



Sagkeeng Anicinabe

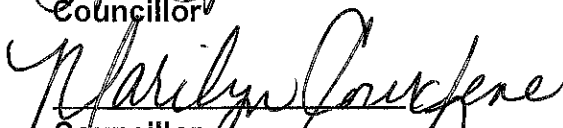
Sagkeeng Anicinabe Government

Bereavement Financial Assistance Policy

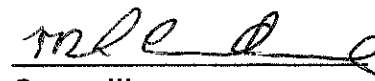
(April 18, 2017)

- Sagkeeng Chief and Council recognize that it is important that every registered Fort Alexander band member are taken care of with dignity and honour at the time of death and that families are financially subsidized in their time of mourning.
- Utilizing own-source revenue, Sagkeeng will provide financial assistance to offset funeral costs of registered Fort Alexander band members.
- Sagkeeng will financially assist with the funeral costs in the death of registered Fort Alexander band members in the amount of: \$1,000 (payable to the Applicant), and for Elders/Pensioners \$3,000 (payable to the Funeral Home).
- Any funeral costs over and above Sagkeeng's financial assistance issued under this Policy is the responsibility of the Applicant.
- Sagkeeng is not responsible for family disputes involving any financial assistance provided under this Policy.
- Sagkeeng reserves the right to deny any Applicant and publish the name of Deceased and financial assistance issued.
- Please return the *Sagkeeng Bereavement Financial Assistance Application* and any supporting documentation (Will, etc.) to the Sagkeeng Anicinabe Government Administration Office.
- The *Sagkeeng Bereavement Financial Assistance Application* is available online and at the Sagkeeng Anicinabe Government Administration office
- This policy is not retroactive.


Councillor


Councillor


Chief


Councillor


Councillor



Sagkeeng Bereavement Financial Assistance Application

Please return the completed form and any supporting documentation to the Sagkeeng Anicinabe Government Administration office.

Applicant information:

Applicant Name: _____ (please print)

Address: _____

Telephone Number: _____ Email (if applicable): _____

Relationship to the Deceased: _____

Deceased information: Name: _____ Status #: _____

Please check one: Social Client _____ : Non-Social Client _____ : Pensioner _____

Identify Funeral Home for direct payment: _____

Funeral Home Address/Contact: _____

I verify that I am appointed by the family of the Deceased or the designated person responsible for funeral arrangements and payments on behalf of the family.

Signature of Applicant: _____ Date: _____

Sagkeeng reserves the right to deny any Applicant and publish the names of recipient(s).

SAGKEENG ANICINABE GOVERNMENT OFFICE USE ONLY:

Date Received: _____, 20____.

Signature of Fort Alexander Band Registry confirming Deceased's Status #: _____

Signature of Council Member, CEO, or Executive Assistant: _____

Upon confirmation of Status # a copy of this form is to be submitted to Sagkeeng Finance and Funeral Home (if applicable) for payment.