



Applicant last name: Barker	Applicant given name(s): Sylvia	Applicant treaty number: 12601
Deceased last name: Barker	Deceased given name(s): John	Deceased treaty number: 12345
Deceased date of birth: 01/02/1950	Deceased date of death: 01/02/2016	Deceased place of death: Big Rock
Next of kin: Sylvia Barker	Next of kin relationship: Daughter	Name of administrator of estate: Sylvia Barker

TYPE OF ASSISTANCE

Please refer to Appendix H of Income Assistance Manual for eligible expenditure amounts

A: VARIABLE ALLOWANCES - BURIAL

Funeral Expenses	<i>Support Document Required</i>	<i>Allowance paid directly to Vendor</i>	Amount
145-1 Casket	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 1,500.00
145-2 Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 500.00
145-3 Transportation of Deceased	<input type="checkbox"/>	<input type="checkbox"/>	\$ 0.00
145-4 Wake Cost or Opening and Closing of Grave	<input type="checkbox"/>	<input type="checkbox"/>	\$ 0.00
145-5 Burial Clothing	<input type="checkbox"/>	<input type="checkbox"/>	\$ 0.00
145-6 Wooden Outer Box or Hermetically Sealed Container	<input type="checkbox"/>	<input type="checkbox"/>	\$ 0.00
145-7 Exceptional Costs (Any exceptional costs related to transport or preparation of the remains must be identified and supported with invoices from the funeral director)	<input type="checkbox"/>	<input type="checkbox"/>	\$ 0.00
145-8 Total for Funeral Expenses (Add lines 145-1 to 145-7)	<input type="checkbox"/>		\$ 2,000.00
Funeral Cost Contributions	<i>Support Document Required</i>		Amount
145-A Old Age Security & Guaranteed Income Supplement	<input checked="" type="checkbox"/>		\$ 500.00
145-B Canada Pension Plan - Death Benefit	<input checked="" type="checkbox"/>		\$ 0.00
145-C Employee Death Benefit	<input type="checkbox"/>		\$ 0.00
145-D Insurance (MPIC, Individual or Group Policy)	<input type="checkbox"/>		\$ 0.00
145-E Provincial Medical Examiner	<input type="checkbox"/>		\$ 0.00
145-F Criminal Injuries Compensation	<input type="checkbox"/>		\$ 0.00
145-G Assets of the Deceased	<input type="checkbox"/>		\$ 0.00
145-H Other: _____	<input type="checkbox"/>		\$ 0.00
145-I Total for Funeral Cost Contributions (Add lines 145-A to 145-H)	<input type="checkbox"/>		\$ 0.00
145 Total for Funeral Claim <i>If result Greater than 0 transfer to line 145 on Budget and Decision Form (SD04)</i>			\$ 1,500.00

Signature of Issuing Authority _____ Date _____

For Use by the Issuing Authority