



Gwich'in Tribal Council Bereavement Assistance Program

Purpose:

The Gwich'in Tribal Council (GTC) is committed to supporting and improving the social well-being of Gwich'in beneficiaries. The (GTC) Bereavement Assistance Program is intended for Gwich'in beneficiaries who require financial assistance in the event that there is:

- A death or imminent death of a beneficiary or an immediate family member of a beneficiary.
- A need for transportation of immediate family members to the funeral/and or community of the deceased or payment of other reasonable funeral related expenses as determined by the family coordinator.

Level of Support:

The Bereavement Assistance Program provides up to a maximum of \$1,000 per family of the deceased.

Definition:

For the purpose of the Bereavement Assistance Program, the following definitions apply:

- "Gwich'in beneficiary" means an individual who is enrolled or is eligible to be enrolled in the Gwich'in Comprehensive Land Claim Agreement.
- "Immediate family member" includes: the spouse (including Common-law), parents, parents-in-law, brothers, sisters, and children, including step, adoptive and foster children.

Family Coordinator:

At least 2 members of the immediate family will select one family member to serve as the family coordinator to request assistance from the Gwich'in Tribal Council. All requests to the Gwich'in Tribal Council must come directly from the family coordinator. Requests from other persons will be referred to the family coordinator.

A death certificate is required with this application



Gwich'in Tribal Council
Bereavement Assistance Program

APPLICATION FOR BEREAVEMENT ASSISTANCE
(To be completed by the Family Coordinator)

FAMILY COORDINATOR:

Name: _____ Ph: number: _____

Address: _____

FAMILY MEMBERS AGREEMENT:

Please provide name and signatures of two immediate family members to indicate agreement of Family Coordinator:

Name: _____ Signature: _____
(Print)

Name: _____ Signature: _____
(Print)

INFORMATION of DECEASED:

Name: _____

Date of Passing: _____

Home Community: _____

Death Certificate attached [] Yes [] No [] Pending

FUNERAL:

Date: _____

Community: _____

Family Coordinator Signature: _____

Approved: _____ Executive Member	Date: _____
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