

YUROK SOCIAL SERVICES



P.O. Box 1027 ✧ 190 Klamath BLVD.
Klamath, CA 95548
(707) 482-1350 1-866-242-0684 (toll free)

General Assistance Application (GA) BURIAL/ FUNERAL ASSISTANCE

Applicant Name: _____ DOB: _____

(Name of Deceased Tribal member)

Address: _____

SS#: _____

Tribal Affiliation: _____ Roll Number: _____

Probate Administrator (Family Contact): _____

Relationship: _____

Address: _____

Phone#: _____

District: South East North Orick Requa Pecwan Weitchpec

(Please Circle One)

Monthly Income of all Household Members

AFDC	\$ _____
SSI	\$ _____
Wage	\$ _____
Unemployment Benefits	\$ _____
Veterans Benefits	\$ _____
Social Security	\$ _____
Other	\$ _____
TOTAL	\$ _____

Funeral Amount Requested \$ _____

Certification: By signing this document I am certifying that all information provided, orally and on this form are true and correct to the best of my knowledge.

I authorize the Yurok Tribe Social Services staff to obtain necessary information regarding _____ burial arrangements.

(Name of Deceased)

I acknowledge that such information is subject to verification and that falsifying of this information shall be grounds for denial and reimbursement of any and all funds received from this program.

Applicant signature: _____ DATE: _____

Approved by: _____ DATE: _____