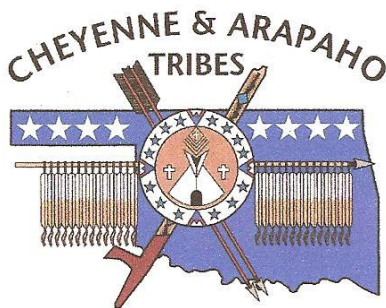


# Tribal Enrollment

## Burial Program



P.O. Box 134  
 Concho, OK 73022  
 (405) 422-7600  
 Toll Free: (800) 247-4612  
 Fax: (405) 422-8238

## MEAL & TRANSPORTATION ASSISTANCE APPLICATION

### DUE TO DEATH OF IMMEDIATE FAMILY MEMBER

(Applicants must apply for assistance within 30 days of the Death)

APPLICANT INFORMATION:			
APPLICANT NAME		Home Telephone Number	( )
MAILING ADDRESS		Cell Phone or Message No.	( )
CITY / STATE / ZIP		Your relationship to the deceased	
Your Enrollment # (If applicable)		Your Social Security Number	

DECEDENT INFORMATION:			
NAME OF DECEASED		BIRTHDATE	
ENROLLMENT NUMBER		DATE OF DEATH	
FUNERAL HOME SELECTED		FUNERAL HOME MAILING ADDRESS	
Funeral Home Telephone Number		Is the Burial Site in a C&A Tribal Cemetery	Yes No
		Cemetery Name and City, ST	

#### Description of Meal and Transportation Assistance

A **one-time** stipend in the amount of \$250.00 for **each** of the following: **Traditional meal at the wake and funeral** and \$500.00 for **transportation** is allocated to the next of kin or enrolled immediate family member(s). Confirmation of the services will be obtained from the attending funeral home before the stipend will be disbursed. The immediate family must notify the Enrollment Department of the enrolled immediate family member(s) who will be responsible for the assistance. **Immediate family member is defined as, father, mother, husband, wife, son, daughter, brother, sister.**

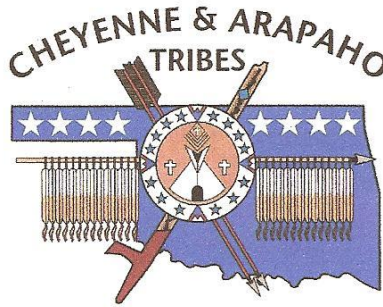
#### Certification

I understand this is a one-time assistance. I certify that the information is true and correct to the best of my knowledge.

Signature of Applicant:		Date:	
Enrollment Staff Signature:		Date:	

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## MEAL & TRANSPORTATION ASSISTANCE APPLICATION

### Memorandum of Understanding (Meal and Transportation Assistance)

<i>Name of Deceased</i>	<i>Enrollment Number</i>
<i>Date of Birth</i>	<i>Date of Death</i>

**(Please initial the following statements)**

- I understand that by submitting the application for meal assistance, I will be the responsible party of the funds to be utilized in providing the meals for the deceased tribal members' wake and/or funeral. I understand if meals are not provided at these services, I am not eligible to receive this stipend.

**One-time maximum stipend amount: \$500.00.**

- I understand that funds available for transportation assistance will be disbursed to the immediate family members of the deceased if needed for transportation to the wake and/or funeral services.

**One-time stipend amount: \$500.00**

- I understand that funds available for meal and transportation will not be disbursed until funeral services are set and confirmed from the attending funeral home.

<i>Applicant Signature:</i>		<i>Date</i>	
<i>Enrollment Staff Signature</i>		<i>Date</i>	

### FOR OFFICE USE

Meal Assistance: <input type="checkbox"/> Wake <input type="checkbox"/> Funeral	
Transportation Assistance:	
Total:	