



Cheyenne and Arapaho Tribes
Burial Program
P.O. Box 134 . Concho, OK 73022
(405) 422-7601
Toll Free: (800) 247-4612
Fax: (405) 422-8238



MEAL & TRANSPORTATION ASSISTANCE APPLICATION

DUE TO DEATH OF IMMEDIATE FAMILY MEMBER

(Applicants must apply for assistance within 30 days of the Death)

APPLICANT INFORMATION:			
APPLICANT NAME		Home Telephone Number	()
MAILING ADDRESS		Cell Phone or Message No.	()
CITY / STATE / ZIP		Your relationship to the deceased	
Your Enrollment # (If applicable)		Your Social Security Number	

DECEDENT INFORMATION:			
NAME OF DECEASED		BIRTHDATE	
ENROLLMENT NUMBER		DATE OF DEATH	
FUNERAL HOME SELECTED		FUNERAL HOME MAILING ADDRESS	
Funeral Home Telephone Number		Is the Burial Site in a C&A Tribal Cemetery	Yes No
		Cemetery Name and City, ST	

Description of Meal and Transportation Assistance

A **one-time** stipend in the amount of \$250.00 for each of the following: Traditional meal at the wake and funeral and \$750.00 for transportation is allocated to the designated individual responsible for distribution of monies related to meal and transportation expenses. Confirmation of the services will be obtained from the attending funeral home before the stipend will be disbursed

Certification

I understand this is a one-time assistance. I certify that the information is true and correct to the best of my knowledge.

Signature of Applicant:		Date:	
Burial Staff Signature:		Date:	



Cheyenne and Arapaho Tribes
Burial Program
P.O. Box 134 . Concho, OK 73022
(405) 422-7601
Toll Free: (800) 247-4612
Fax: (405) 422-8238



MEAL & TRANSPORTATION ASSISTANCE APPLICATION

Memorandum of Understanding **(Meal and Transportation Assistance)**

NAME OF DECEASED	ENROLLMENT NUMBER
DATE OF BIRTH	DATE OF DEATH

(Please initial the following statements)

- ☐ I understand that by submitting the application for meal assistance, I will be the responsible party of the funds to be utilized in providing the meals for the deceased tribal members' wake and/or funeral. I understand if meals are not provided at these services, I am not eligible to receive this stipend.

One-time maximum stipend amount: \$500.00.

- ☐ I understand that funds available for transportation assistance will be disbursed to the immediate family members of the deceased if needed for transportation to the wake and/or funeral services.

One-time stipend amount: \$750.00

- ☐ I understand that funds available for meal and transportation will not be disbursed until funeral services are set and confirmed from the attending funeral home.

<i>Signature of Applicant</i>		<i>Date</i>	
<i>Burial Staff Signature</i>		<i>Date</i>	

FOR OFFICE USE

Meal Assistance: ☐ Wake ☐ Funeral	
Transportation Assistance:	
Total:	