



# Native Village of Nuiqsut Request for Donation

Ph: 907-480-3010 | Fax: 907-480-3009 | Email: administrator@nvnuiqsut.org

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Escort Name (if any): \_\_\_\_\_

Assistance Requested:

Travel     Emergency Donation     Medical Assistance     Funeral Assistance

Total amount of funding per request (may not exceed \$500): \_\_\_\_\_

Select additional sources you have applied for (please provide a Denial Letter from the entity):

Kuukpik Corporation                       City of Nuiqsut  
 ASNA Assistance                               State of Alaska  
 UIC Corporation                                 Employment Income

Medical Insurance (Check all that apply):

Medicaid                                              Employer's Insurance \_\_\_\_\_  
 Denali KidCare                                      Private Insurance \_\_\_\_\_  
 Medicare                                                Other \_\_\_\_\_

I agree to supply information regarding resources and income to notify the Tribe of any changes in my situation. I understand the above and I agree to provide any documents necessary to prove eligibility for assistance. I certify that the information and documentation contained in this application is accurate and true.

I, \_\_\_\_\_ authorize the release of information requested by the Native Village of Nuiqsut. I authorize the Native Village of Nuiqsut to obtain information necessary to establish eligibility for assistance. This release will be in effect while I am an applicant or recipient of assistance, and for any later investigations of my eligibility and receipt of benefits.

A deceased person who was receiving Adult Public Assistance, Senior Benefits or TANF/ATAP will have their burial assistance provided through the State of Alaska, per section 2103.7 of the State of Alaska - General Relief Assistance (GRA) Manual. By signing below, I understand these persons are automatically not eligible for BIA Funded Burial Assistance through the Native Village of Nuiqsut.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

This application must be approved by Tribal Council President, Vice-President, or Treasurer prior to processing.

\_\_\_\_\_  
Approval Signature and Title

\_\_\_\_\_  
Date

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**Office Use Only**    Submitted: \_\_\_\_\_    Initials: \_\_\_\_\_  
Funding Source Code (if known): \_\_\_\_\_    Date Paid: \_\_\_\_\_    Amount: \_\_\_\_\_