

BIA Burial Assistance Program Policy

STATEMENT OF PURPOSE

The Burial Assistance program assists with the cost of burial for enrolled Ponca Tribal members living outside the established 15county Service Delivery Area. This includes dependent children pending enrollment, stillbirths or miscarriages that would be eligible for enrollment at birth. It is the intent of the Ponca Tribe of Nebraska (PTN) Social Services Department (SSD) to assist in whatever means possible during the family's time of bereavement.

STATEMENT OF POLICY

The Ponca Tribe of Nebraska's Burial Assistance Program funded through the General Fund of the Ponca Tribe of Nebraska will provide funds for funeral expenses in the amount of \$2,500.00 for enrolled Tribal members living outside the Service Delivery Area. The funds will be limited each year and will be on a first come-first served basis. These funds will be available for enrolled Ponca members to include dependent children pending enrollment, stillbirths or miscarriages that would be eligible for enrollment at birth.

All funds are payable to providers upon approval or can be reimbursed to the family (with proof of payment). Payments will not exceed \$2,500.00 and will be for exact amounts of purchase only. Requests for payment or reimbursement may be submitted for payment up to 180 days following the death of the Ponca member. Original receipts would constitute as proof of payment for reimbursement purposes.

Funeral expenses exceeding the allotted amount from the above mentioned sources shall be the responsibility of the deceased's family.

This service shall be administered within the Ponca Tribe of Nebraska's Social Services Department.

1. **Eligibility**

- Must be an enrolled member of the Ponca Tribe of Nebraska. A.
- В. If the deceased is a dependent child and not enrolled, a stillborn or a result of a miscarriage (includes children ages 0-18 years of age); the legal mother or father must be an enrolled member of the Ponca Tribe of Nebraska.
- C. Must have residency outside of the Ponca Service Delivery Area.
- Must not be eligible for assistance with any other resource or Tribe. D.
- E. Does not have sufficient funds to meet their essential needs.
- Transportation costs of the deceased may be accessed if such costs are F. not included with the burial rate due to extenuating circumstances.
 - a. All charges must be reasonable and equitable.

- G. Funds may be used for the following:
 - a. All reasonable and customary funeral/burial expenses
 - **b.** Food for the Wake
 - c. Transportation for immediate family (spouse and/or children of deceased)
 - d. Personal needs for the deceased
 - e. Payment for person(s) responsible for digging the grave, if required
- H. Reasonable and customary funeral/burial expenses include but are not limited to:
 - a. Transportation of deceased to the funeral home from place of death and to the gravesite for burial
 - **b.** Care and preparation of the deceased for burial/Cremation
 - c. Cremation charges
 - d. Professional Services of Funeral Director and staff
 - e. Use of a facility for visitation, funeral, memorial service, ceremony
 - f. Clergy or person officiating at the service or ceremony
 - g. Casket/Urn
 - **h.** Grave site, including headstone/Mausoleum
 - i. Opening and closing of the grave
 - i. Death Certificates/Permits

2. **Application Requests**

- A. Who can make a request:
 - a. Spouse, Power of Attorney or Family Member who is legally responsible for making the funeral/burial arrangements may apply on behalf of the deceased.
- Requests may be made in person, by telephone or by mail to the B. designated staff member of the PTN Social Services Department.
 - a. District 1- Sioux City/Niobrara Case Manager
 - b. District 2- Omaha Case Manager
 - c. District 3- Lincoln Case Manager
 - d. District 4- Norfolk Case Manager

3. **Staff Responsibility**

The designated Social Services staff member will be responsible for:

- a. Fully explaining the policy to the responsible party.
- b. Documenting appropriately and completely in the corresponding case file (Appendix 1).
- c. Assist the applicant in filling out the application as well as the authorization form to post the notice of death flyer in all office sites and/or the PTN Facebook page (signature not required if done via telephone and does not imply financial responsibility).

- d. Research and obtain information needed that the applicant may need through Tribal offices, Hospital, Funeral Home, family members or friends, to include:
 - a. Proof of residency
 - b. Tribal Enrollment Certificate
 - c. Death Certificate
- e. Contact the funeral home and inform them of the funds available (or not available) and obtain an invoice from the funeral home staff.
- f. Once received, send a copy of the Death Certificate or public notice to the Enrollment Department.
- g. If a rough box is needed for burial, the designated Social Services staff member will contact the Niobrara Office Coordinator to make the arrangements.
- h. Complete Request for Purchase (Appendix 2) and Check Request (Appendix 3) documents according to agency protocol.

4. **Confidentiality**

- A. Program staff is required to keep all client related information in a locked file cabinet. All records, including client files and program management information will be maintained in these secured locations. Only designated and necessary staff will have access to these records.
- B. Clients must sign a time-limited, written release to authorize program staff to disclose specific information.

5. Reporting Requirements (Appendix 4)

- A. Monthly Reports
 - End of month reports are due to the Director by the fifth of the following month.

Appendix 1 Narratives

Purpose: To document all client contact in a concise and useful matter.

- Once client contact has occurred (in person, over the phone, or other) Case Management staff will write a brief narrative documenting the client contact.
- The narrative information will be placed in client file.
- Narratives will include:
 - o Date
 - Type of Contact
 - o Overview of information discussed, including next steps

Appendix 2 **Request for Purchase**

Purpose: To comply with PTN accounting requirements

- When Social Services Staff need to purchase something for the member service or funeral a Request for Purchase needs to be filled out prior to purchase.
 - o Locate the Request for Purchase (RFP) form on the computer.
 - o Staff will fill out necessary areas, including price, quantity, total, justification, and accounting code.
 - o Staff will send the RFP form to the Social Services Administrative Assistant for approval by the Social Services Director.
 - o If the purchase is approved by the SSD, the RFP will be signed by the Director and returned to the Social Services staff.
 - o If check is not necessary for the purchase (using a charge card or being billed) then staff can proceed with purchase.

Appendix 3 **Check Request/Reimbursement**

Purpose: To comply with PTN accounting requirements

- After purchase has been made:
 - o Locate the check request form on the computer to fill out.
 - Enter in funding source (name of grant).
 - Enter in who the check should be made out to and the address where it can be sent to.
 - Enter in amount spent and corresponding accounting code and code label.
 - Enter in total spent.
 - o Sign Form and send to Social Services Administrative Assistant along with copy of receipt from purchase and signed RFP.
 - o If approved, the Social Services Administrative Assistant will send back signed form and a copy will sent to the Accounting Department for processing.
- When check is needed to complete purchase:
 - o Complete the check request form as above.
 - o Send form to Social Services Administrative Assistant, along with copy of invoice or receipt stating cost, BIA Burial Application and signed RFP.
 - If approved, the Social Services Administrative Assistant will send back signed form and a copy will sent to the Accounting Department for processing.
- Place copies of all financial paperwork for clients in file.
- Check Request may be expedited if necessary by working with Accounting Department to obtain approval to utilize signature stamps of Tribal Council.

Appendix 4 **End of Month Reports**

Purpose: To document monthly activities and current case load status.

- Use End of Month Report Template located on the computer.
- Document the following data for each month this information includes, but is not limited to:
 - o Number of funerals that took place for the month
 - The amount of funding that was expended for each funeral
 - Divide amongst BIA funds utilized and Tribal funds utilized
- E-mail monthly report to the Social Services Administrative Assistant by the fifth of the next month.
- Keep a copy for personal records.