FUNERAL SUPPORT REQUEST & NEEDS ASSESSMENT FORM

OFFICE OF THE MEMBER OF PARLIAMENT

WESTERN HANOVER

876-940-2081 | 876-215-0367 westernhanover2023@gmail.com 1 Cressy's Lane, Lucea, Hanover

*This form is used to request funeral or bereavement assistance through programmes supported by the **Constituency Development Fund (CDF) Programme Management Unit, Office of the Prime Minister.** Information provided may be used to conduct a needs assessment and determine eligibility for assistance.*
Submission of this request does not guarantee approval. Assistance is subject to programme guidelines and available resources.

APPLICANT INFORMATION

Full Name:

Relationship to the Deceased:

Address:

Contact Number:

INFORMATION ABOUT THE DECEASED

Full Name of Deceased:

Date of Death:

Address of Deceased:

Funeral Service Date:

Funeral Home / Service Provider:

TYPE OF FUNERAL ASSISTANCE REQUESTED

Please tick the category that best describes the assistance needed.

☐ Funeral Expenses

☐ Burial / Cremation Assistance

☐ Transportation Assistance

☐ Other *(please specify)*

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DESCRIPTION OF REQUEST

Please briefly explain the reason for requesting assistance.

_____

_____

_____

SUPPORTING DOCUMENTS

☐ Death Certificate *(if applicable)*

☐ Letter from Funeral Home

☐ Identification of Applicant

☐ Other Supporting Documents

_____

_____

HOUSEHOLD INFORMATION *(Needs Assessment)*

Number of persons living in the household

_____

Employment Status of Parent / Guardian:

☐ Employed ☐ Employed ☐ Employed

Brief description of household circumstances *(if applicable)*

_____

_____

N.B.: *Applicants are required to submit all relevant supporting documents when submitting this form. Incomplete applications may delay the review process.*

DECLARATION

I confirm that the information provided in this request is true and accurate to the best of my knowledge.

Applicant Signature: _____

Date: _____

FOR OFFICE USE ONLY

Date Received: _____

Applicant Eligible for CDF Needs Assessment ☐ Yes ☐ No

Needs Assessment Form Completed ☐ Yes ☐ No

Recommendation ☐ Approved ☐ Pending ☐ Not Approved

Officer Handling Application _____

OFFICER'S REMARKS: _____

Applications are reviewed in accordance with programme guidelines and available resources.