



KIOWA TRIBE COVID RESPONSE PROGRAM

208 Hardees West, Anadarko, OK 73005

Office: (405) 648-0492 / (405) 648-0925 ~ Email: ss01@kiowatribe.org

BURIAL ASSISTANCE APPLICATION

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.**

All payments will be made directly to the funeral home, monument/headstone vendor and florist vendor. 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 and information will only be taken and shared with that authorized individual.

Eligibility Requirements

The Deceased **MUST BE** an enrolled Kiowa Tribal member. The Burial Assistance Program is provided on a first come first serve basis. Funding **WILL NOT** be provided until the following criteria is met:

- ☐ Completed burial application (signed and dated)
- ☐ Self-Certification of COVID Related Death (signed and dated)
- ☐ Copy of deceased tribal CDIB Card
- ☐ Death Certificate
- ☐ Proof of funeral expense (invoice/bill)
- ☐ Copy of funeral home contract (signed by responsible party)

Approved by: _____ Date: _____



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DECEASED MUST BE AN ENROLLED KIOWA TRIBAL MEMBER

TRIBAL MEMBER INFORMATION

Full Name of Deceased _____

Date of birth _____ Date of death _____

Kiowa tribal ID # _____

Address of Deceased _____

RESPONSIBLE PARTY INFORMATION

Full Name _____

Address _____

Phone # _____ Relationship to Deceased _____

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

FUNERAL HOME INFORMATION

Name of Funeral Home _____

Address _____

Phone # _____ Email _____

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.

Responsible party _____ Date: _____



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FUNERAL MEAL VOUCHER APPLICATION

RESPONSIBLE PARTY INFORMATION

*This person must be the one who signed the contract with the funeral home. The Responsible Party **WILL BE THE ONLY** one to pick up the funeral meal voucher.*

Full Name _____

Address _____

Phone # _____ Relationship to Deceased _____

In submitting this request I understand that funding is based on availability and requests are met on a first come first serve basis. I also acknowledge that the Kiowa Tribe COVID-19 Response Program only allows a funeral meal voucher in the amount of \$300 and the voucher will only be given to the Responsible Party that is listed above. I further understand that it can take up to 5-7 days for the Kiowa Tribe COVID-19 Response Program to get the funeral meal voucher.

Responsible party _____ Date: _____



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HEADSTONE ASSISTANCE APPLICATION

TRIBAL MEMBER & RESPONSIBLE PARTY INFORMATION

Full Name of Deceased _____

Date of birth _____ Date of death _____

Kiowa tribal ID # _____

Responsible Party _____

Address _____

Phone # _____ Relationship _____

VENDOR INFORMATION

Vendor Name _____

Address _____

Phone # _____ Email _____

Invoice attached? ☐ YES ☐ NO Amount _____

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 up to \$1,000 and will be paid directly to the vendor listed above. I understand that the cost of the headstone over \$1,000 is my responsibility. 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.

Responsible party _____ Date: _____



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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.

Responsible party _____ Date: _____