

Karuk Tribe of California



Administrative Office
64236 Second Ave. • P.O. Box 1016
Happy Camp, CA 96039
(530) 493 1600 • Fax (530) 493 5322

Karuk Tribal Health Clinic
64236 Second Avenue • P.O. Box 1016
Happy Camp, CA 96039
(530) 493 5257

Hardship Request (Burial) 2006/2007

Relative of Decedant

Relationship to
Deceased

Address

City, State, Zip

Phone #

Other Resources

☐ Private Burial Insurance

☐ Checking/Savings Accounts

☐ Mortgages

☐ None

☐ VA Plot / Insurance

☐ Promissory notes

☐ Retirements/Annuities

Address

Property Address

City, State, Zip

S.S. #

D.O.B.

D.O.D.

Phone #

Roll #

Did the decedant live in
the Service Area?

☐ Yes ☐ No

Eastern Humboldt County from Bluff Creek area near Weitchpec to the
Salmon River and Siskiyou County.

Gender

☐ Female

☐ Male

Family Size

Employer or Income Source #1

☐ Weekly

☐ Bi-Weekly

☐ Monthly

☐ 2x per Month

☐ NO INCOME

Monthly Income

☐ Applicant

☐ Other Household Members 18+

Employer or Income Source #2

☐ Weekly

☐ Bi-Weekly

☐ Monthly

☐ 2x per Month

☐ NO INCOME

Monthly Income

☐ Applicant

☐ Other Household Members 18+

Other Household
Members

Name

DOB

Relationship

☐ Handicapped

☐ Disabled

☐ Handicapped

☐ Disabled

Other
Comments

Required Documentation

Application must be submitted
within 30 days following death.

1. Copy of Enrollment I.D. Card
2. Copy of Social Security Card
3. Copy of Drivers License, Calif. ID., or Birth Certificate
4. Copy of Income (s) and/or Statement of No Income (for 1 month)
5. Copy of Residency (electric bill, rent statement)
6. Copy of Other Resources (listed above)
7. Certified Death Certificate
8. Copy of Funeral Invoice

By signing this application I do certify that all the information provided is true to the best of my knowledge and is subject to verification by the LIAP Department. I have completely read and understand that falsification, misuse of program funds, and any statement made or documentation given both on this application and in my file will be considered fraud and grounds for termination from this program for one year from the date of determination. You may be subject to prosecution under law. I understand that all information/documentation is confidential and will be used only to provide data from funding agencies, and no information/documentation obtained through this release shall be made public. Applicant certifies that no other resources are available to the decedent to assistance with burial costs and all income sources of the decedent have ceased.

Signature

Date