



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 or an immediate family member of a beneficiary.
- A need for transportation of immediate family members 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	Email	
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	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> 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 Enrolment Officer	Approved by Gwich'in Services Manager	Amount: \$2,500.00
Signature:	Signature:	
Date (MM/DD/YYYY):	Date (MM/DD/YYYY):	

Applying In Person

Please bring this form and copies of your supporting documents to:
Gwichin Tribal Council
1-3 Council Crescent
P.O. BOX 1509
Inuvik, NT
X0E 0T0

Applying By Mail

Mail or Courier this form and copies of your supporting documents to:
Gwichin Tribal Council
Attention to: Enrollment
P.O. BOX 1509
Inuvik, NT
X0E 0T0

Applying By Fax

Fax to 867-777-7919.
Attention to: Enrolment
Fax with this form and copies of your supporting documents.

Applying By Email

Please email this form and supporting documents to: enrolment@gwichintribal.ca.