



# COVID-19 RESPONSE PROGRAM

802 W. Hardees St. - Anadarko, Oklahoma - 73005

Phone: (580) 919-8851 - Email: [burialassist@kiowatribe.org](mailto:burialassist@kiowatribe.org)

## BURIAL ASSISTANCE

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### 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 associated with funeral services, headstone, and flowers. The total amount of Burial Assistance authorized **shall not exceed** \$8,000.

Payments will go directly to the funeral home, headstone business, and florist by the Kiowa Tribe COVID-19 Response Program. Burial Assistance WILL NOT reimburse the immediate family if the burial cost has been paid for in full or a burial policy exists to cover all costs. 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: \_\_\_\_\_



# KIOWA TRIBE

## BURIAL APPLICATION

### Main Office

806 Wynan Court, Anadarko, OK 73005  
(405) 648-4080 Fax (405) 648-7078

### Satellite Office

PO Box 369, Carnegie, OK 73015  
(580) 654-6362 Fax (580) 654-7109

Email: [ss@kiowatribe.org](mailto:ss@kiowatribe.org)

**DECEASED MUST BE AN ENROLLED KIOWA TRIBAL MEMBER OR BE ELIGIBLE FOR ENROLLMENT**

Date: \_\_\_\_\_

**Print Name of Responsible Party:** \_\_\_\_\_

Complete address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship to the Deceased: \_\_\_\_\_

**Print Deceased Full Name** \_\_\_\_\_ and,

Tribal ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Address of deceased: \_\_\_\_\_

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If deceased is not enrolled with the Kiowa Tribe, but is eligible for enrollment; please provide the following information:

Name of father of deceased: \_\_\_\_\_ Tribal ID Number: \_\_\_\_\_

Name of mother of deceased: \_\_\_\_\_ Tribal ID Number: \_\_\_\_\_

**SIGNATURE OF RESPONSIBLE PARTY OR AUTHORIZED PERSON**

Signature & Date: \_\_\_\_\_

I give permission to allow the Kiowa Newspaper to publish my family member's obituary.

Signature & Date: \_\_\_\_\_



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## BURIAL 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: \_\_\_\_\_

In submitting this request, I declare and certify that the information is true and correct. I understand that funding is based on availability, and requests are met on a first-come, first-serve basis. Further, 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.

\_\_\_\_\_  
SIGNATURE OF RESPONSIBLE PARTY/AUTHORIZED PERSON

\_\_\_\_\_  
DATE

### For Office Use Only

- ☐ Attached ARPA Request Form
- ☐ Copy of Contract with funeral home
- ☐ Copy of Deceased Tribal ID Card

- ☐ Attached ARPA Self-Certification
- ☐ Copy of Death Certificate
- ☐ Verified Contract/Receipts/Invoices

Date Received:

Navigator:



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### 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



# KIOWA TRIBE

## FUNERAL MEAL/GIFT CARD APPLICATION

### Main Office

806 Wynan Court, Anadarko, OK 73005  
(405) 648-4080 Fax (405) 648-7078

### Satellite Office

PO Box 369, Carnegie, OK  
(580) 654-6361 Fax (580) 654-7109

Email: [ss@kiowatribe.org](mailto:ss@kiowatribe.org)

**DECEASED MUST BE AN ENROLLED KIOWA TRIBAL MEMBER OR BE ELIGIBLE FOR ENROLLMENT**

Date: \_\_\_\_\_

Responsible Party Information (Person who signed contract with the funeral home):

Print Name of Responsible Party: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to the Deceased: \_\_\_\_\_

Responsible Party \_\_\_\_\_ or Authorized Person (responsible party to pick up card) \_\_\_\_\_

### DECEASED INFORMATION

Deceased Full Name \_\_\_\_\_

Tribal ID Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_

SIGNATURE OF RESPONSIBLE PARTY OR AUTHORIZED PERSON

X \_\_\_\_\_ Date \_\_\_\_\_



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## BURIAL ASSISTANCE

### **Headstone Assistance Form**

Tribal Member must have passed away after March 2020

Date: \_\_\_\_\_

#### **Application Information:**

Name:	Relationship to Decedent:
Address:	City/State/Zip:
Enrollment Number:	Social Security Number:
Phone Number:	
Email Address:	

#### **Decedent Information:**

Name:	Date of Birth:
Enrollment Number:	Date of Death:
Name of Funeral Home:	
Funeral Home Number:	

#### **Vendor Information:** Invoice or Contract must be attached

If using a monument company that is **NOT** Nicholson Monument Company, please include the following information:

Name:	Phone Number:
Address:	City/State/Zip:

If using the Nicholson Monument Company, select from one of the packages below for your monument:

- Package A

- Package B

- Package C

#### **Acknowledgement and Signature:**

The above information is correct to the best of my knowledge. I understand that the Kiowa Tribe COVID-19 Response Program will assist with the purchase of one (1) headstone for the above listed deceased Tribal Member. The amount of assistance is \$1,000.00 and will be paid directly to the vendor. I understand that the cost of the headstone over \$1,000 is my responsibility and will be paid before the issue of the check to the vendor. 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

\_\_\_\_\_  
DATE