**KEWEENAW BAY INDIAN COMMUNITY**
COMMUNITY ASSISTANCE PROGRAMS (CAP)
16429 Bear Town Road, Baraga, MI 49908
Telephone: (906) 353-4162 Fax: (906) 353-4179

**COMMUNITY NEEDS ASSISTANCE PROGRAM (CNAP)**
**LOCAL FUNERAL ASSISTANCE**

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**ALL REQUESTORS MUST BE KBIC MEMBERS AND HAVE THEIR ADDRESS UPDATED WITH ENROLLMENT**

## 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/Enrollment #:** _____

Relationship to Deceased: _____

How many nights stay are you requesting? _____

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Relationship to Deceased: _____

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Relationship to Deceased: _____

How many nights stay are you requesting? _____

**Name of Requestor/Enrollment #:** _____

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/Enrollment #:** _____

Mailing Address: _____

Relationship to Deceased: _____

Round-Trip Mileage: _____

**Name of Requestor/Enrollment #:** _____

Mailing Address: _____

Relationship to Deceased: _____

Round-Trip Mileage: _____

**Name of Requestor/Enrollment #:** _____

Mailing Address: _____

Relationship to Deceased: _____

Round-Trip Mileage: _____

**Name of Requestor/Enrollment #:** _____

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*