Burial Assistance
Kiowa Tribe Social Services

Address: 208 Hardees West, Anadarko OK 73005
Office Phone Number: 405-648-0417, 405-648-0925 or 405-648-0492
Email: SS01@kiowatribe.org

Burial Assistance Application

General Information

The Kiowa Tribe Social Services offers a Burial Assistance program aimed at alleviating the financial challenges associated with funeral expenses for enrolled Kiowa Tribal Members. This program provides financial assistance exclusively for costs related to funeral services, specifically the funeral statement, bill, or contract, as well as the funeral meal.

The maximum funding authorized under this program amounts to $8,000.00 for funeral services and an additional $500.00 for the funeral meal. In cases where the submitted application exceeds this funding limit, the excess amount shall be the responsibility of the individual designated as the Responsible Party. The Kiowa Tribe Social Services Burial Assistance Program will not provide reimbursement to immediate family members if the burial costs have been fully covered or if there is a pre-existing burial policy that addresses all related expenses.

Furthermore, the applicant, referred to as the Responsible Party, is required to complete the burial assistance application to obtain a voucher for meal assistance, which will be issued to that individual. The payment for funeral costs will be directed to the funeral home. The initiation of the Burial Assistance Request rests with the responsible party/individual.

Responsible party/individual: The individual who completes this request and signs the Funeral Home Invoice, Bill, or Contract on behalf of the deceased will be recognized as the Responsible Party.
All communications regarding this matter will be exclusively conducted with this authorized representative.

Eligibility Requirements

Eligibility Requirements: The deceased must be an enrolled member of the Kiowa Tribe. Please be advised that funding for the Burial Assistance Program is allocated on a first-come, first-served basis, and assistance will not be provided until all specified criteria are fulfilled.

____ Completed Burial Application (Signed and Dated)

____ Copy of Deceased Tribal CDIB Card

____ Copy of Funeral Expenses (Funeral Home Invoice/Bill)

____ Copy of Funeral Home Contract (Signed by Responsible Party)

____ Copy of Death Certificate
(If a Death Certificate is unavailable, request a Draft Death Certificate from Funeral Home.)

As determined by the inherent sovereignty to authorize and administer programs to benefit the Tribal Community, the Kiowa Tribe Social Services reserves the right to revise, modify, delete, or add to any Burial Assistance depending on available funds and supplies.

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DECEASED MUST BE ENROLLED KIOWA TRIBE MEMBER

Deceased Member Information

Full Name of Deceased: _____
(First, Middle, Last Name)

Maiden Last Name: _____

Date of Birth: _____ **Date of Death:** _____ **Age:** _____ **Gender:** ___

Kiowa Tribal ID #: _____

Address of the Deceased: _____

_____

Funeral Home Information

Name of Funeral Home: _____

Address: _____ **City:** _____ **State:** ___

Phone #: _____ **Email:** _____

If you are using a funeral home that is not part of the Kiowa Tribe service area, please request the company's W-9 form.

Responsible Party Information

Full Name: _____

Address: _____ **City:** _____ **State:** ___

Phone #: _____ **Relationship to the Deceased:** _____

[ ] I grant permission for the Kiowa Tribe Newspaper to publish my family member's obituary.

By submitting this request, I hereby declare and certify that the information provided is accurate and truthful. I understand that funding is subject to availability and that requests will be processed on a first-come, first-served basis. Furthermore, I acknowledge that if any costs associated with the funeral exceed the amount provided by the Burial Assistance/Kiowa Tribe Social Services, the responsible party will be fully accountable for paying any additional expenses.
I also understand that the Kiowa Tribe Social Services reserves the right to revise, modify, delete, or add to any aspect of the Burial Assistance Application based on the availability of funds.

_____ _____

Responsible Party Signature **Date**

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FUNERAL MEAL VOUCHER APPLICATION

The responsible party is the person who signed the contract with the funeral home.
This responsible party is the ONLY ONE ALLOWED to collect the funeral meal voucher.

[ ] Yes, I am applying for the Funeral Meal Voucher Application.

Responsible Party

Full Name: _____

Address: _____ City: _____ State: ____

Phone #: _____ Relationship to the Deceased: _____

Please note that should the Social Services representative request additional documentation during the application process, prompt compliance is necessary to avoid denial or delay of the assistance.

By submitting this request, I hereby declare and certify that the information provided is accurate and truthful. I understand that funding is subject to availability, and requests will be processed on a first-come, first-served basis. I also acknowledge that the Kiowa Tribe Social Services only allows a funeral meal voucher in the amount of $500 towards the meal. The voucher will only be given to the Responsible Party listed above. I further understand that it can take up to 5-7 days for the Kiowa Tribe Social Services to get the funeral meal voucher.
I also understand that the Kiowa Tribe Social Services reserves the right to revise, modify, delete, or add to any aspect of the Burial Assistance Application based on the availability of funds.

_____ _____
Responsible Party Signature **Date**

[ ] No, I do not want to apply for the Funeral Meal Voucher.

I, _____, would like to clarify that I do not require the funeral meal voucher.

I hereby declare and affirm that the information provided in this document is accurate and truthful to the best of my knowledge. By signing this declaration, I acknowledge that I am formally opting out of the Funeral Meal Voucher assistance. I fully understand that this decision is irrevocable, and consequently, I will not be eligible to reapply for the funeral meal voucher assistance in the future for the individual on whose behalf I am submitting this declaration.

_____ _____
Responsible Party Signature **Date**