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 any additional organizations you have requested assistance from. Please include denial letters from at least three entities to qualify for the $500 support request.

____ Kuukpik Corporation
____ ASNA Assistance
____ UIC Corporation
____ City of Nuiqsut
____ State of Alaska
____ Employer

Medical Insurance (Check all that apply):

____ Medicaid
____ Denali KidCare
____ Medicare
Employer's Insurance _____
Private Insurance _____
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

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