



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 \$2,500 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)
[] YES [] NO [] PENDING	Location of Funeral

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 Enrolment Officer	Approved by Gwich'in Services Manager	Amount: \$2,500.00
Signature:	Signature:	
Date (MM/DD/YYYY):	Date (MM/DD/YYYY):	