

# **SAN JUAN SOUTHERN PAIUTE TRIBE**



## **FUNERAL ASSISTANCE APPLICATION PACKET**

*Approved by Tribal Council Resolution No. 2019-03 dated January 19, 2018*

**SAN JUAN SOUTHERN PAIUTE TRIBE**  
P.O. Box 2950  
50 S. Main Street, Suite 102  
Tuba City, AZ 86045  
(928) 212-9794 ~ (928) 233-8948 fax  
[www.sanjuanpaiute-nsn.gov](http://www.sanjuanpaiute-nsn.gov)

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## IMPORTANT INFORMATION – PLEASE READ

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The Funeral Assistance Program of the San Juan Southern Paiute Tribe is governed by the requirements of Title 8, Chapters 1 and 5 of the San Juan Southern Paiute Tribe Law & Order Code (Code). A copy of Title 8 of the Code can be reviewed on the Tribe's website at [www.sanjuanpaiute-nsn.gov](http://www.sanjuanpaiute-nsn.gov) or can be obtained upon request to the Tribal Administration Office.

The Funeral Assistance Program provides various types of funeral assistance for deceased Tribal Members where a complete Funeral Assistance Program Application (Application) is submitted and the established criteria for the Program are met in accordance with the Tribal Law & Order Code and the San Juan Southern Paiute Tribe Funeral Assistance Program Handbook (Handbook). This Funeral Assistance Application Packet is part of the Handbook. A complete copy of the Handbook can be obtained upon request to the Tribal Administration Office. *Please note that the Code, the Handbook and this Application Packet may be updated from time to time. Prior to making an Application for Funeral Assistance, you should make sure that you are using the current version of the Code, Handbook and Application Packet.*

The Funeral Assistance Program is funded each year as part of the overall Tribal Budget and funding is limited from year to year. The review of your Application will be categorized by the type of Funeral Assistance you are requesting (e.g. burial assistance, transportation assistance, etc.). The type of assistance offered by the Tribe to provide funeral assistance for Tribal Members, if any, may not necessarily be the type of assistance initially requested by the Applicant.

**Funeral Assistance may be denied if:**

- The deceased does not meet the qualification for assistance because he or she is not a Tribal Member;
- Sufficient funds are not available in the Program Budget or providing the requested assistance would result in the expenditure of a significant amount of the Program Budget that would prevent the Tribe from fulfilling a sufficient number of other Tribal Member requests for Funeral Assistance;
- A more efficient and reasonable means of achieving adequate Assistance is available;
- Achieving the requested Assistance is impractical or unlawful;
- The Tribe lacks the necessary resources to provide the requested Funeral Assistance in a safe and adequate manner; or
- For any other non-discriminatory reason.

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**TRIBAL LAW & ORDER CODE**  
**TITLE 8, CHAPTER 1, SECTION 307**  
**APPEALS AND REMEDIES**

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**§ 307 Appeals and Remedies.**

- A. Right to Appeal. Any Applicant who has submitted an Application shall have the right to appeal to the Tribal Court of the San Juan Southern Paiute Tribe, provided that the Tribal Court shall only have jurisdiction to address appeals alleging that the Constitution and/or the Law & Order Code has been violated.
- B. Where to File the Appeal. All appeals shall be filed with the Tribal Court pursuant to the appeal procedure established in Title 5 of the Law & Order Code.
- A. When to File Appeal. All initial appeals pursuant to this Article shall be filed within 30 days of the receipt of a notice informing the Applicant that their Application for assistance under a Tribal Program pursuant to this Title has been rejected or within 30 days of an alleged violation of the Tribal Constitution and/or the Law & Order Code.
- B. Remedies. With regard to appeals made pursuant to this Section, the Tribal Court shall have the jurisdiction to order compliance with the Tribal Constitution and/or Law & Order Code. Decisions of the Tribal Administration or Tribal Council shall only be set aside if arbitrary, capricious, an abuse of discretion, or otherwise not in accordance with law.

*[Legislative History: Enacted by Resolution No. 2018-72, 10/5/2018]*

**NOTICE:**  
**INCOMPLETE APPLICATIONS WILL NOT BE**  
**PROCESSED**

If you do not submit a complete application:

1. A Notice will be mailed to you that informs you that your application is incomplete and it will request that you submit the items needed to complete the application.
2. If you do not provide a response within 30 days from the date of the Notice, any forms and/or photocopied information will be shredded. Any original documents will be mailed back to you at the last address provided on the application.
3. If your application is closed for failure to timely submit the requested documentation, you will be required to submit a new application with all the appropriate documentation in order to reapply for Assistance.

**ALL APPLICATIONS MUST BE SUBMITTED BY**  
**MAIL OR HAND-DELIVERED TO:**

San Juan Southern Paiute Tribe  
ATTN: Funeral Assistance Application  
P.O. Box 2950 (mailing)  
50 South Main Street, Suite 102 (street address)  
Tuba City, Arizona 86045

*You are responsible for ensuring that your application documents are delivered to the Tribe. It is recommended that if you are mailing your documents that you send them by Certified Mail – Return Receipt Requested or by Federal Express.*

**TO TRACK THE PROGRESS OF YOUR APPLICATION,**  
**CONTACT THE TRIBE AS FOLLOWS:**

Mail: San Juan Southern Paiute Tribe  
ATTN: Tribal Administrator  
PO Box 2950 (mailing address)  
50 South Main Street, Suite 102 (street address)  
Tuba City, Arizona 86045

Phone: 928-212-9794

Fax: 928-233-8948

Email: [j.conovaloff@sanjuanpaiute-nsn.gov](mailto:j.conovaloff@sanjuanpaiute-nsn.gov)

## **FUNERAL ASSISTANCE APPLICATION CHECKLIST:**

**Use this Checklist to make sure you have submitted all required documentation with the Application.**

- Funeral Assistance Application**
  - Complete, sign and date the Funeral Assistance Application. Note: There are two places to sign the Application.
  
- Copy of Your Driver's License or State Issued Identification Card**
  - Provide a copy of your driver's license or state issue identification card. If you do not have one of these, provide a copy of your Tribal Identification Card. Applicant's requesting funeral assistance for a deceased Tribal Member are not required to be Tribal Members themselves to apply for the funeral assistance for the deceased Tribal Member.
  
- Mortuary/Funeral Home Invoice**
  - Provide an invoice from the mortuary / funeral home detailing the expenses of the funeral service, and transportation of the Tribal Member's remains. If you do not provide this invoice at the time of submitting the Application, you must provide it before the Tribe will take any action to consider your request for assistance to pay mortuary or funeral home fees.
  
- Transportation of Deceased Tribal Member**

*Only required for Transportation Assistance of deceased Tribal Member if cost not included in Mortuary Invoice*

  - If requesting transportation assistance for the deceased Tribal Member to the place of burial or mortuary and that cost is not included in the Mortuary Invoice, provide an invoice from the transportation service or identify the total mileage for which you are requesting reimbursement, along with a statement of location identifying where the deceased Tribal Member is currently and where they are being transported, and by whom.
  
- Other Supporting Documents**
  - You may submit additional supporting documents with the Application or the Tribe may request additional supporting documents or information from the Applicant based upon the type of request and information provided in the Application. Requests for additional funeral reception assistance shall not exceed \$500.00.

**PLEASE NOTE:**

**As a condition of receiving Funeral Assistance from the San Juan Southern Paiute Tribe, you are required to provide a CERTIFIED COPY OF THE DEATH CERTIFICATE to the Enrollment Officer of the San Juan Southern Paiute Tribe when it is received from the office of vital records. This is important for Tribal Enrollment record-keeping purposes.**

**The Death Certificate should be mailed or hand-delivered to:**

San Juan Southern Paiute Tribe  
ATTN: Enrollment Officer  
PO Box 2950 (mailing address)  
50 South Main Street, Suite 102 (street address)  
Tuba City, Arizona 86045

# SAN JUAN SOUTHERN PAIUTE TRIBE



**FOR OFFICIAL USE ONLY**

Date Rec'd: \_\_\_\_\_

Rec'd By: \_\_\_\_\_

## FUNERAL ASSISTANCE APPLICATION

*Approved by Tribal Council Resolution No. \_\_\_\_\_ dated \_\_\_\_\_*

*Fill out application entirely and complete in black or blue ink only.*

### **SECTION 1: APPLICANT INFORMATION**

<b>Applicant Information</b>			
Full Name (First Middle Last):			
Maiden Name or Other Names:			
Date of Birth: ____/____/____	Age: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Place of Birth: City: _____	State: _____		
Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow/Widower			
Social Security #: _____ - ____ - _____		Tribal Enrollment #:	
Driver's License or State ID #:		State of Issue:	
Mailing Address (P.O. Box or Street): _____			
City: _____	State: _____	Zip Code: _____	
Physical Address (if no street address, provide major cross streets / intersections): _____			
City: _____	State: _____	Zip Code: _____	
Home Phone: (     )     -	Cell Phone: (     )     -		
Email Address: _____			
Applicant's Relationship to the Deceased: _____			
Mortuary/Funeral Home Providing Services Name: _____			
Mortuary/Funeral Home Phone Number: _____			
Mortuary/Funeral Home Address: _____			
Have you provided a Mortuary/Funeral Home invoice with this Application? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you the person authorized to make funeral arrangements for the deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If NO, please state the name(s) and contact information of the person(s) responsible for making the deceased's funeral arrangements:  _____			

**SAN JUAN SOUTHERN PAIUTE TRIBE  
FUNERAL ASSISTANCE APPLICATION**

**SECTION 2: DECEASED TRIBAL MEMBER'S INFORMATION**

Biographical Information of Deceased Tribal Member			
Full Name (First Middle Last):			
Maiden Name or Other Names:			
Date of Birth: ____ / ____ / ____	Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Death: ____ / ____ / ____		Age at Death:	
Status at Time of Death: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow/Widower			
Tribal Enrollment # (if known):			
Last Mailing Address (P.O. Box or Street):			
City:		State:	Zip Code:
Last Physical Address (if no street address, provide major cross streets / intersections):			
City:		State:	Zip Code:

**SECTION 3: TYPE OF FUNERAL ASSISTANCE REQUESTED**

**BURIAL ASSISTANCE** – Provides payment of a Mortuary Invoice for burial services in an amount not exceeding \$5,000 to the mortuary listed on the Mortuary Invoice.

Describe your need: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TRANSPORTATION ASSISTANCE** – Provides local travel for Applicant to and from the bereavement events and long distance transportation of the deceased Tribal Member to the place of burial if not included as part of the Mortuary Invoice, as applicable.

Describe your need: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER** – Other funeral assistance, up to \$500.00 for food, flowers, clothing, casket covering, blanket, etc.

Describe your need: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**SAN JUAN SOUTHERN PAIUTE TRIBE  
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**SECTION 4: CONFLICT OF INTEREST STATEMENT**

<b>Conflict of Interest Statement</b>
Do you or your spouse have any immediate relative(s) (e.g. <i>parents, grandparents, children, brothers, sisters</i> ) presently working for or holding office with the San Juan Southern Paiute Tribe? <p style="text-align: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
If YES, provide the name(s) of relative(s), and their relation to you:   

**APPLICANT CERTIFICATION**

I certify that the information and supporting documents provided with this Application are accurate and complete to the best of my knowledge and belief. I understand that providing false statements or information is punishable by law and may result in the Tribe seeking to recover the assistance provided to me and/or refusing to provide any future assistance to me in addition to any other remedies available to the Tribe. I also understand that providing false statements or information is grounds for immediate termination of assistance.

I certify that if assistance is received, I will meet the requirements of the type of assistance provided as stated in the Assistance Program Handbook. I understand that if I fail to meet the requirements of the Assistance Program, that the Tribe may seek to obtain repayment of the assistance provided to me.

**I AGREE THAT AS A CONDITION OF RECEIVING FUNERAL ASSISTANCE FOR THE DECEASED, THAT I WILL PROVIDE A CERTIFIED COPY OF THE DEATH CERTIFICATE TO THE ENROLLMENT OFFICER OF THE SAN JUAN SOUTHERN PAIUTE TRIBE WHEN IT IS RECEIVED FROM THE OFFICE OF VITAL RECORDS.**

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Signature of Applicant

Date

**SAN JUAN SOUTHERN PAIUTE TRIBE  
FUNERAL ASSISTANCE APPLICATION**

**AGREEMENT AND AUTHORIZATION TO SAN JUAN SOUTHERN PAIUTE TRIBE  
FOR RECOVERY OF ASSISTANCE PAYMENTS FROM OTHER SOURCES OF  
TRIBAL INCOME FOR VIOLATION OF TERMS AND CONDITIONS OF  
ASSISTANCE PROGRAM**

I understand and agree that in the event I violate the requirements of the Funeral Assistance Program, that the San Juan Southern Paiute Tribe is authorized to garnish any future sources of income that are due to be paid to me by the Tribe, including, but not limited to, wages, stipends, reimbursements, and/or per capita payments, to recover the value of any assistance provided to me by the Tribe under this Program. By signing, I am providing advance authorization to the Tribe to garnish such payments in the event the Tribal Court determines that I have violated the requirements of the Funeral Assistance Program and has set an amount that is due and payable by me to the Tribe.

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Signature of Applicant

Date

**PRIVACY ACT NOTICE**

THE INFORMATION PROVIDED IN THIS APPLICATION IS TO BE USED BY THE SAN JUAN SOUTHERN PAIUTE TRIBE OR ITS ASSIGNEES IN DETERMINING WHETHER YOU QUALIFY AS A PARTICIPANT OR BORROWER UNDER THE ASSISTANCE PROGRAM. IT IS NOT TO BE DISCLOSED TO ANY OUTSIDE AGENCY EXCEPT AS REQUIRED OR PERMITTED BY LAW. THE INFORMATION PROVIDED IN THIS APPLICATION MAY BE AGGREGATED BY THE TRIBE WITH OTHER TRIBAL DATA FOR STATISTICAL INFORMATION AND ANALYSIS PURPOSES.