

Applicant last name: <b>Allan</b>	Applicant given name(s): <b>Jessica</b>	Applicant treaty number: 023401
Deceased last name: <b>Smithers</b>	Deceased given name(s): <b>Henry</b>	Deceased treaty number: 13413
Deceased date of birth: <b>4/25/56</b>	Deceased date of death: <b>5/24/11</b>	Deceased place of death: <b>Calm River</b>
Next of kin: <b>Lilly Smithers</b>	Next of kin relationship: <b>Sister</b>	Name of administrator of estate: <b>Lilly Smithers</b>

**TYPE OF ASSISTANCE**

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

**A: VARIABLE ALLOWANCES - BURIAL**

<b>Funeral Expenses</b>	<i>Support Document Required</i>	<i>Allowance paid directly to Vendor</i>	<b>Amount</b>
145-1 Casket	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 961.05
145-2 Professional Services	<input type="checkbox"/>	<input type="checkbox"/>	\$ 0
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"/>	\$ 128.50
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"/>		\$ <b>1,089.55</b>
<b>Funeral Cost Contributions</b>	<i>Support Document Required</i>		<b>Amount</b>
145-A Old Age Security & Guaranteed Income Supplement	<input type="checkbox"/>		\$ 0.00
145-B Canada Pension Plan - Death Benefit	<input type="checkbox"/>		\$ 0.00
145-C Employee Death Benefit	<input type="checkbox"/>		\$ 250.00
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"/>		\$ <b>250.00</b>
<b>145 Total for Funeral Claim ( Subtract line 145-I from 145-8 )</b> <i>If result Greater than 0 transfer to line 145 on Budget and Decision Form (SD04)</i>			\$ <b>839.55</b>

Signature of Issuing Authority \_\_\_\_\_ Date \_\_\_\_\_

For Use by the Issuing Authority