General Information

Burial Assistance, under the Kiowa Tribe COVID-19 Response Program, is designed to alleviate the financial hardships associated with funeral costs for Kiowa Tribal members. The funding under this program is to assist with expenses for professional funeral services, headstone, and flowers. The total amount of Burial Assistance authorized for each item cost is as detailed below:

- Professional funeral services **shall not exceed**: $8,000
- Headstone **shall not exceed**: $1,000
- Flowers for service **shall not exceed**: $250.00

Payments will go directly to the funeral home, headstone business, and florist by the Kiowa Tribe COVID-19 Response Program. The family is responsible for any remaining or additional funeral expenses after assistance has been applied.

It is the responsibility of the family to initiate the Burial Assistance Request. The immediate family member, who is filing and completing the request on behalf of the Deceased, will be designated as the Responsible Party Member, and information will only be taken and shared with that authorized individual.

Eligibility Requirements

The Burial Assistance Program is provided on a first-come first-serve basis. Funding will **NOT** be provided unless the following criteria is met:

A completed request form with all required documents:

- Request Form – completed, signed, and dated
- Self- Certification of COVID Related Death – signed and dated
- Copy of Deceased’s Tribal I.D Card – verifying Kiowa Enrollment
- Death Certificate – copy of Death Certificate for Deceased
- Proof of Funeral Expenses – invoices, bills, etc.
- Copy of Funeral Home Contract – funeral contract with responsible party signature

Note: There will be a processing period after the request is completed, and documents required for Burial Assistance must be submitted before the request can be processed.

Approved by: ____________________________ Date: ________________
BURLIAL ASSISTANCE

Date: _________________________________

DECEASED MUST BE AN ENROLLED KIOWA TRIBAL MEMBER

| Print Name of Responsible Party: __________________________________________________________ |
| Complete Address: ____________________________________________________________________ |
| Phone Number: _____________________ Relationship to the Deceased: ______________________ |

| Print Deceased Full Name: ____________________________________ Tribal ID: _______________ |
| Date of Birth: ________________________ Date of Death: ________________________ |
| Address of Deceased: ____________________________________________________________ |

The above information is correct to the best of my knowledge. I acknowledge that the Kiowa Tribe COVID-19 Response Program reserves the right to revise, modify, delete, or add to any of the Burial Assistance Program depending on funds available. Further, I understand that any false statement or information provided in this form is in violation of federal law. Any misinformation or fraud will be investigated, and I will be responsible to refund the program.

SIGNATURE OF RESPONSIBLE PARTY/ AUTHORIZED PERSON      DATE

For Office Use Only

☐ Attached ARPA Request Form
☐ Attached ARPA Self-Certification
☐ Copy of Contract with funeral home
☐ Copy of Death Certificate
☐ Copy of Deceased Tribal ID Card
☐ Verified Contract/Receipts/Invoices

Date Received:   Navigator:
Self-Certification of COVID-19 Related Death

I, ______________________________, hereby certify that the cause of death of the Deceased relates to one of the following:

☐ COVID-19

☐ NON COVID-19

I declare and certify that the information is true and correct. I acknowledge that any misrepresentation of information used from my request form to determine eligibility may result in termination of participation in the program, or I may be required to repay the monies received.

__________________________________________  ____________________________  
SIGNATURE OF RESPONSIBLE PARTY   DATE