



APPLICATION FOR BEREAVEMENT ASSISTANCE PROGRAM

Purpose:

The Gwich'in Tribal Council (GTC) is committed to supporting and improving the social well-being of the Gwich'in beneficiaries. The (GTC) Bereavement Assistance Program is intended for Gwich'in beneficiaries who require financial assistance in the event that there is:

- A death or imminent death of a beneficiary of an immediate family member of a beneficiary.
- A need for transportation of immediate family member to the funeral/and or community of the deceased or payment of other reasonable funeral related expenses as determined by the family coordinator.

Level of Support:

The Bereavement Assistance Program provides up to a maximum of \$1,000 per family of the deceased.

Definition:

For the purpose of the Bereavement Assistance Program, the following definitions apply:

- "Gwich'in beneficiary" means an individual who is enrolled or is eligible to be enrolled in the Gwich'in Comprehensive Land Claim Agreement.
- "Immediate family member" includes: the spouse (including common-law), parents, parents-in-law, brothers, sisters, and children, including step, adoptive and foster children.

Family Coordinator:

At least 2 members of the immediate family will select one family member to serve as the family coordinator to request assistance from the Gwich'in Tribal Council. All requests to the Gwich'in Tribal Council must come directly from the family coordinator. Requests from other persons will be referred to the family coordinator.

**A death certificate is required with this application.
(Must apply within 6 months of death)**

**APPLICATION FOR BEREAVEMENT ASSISTANCE
(To be completed by the Family Coordinator)**

FAMILY COORDINATOR

| | | | |
|-------------------|-----------|---------------------|----------------------------------|
| Full Name: | | Phone Number | Gwich'in Enrolment Number |
| Address: | | | |
| P.O. Box | Apt./Unit | Street No. | Street Name |
| City/Town | Country | Province/State | Postal Code |

FAMILY MEMBERS AGREEMENT

Please provide name and signatures of two immediate family members to indicate agreement of Family Coordinator (Cannot be the Family Coordinator).

Name: _____ Signature: _____

Name: _____ Signature: _____

INFORMATION OF DECEASED

| | | |
|-----------------------------------|-------------------------------------|----------------------------|
| Full Name: | Date of Passing (MM/DD/YYYY) | |
| Home Community | Gwich'in Enrolment Number | |
| Death Certificate attached | Date of Funeral (MM/DD/YYYY) | Location of Funeral |
| [] YES [] NO [] PENDING | | |

Family Coordinator Signature: _____

Banking Information

| | | |
|------------------------------------|----------------------------|---------------------------------------|
| Name of Bank Account Holder | Name of Bank | Address of Bank & Location |
| Institution #: | Transit# (5 Digits) | Account Number: |

FOR OFFICE USE ONLY

| | | |
|-----------------------------------|------------------------------|---------------------------|
| Reviewed by Office Manager | Approved by Executive | Amount: \$1,000.00 |
| Signature: | Signature: | |
| Date (MM/DD/YYYY): | Date (MM/DD/YYYY): | |