



**Muscogee (Creek) Nation
Social Services Department
Burial Assistance Application**

Muscogee Creek Nation
Social Services | Human Services
PO Box 580 | Okmulgee, OK 74447
Fax: 918.549.2494
Email: SocialServices@MuscogeeNation.com

DECEASED INFORMATION			
Deceased Name :		Maiden Name :	
Tribe/Roll#:	DATE OF BIRTH:	SS#	
Physical Address:	City:	State:	Zip:
Was deceased a veteran?	Yes	No	Unknown
Income Source:	Employed	Social Security (SSA, SSI, SSDI)	Retirement Pension
	VA Benefits	No Income	Other: _____
Resource Info:	Checking/Savings	Burial Policy	IIM
	Spouse Income/Life	Life Ins.	Crime Victim
			Other: _____
HOUSEHOLD COMPOSITION			
HOUSEHOLD MEMBERS NAME	DATE OF BIRTH	SS#	Tribe/Roll#
Spouse Name:			
Minor Child Name:			

List any additional minor children on bottom of application

FUNERAL SERVICE INFORMATION			
Funeral Home:		Date of Passing:	
Address:	City:	State:	ZIP:
Funeral Service Location:	Date:	Time:	
RESPONSIBLE PARTY INFORMATION (Person who signs the burial contract with funeral home)			
Name:		Relation to deceased:	
Mailing Address:	City:	State:	Zip:
Phone:	Email:		

Muscogee (CREEK) CITIZENS ONLY

FOOD FOR FUNERAL PROGRAM

I give permission for the authorized person listed below to pick up/use the food voucher on my behalf. I understand that the voucher will have my name, as the responsible party, & the authorized person listed below as well.

NAME OF AUTHORIZED PERSON: _____ **PHONE NUMBER:** _____

GRAVE HOUSE PROGRAM

Are you requesting funding for a grave house? YES NO

Will the cemetery allow a grave house on the premises? YES NO

Name of Cemetery: _____

Contact Person for Cemetery: _____ Phone Number: _____

I give permission for the authorized person listed below to pick up/use the Grave House voucher on my behalf. I understand that the voucher will have my name, as the responsible party, & the authorized person listed below as well.

NAME OF AUTHORIZED PERSON: _____ **PHONE NUMBER:** _____

Disclosures

Burial Assistance:

Per BIA Burial Regulation 25 CFR §20.324 - §20.326, burial applications must be submitted within 180 days of death. The deceased must also meet all residence, income, and resource criteria. The BIA program will not reimburse for paid burial costs.

Per Tribal Burial Policy, burial applications must be submitted within one year of death. The Tribal Burial Program will not reimburse for paid burial costs.

BIA Funds:

Muscogee (Creek) Nation Social Services BIA programs are subject to annual Congressional appropriations, pursuant to 25 C.F.R. § 20.102 (c).

Fair Hearing Statement:

Once the Social Service Office receives your application, it is pending until all documentation is received. After 30 days, pending applications will be denied. All requested documentation must be received to determine eligibility. If you dispute an action taken by the Social Service Office you may file a written appeal within twenty calendar days from your denial letter date. The Social Services Director will forward the appeal letter to the Appeals team for review. All decisions are determined by tribal and federal law, along with the programs' policies and procedures. A written decision will be mailed to you within ten business days.

Privacy Act Statement:

Muscogee (Creek) Nation Social Services Office may share information with other Federal, State, and Tribal programs. Social Services may also contact employers, landlords, utility vendors, businesses, etc., to verify the information provided to our office. Social Services will not share your information other than as described here unless you tell us writing. You may use the release of information statement provided at the bottom of this page to allow others access to your case information.

You have a right to know the information in your case file and can request a copy of your case record. You may ask Social Services to correct your case record if you think there is an error.

Federal Law Governing Fraud:

Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact, or makes or uses any false writing or documents, knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both. Muscogee (Creek) Nation Social Services has the right to verify all information provided to our office. Falsification of this information may result in the following actions (1) denial of application, (2) ineligibility of services for up to one year, (3) notice of fraud sent to affected parties

Release of Information:

This release of information will remain in effect for one year or until authorization is rescinded. Should you choose a representative to receive or give information to our staff, you must enter their name in the box below.

I authorize Social Services Department to obtain and/or exchange information with the person(s) listed below

NAME: _____

I do not wish to list any person(s)

Certification:

By signing below, I certify I have read this application or had this application read to me and that all information provided by me, oral and written, is true and accurate. I also acknowledge I have read and understand the Fair Hearing Statement, Privacy Act Statement, Fraud Statement, and the Release of Information Section.

Responsibility Party Name (printed): _____

Responsibility Party Signature: _____ Date: _____