of Wainwright |
| <input type="checkbox"/> North Slope Borough School District | <input type="checkbox"/> Native Village of Point Hope | <input type="checkbox"/> SKW Eskimos Inc. |
| <input type="checkbox"/> Arctic Slope Regional Corporation | <input type="checkbox"/> Native Village of Point Lay | <input type="checkbox"/> Iļisaġvik College |
| <input type="checkbox"/> Utqiagvik Iñupiat Corporation | <input type="checkbox"/> Native Village of Kaktovik | <input type="checkbox"/> ICAS |
| <input type="checkbox"/> Atqasuk Iñupiat Corporation | <input type="checkbox"/> Naqsrarmiut Tribal Council | <input type="checkbox"/> Arctic Slope Consulting Group |
| <input type="checkbox"/> Kaktovik Iñupiat Corporation | <input type="checkbox"/> Wainwright Traditional Council | <input type="checkbox"/> Samuel Simmonds Memorial |
| <input type="checkbox"/> Kuukpiik Village Corporation | <input type="checkbox"/> City of Barrow | <input type="checkbox"/> Alaska Native Medical Center |
| <input type="checkbox"/> Tikigaq Corporation | <input type="checkbox"/> City of Anaktuvuk Pass | <input type="checkbox"/> Maniilaq Health Center |
| <input type="checkbox"/> Cully Corporation | <input type="checkbox"/> City of Atqasuk | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> Olgoonik Corporation | <input type="checkbox"/> City of Kaktovik | <input type="checkbox"/> PacifiCare Insurance |
| <input type="checkbox"/> Nunamiut Inupiat Corporation | <input type="checkbox"/> City of Nuiqsut | <input type="checkbox"/> Aenta Insurance |
| <input type="checkbox"/> Native Village of Barrow | <input type="checkbox"/> City of Point Hope | <input type="checkbox"/> State of Alaska |
| <input type="checkbox"/> Native Village of Atqasuk | <input type="checkbox"/> City of Point Lay | <input type="checkbox"/> ASNA, Ltd. |
| <input type="checkbox"/> Other Company _____ | | |

III. I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken in reliance on this authorization. If this authorization has not been revoked, it will terminate one year from the date of my signature. I understand that if I do not qualify financially I am ineligible for MTFA program services.

Signature: _____

Date: _____

PLEASE DO NOT WRITE IN THIS AREA (PAYROLL & OFFICE USE ONLY)

IV. The Information to be released is for income verification.

- Please state the 12 months total income for the following time period: _____
- Total gross income for the last 12 months: \$ _____

If no longer employed, please share date of departure/termination: _____



Office Staff Only

MTFA Staff:		Date:	
Speaking To:			
Deceased:			
Family Surname:			

FUNERAL QUESTIONNAIRE

1. Who is the contact person for your family?

2. Where will you spend the \$2500 ASNA funds?
 - a. Casket
 - b. Funeral Home:
 - c. Other

3. Who will use the 3 airline tickets provided by ASNA-MTFA? To & From
 - a.
 - b.
 - c.

4. Where will the funeral be, what town?

5. When is the funeral, what date?

6. Comments:

Office Staff Only

Will a charter be needed to transport?	
From:	
To:	

