

## 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.

### 2021 ASNA Income Guidelines for MTFA

MTFA Income Guidelines 2021, Based on 2021 Federal and State Poverty Guidelines

Family Size	North Slope (Barrow)		North Slope (Villages)		Anchorage/Fairbanks		Out of State	
	2021 Federal Poverty Guidelines for Alaska	200% of Alaska Poverty Guideline	2021 Federal Poverty Guidelines for Alaska	250% of Alaska Poverty Guideline	2021 Federal Poverty Guidelines for Alaska	135% of Alaska Poverty Guideline	2021 Federal Poverty Guidelines for 48 contiguous states	120% of 2021 Federal Poverty Guideline for 48 Contiguous States
1	16,090	32,180	16,090	40,225	16,090	21,722	12,880	15,456
2	21,770	43,540	21,770	54,425	21,770	29,390	17,420	20,904
3	27,450	54,900	27,450	68,625	27,450	37,058	21,960	26,352
4	33,130	66,260	33,130	82,825	33,130	44,726	26,500	31,800
5	38,810	77,620	38,810	97,025	38,810	52,394	31,040	37,248
6	44,490	88,980	44,490	111,225	44,490	60,062	35,580	42,696
7	50,170	100,340	50,170	125,425	50,170	67,730	40,120	48,144
8	55,850	111,700	55,850	139,625	55,850	75,398	44,660	53,592

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

North Slope (Barrow)  
\$ 11,360

North Slope (Villages)  
\$ 14,200

Anchorage/Fairbanks  
\$ 7,668

Lower 48 States  
\$ 6,816

**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 home 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 home 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. All funeral travelers must be ASRC shareholders.

**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

\_\_\_\_\_  
Gender

\_\_\_\_\_  
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: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship to 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 and dates of birth of all individuals who are living in your household, including any children or dependents age 18 or under (*for whom you are financially responsible*):

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 MTF A 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.**

**\*\*For Client\*\***

### 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"/> Ijisaġvik 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"/> <b>Other Company</b> _____          |   |  |

**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:** \_\_\_\_\_

**\*\*For Spouse\*\***

**AUTHORIZATION FOR RELEASE OF FINANCIAL INFORMATION**

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**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**

<b>MTFA Staff:</b>		<b>Date:</b>	
<b>Speaking To:</b>			
<b>Deceased:</b>			
<b>Family Surname:</b>			

**FUNERAL QUESTIONNAIRE**

1. Who is the contact person for your family? (This is the person MTFA Program staff will communicate with)

- a. Name:
- b. Phone Number:

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

Name	Date of Birth	Gender	To & From

4. Where will the funeral be, what town?

5. When is the funeral, what date?

6. Comments:

**Office Staff Only**

<b>Will a charter be needed to transport?</b>	
<b>From:</b>	
<b>To:</b>	