



KEWEENAW BAY INDIAN COMMUNITY
COMMUNITY ASSISTANCE PROGRAMS (C.A.P.)
16429 Beartown Road, Baraga, MI 49908
Telephone: (906) 353-4162 Fax: (906) 353-4141
COMMUNITY NEEDS ASSISTANCE PROGRAM (CNAP)
FUNERAL ASSISTANCE

PLEASE NOTE:

ALL REQUESTORS MUST HAVE THEIR ADDRESS UPDATED WITH ENROLLMENT TO QUALIFY FOR ASSISTANCE.

FUNERAL FAMILY ALLOWANCE REQUEST SHEET REQUEST DATE: _____

NAME OF DECEASED: _____

DATE OF DEATH: _____

DATE OF FUNERAL: _____

LOCATION OF FUNERAL: _____

Physical Address including City, State

Contact's (Family Spokesperson) Name: _____

Contact's Relationship to Deceased: _____

Contact's Mailing Address: _____

Contact's Telephone Number: _____

HOTEL (LIST ANY ADDITIONAL NAMES AND INFORMATION ON THE BACK OF THIS SHEET)

Name of Requestor/KBIC Tribal Id: _____

Relationship to Deceased: _____

How many nights stay are you requesting? _____

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Relationship to Deceased: _____

How many nights stay are you requesting? _____

TRAVEL (LIST ANY ADDITIONAL NAMES AND INFORMATION ON THE BACK OF THIS SHEET)

Name of Requestor/KBIC Tribal Id: _____

Mailing Address: _____

Relationship to Deceased: _____

Round-Trip Mileage: _____

Name of Requestor/KBIC Tribal Id: _____

Mailing Address: _____

Relationship to Deceased: _____

Round-Trip Mileage: _____

Name of Requestor/KBIC Tribal Id: _____

Mailing Address: _____

Relationship to Deceased: _____

Round-Trip Mileage: _____

Name of Requestor/KBIC Tribal Id: _____

Mailing Address: _____

Relationship to Deceased: _____

Round-Trip Mileage: _____

CHECK LIST [] WRITTEN VERIFICATION OF FUNERAL

For Office Use Only

[] APPROVED

Recipient's Name: _____ Amount: \$ _____

Recipient's Name: _____ Amount: \$ _____

Recipient's Name: _____ Amount: \$ _____

Recipient's Name: _____ Amount: \$ _____

[] DENIED

Reason: _____

You have a right to file an appeal of a denial or adverse decision. The Appeal forms can be obtained in the CAP office.

Signature by:

KBIC TRIBAL PRESIDENT

Date

-OR-

Representative Name, Title