

# SOCIAL SERVICES DEPARTMENT

PO BOX 825~ANADARKO OK~73005~PHONE (405)247-2448~FAX(405)247-5942

## Burial Assistance

Delaware Nation provides burial assistance **for enrolled tribal citizens or those minors eligible to be enrolled (and not enrolled in any other tribe) up to \$10,000**. Eligibility must be determined by the enrollment department. Payment will be made directly to the funeral home selected. Assistance is for burial expenses and/or marker or monument.

### **BURIAL ASSISTANCE AVAILABLE:**

1. **PREPAID BURIAL ASSISTANCE:** A tribal citizen (age 60 or over) or diagnosed with a terminal illness, may obtain assistance to purchase an irrevocable contract burial plan with a funeral home of their choice.

#### **Required Documents:**

- Copy of irrevocable contract with funeral home for cost of service
- Death Certificate (Family must request one for the tribe when the tribal citizen is deceased.)
- If applicable, a letter from the tribal citizen's medical doctor stating the terminal diagnosis

**Application may be submitted at any time by the tribal citizen.**

2. **BURIAL ASSISTANCE:** A tribal citizen's next of kin may obtain assistance with funeral arrangements at a funeral home of their choice.

#### **Required Documents:**

- Invoice stating funeral home's cost for service
- Death Certificate (Family must request one for the tribe when making funeral arrangements)

**Please submit application 90 days from the date of funeral service.**

### **FAMILY DINNER:**

- Family Dinner allocation of **\$500** will be available to the family for food. The next of kin designated on the application will receive the check for this service.

### **SERVICES AREA**

- NATIONWIDE

Social Services  
P.O. Box 825  
Anadarko, OK 73005



Toll Free 1-800-203-2121  
Phone (405)247-2448  
Fax (405)247-5942  
[socialservices@delawarenation-nsn.gov](mailto:socialservices@delawarenation-nsn.gov)

## BURIAL ASSISTANCE APPLICATION

Name of Tribal Citizen \_\_\_\_\_

Type of Assistance Requested:  Prepaid Burial  Burial Assistance

Date of Birth \_\_\_\_\_ Date of Death (if applicable) \_\_\_\_\_ Age \_\_\_\_\_

Enrollment# \_\_\_\_\_ Male  Female  Social Security # \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Widowed

NEXT OF KIN \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Payment made to:

Name of Funeral Home \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please check here if 18 or older and have previously submitted a request for direct deposit for Family Dinner assistance.

Please check if a veteran.

***By signing this application, I certify under penalty of law that all information submitted in and with this form is true and accurate. I further certify that any misuse of funds or fraudulently obtaining funds will result in a reimbursement of fraudulent funds obtained and ineligibility of future assistance for any Delaware Nation program for a period of time as determined by the Delaware Nation Fraud Policy and/or the court. I accept the Terms and Conditions and agree to use these funds for the intended purpose stated within this application.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### OFFICE USE ONLY

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

\_\_\_\_\_  
Social Services

\_\_\_\_\_  
Tribal Administrator