



The Navajo Nation **DR. BUU NYGREN** *PRESIDENT*
Yideeskáadi Nitsáhákees **RICHELLE MONTOYA** *VICE PRESIDENT*

October 24, 2024

To Whom This May Concern:

The Navajo Division for Children and Family Services, Financial Assistance Unit (FAU) is taking a different approach in the submission of burial applications and supporting documents for Navajo families requesting Burial Assistance from the Navajo Nation.

Effective immediately, all participating mortuaries may access the Burial Assistance application at the Navajo Division for Children and Family Services website, or at <https://www.nndss.org/burial-assistance/>. Mortuaries may download the application on behalf of the applicant(s) and ensure the application is accurate. Completed applications and required documents must be emailed to Burial_Submissions@ndcfs.org. An FAU staff member will be assigned to oversee the application process. Additionally, invoices will be processed for monthly payment.

The FAU is humbly requesting for the cooperation of all mortuaries in following these guidelines. Please direct any questions or concerns regarding this matter to the attention of the FAU at (928) 871-6556. On behalf of the Diné, the FAU extends its appreciation to all participating mortuaries for the services and care rendered during the loss of a beloved relative.

Sincerely,

A handwritten signature in cursive script, appearing to read "B Tsosie".

Brenda Tsosie, Principal Accountant
Financial Assistance Unit
Navajo Division for Children and Family Services
THE NAVAJO NATION

XC: File



**P.L. 93-638 Burial Assistance
Financial Assistance Unit
Navajo Division for Children and Family Services**



REQUIRED DOCUMENTATION FOR DECEDENT

- Driver's License/Identification Card (ID)
- Social Security Card
- Certificate of Indian Blood (CIB) or Tribal ID
- Most Recent Income Verification
- Verification of Residence - Obtain from Chapter House or Community Development
- Statement of Funeral Goods (from Mortuary)
- Invoice from Mortuary

***NOTE: If Stillborn, use Biological Mother's Census Number**

Email Application and supporting documents to:
Burial_Submissions@ndcfs.org

**Division for Children and Family Services - Financial Assistance Unit
PO Box 2547; Window Rock, AZ 86515 * 928.871.6556**



Navajo Division for Children and Family Services

Financial Assistance Unit

P.L. 93-638

Burial Assistance Application

CIF#

Date Received

A. Applicant Information

Name		Relationship to Decedent		
Mailing Address		City	State	Zip
Telephone	Alternate Telephone		E-Mail Address	
Applicant Name (Print)		Applicant Signature		

NDCFS FAU will assist with Burial Expenses, not to exceed \$2,500.00 ALL funds are contingent upon availability

B. Decedent Information

Name		DOB	Social Security Number	Census Number
Physical Address		City	State	Zip
Date of Death		Place of Death		
Date of Funeral	Place of Services		Burial Location	
Type of Income		Gross or Net Income Amount		

C. Mortuary - to be filled out by Mortuary Personnel

Name of Mortuary		E-Mail		
Mailing Address		City	State	Zip
Telephone	Fax	Contact Person		
Type of Services - Select One				
<input type="checkbox"/> Standard Burial Packet	<input type="checkbox"/> Cremation	<input type="checkbox"/> Native Traditional Burial	\$	
Special Needs				
<input type="checkbox"/> Oversize Casket	<input type="checkbox"/> Stillborn	<input type="checkbox"/> Ziegler Case	\$	
			TOTAL COST	\$
			REMAINING BALANCE	\$

Explain any changes from Mortuary's Burial cost amount

D2. Certification - Read and Initial each statement

_____ There will be no further charge(s) assessed or not disclosed to FAU. The charges shown are the total charges assessed by the Mortuary, including all charges by outside parties.

_____ Further there are no additional services, merchandise, or miscellaneous charges ordered by the family, after the fact, other than those disclosed by the Mortuary.

_____ The applicant was informed of the Navajo Nation Burial Assistance criteria.

D3. Name of Authorized Mortuary Official, Title (Print)

Name and Title (Print)	Signature	Date
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TO BE FILLED OUT BY FAU SENIOR CASEWORKER

Date Approved	Date Denied	Reason for Denial
FAU SCW Name (Print)		FAU SCW Signature