

Burial Program  
P.O. Box 134  
Concho, OK 73022  
(405) 422-7601  
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 \$750.00 for **transportation** is allocated to the next of kin or designated immediate family member. Confirmation of the services will be obtained from the attending funeral home before the stipend will be disbursed. **Immediate family member is defined as, father, mother, legal husband, legal 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: \$750.00**

- 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>	

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### FOR OFFICE USE

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