



## **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**

<b>Full Name:</b>	<b>Phone Number</b>	<b>Gwich'in Enrolment Number</b>

**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**

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

Family Coordinator Signature: \_\_\_\_\_

**Banking Information**

<b>Name of Bank Account Holder</b>	<b>Name of Bank</b>	<b>Address of Bank &amp; Location</b>
<b>Institution #:</b>	<b>Transit# (5 Digits)</b>	<b>Account Number:</b>

**FOR OFFICE USE ONLY**

<b>Reviewed by Enrolment Officer</b>	<b>Approved by Gwich'in Services Manager</b>	<b>Amount: \$2,500.00</b>
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](mailto:enrolment@gwichintribal.ca).