

**BENTON COUNTY SOCIAL SERVICES
INDIGENT BURIAL ELIGIBILITY GUIDELINES
Per Benton County Resolution**

F. CREMATION

Benton County may contribute toward the expense of cremation when the deceased person's estate does not have funds to pay for these expenses, and, only for the merchandise and services listed. If more expensive merchandise or additional services are desired and the Funeral Director charges for them, Benton County will be relieved of any and all obligations for payment; thereby making the expenses the sole responsibility of those making funeral arrangements.

Benton County may pay the wholesale cost for the required merchandise used for the cremation of eligible clients. The costs will be provided by the County Funeral Directors to the Department prior to January 1st each year. See Appendix A for annual update.

Eligible merchandise or services as follows:

1. Benton County may pay the Funeral Director an amount to be agreed upon by the Board of Supervisors and the funeral director in lieu of actual overhead cost for the following: preparation for cremation only; use of staff, equipment and facilities; and, removal and transportation within forty miles.
2. Crematory expense, cremation tray.
3. Medical examiner's fee for cremation permit.
4. Minister stipend at Funeral Directors request when family or friends cannot provide this courtesy.
5. Benton County may pay directly to the grave digger or Cemetery Association the cost of the grave opening and closing up to \$225.00. Family must pay opening and closing costs in excess of \$225.00.
6. Indigent Patient cemetery lots may be provided at several Benton County cemeteries. Family may provide for a lot at other locations, but such lots will be at family's expense.

Any money received by the Funeral Director from the deceased's assets, from pre-arrangement trusts, Governmental benefits or from family or friends shall be deducted from the above expenses. Any money received by the Funeral Director after they have received payment from Benton County shall be reimbursed to Benton County in an amount not to exceed the amount paid by Benton County to the funeral home.

1. Submit completed application. **USE BLACK OR BLUE INK TO COMPLETE APPLICATION**
2. Verification of ownership of all properties owned by applicant or other household members.
3. All applicants must apply for all other federal, state or local sources of assistance first before applying for general assistance. Examples of other sources may be: Veterans benefits
4. A copy of the decision will be sent to the vendor(s) indicated on the application.

Completed application and related documentation must be submitted within ten working days of the date of cremation.

Applications received after ten working days of cremation will be denied.

All information requested on this application refers to the decedent or other legal benefactor of decedent's estate. (use separate piece of paper if needed)

**APPLICATION FOR COUNTY BURIAL ASSISTANCE
BENTON COUNTY – VINTON, IOWA**

TODAY'S DATE _____ DATE OF DEATH _____

DECEDENT'S NAME _____
LAST FIRST MIDDLE MAIDEN

ADDRESS _____
STREET CITY STATE ZIP CODE

MAILING ADDRESS, IF DIFFERENT THAN ABOVE _____

TELEPHONE _____ BIRTHDATE _____ BIRTHPLACE _____

SOCIAL SECURITY NO. _____

How long has decedent lived in Benton County? _____ What other Iowa counties has he/she lived in for one year or longer? _____

List the addresses decedent lived at for past 3 years and dates at each address.

Marital Status (check one) If separated or divorced, former spouse name _____

Single, never married _____ Married _____ Divorced _____ Separated _____ Widowed _____

Was the deceased a former member of the military? _____ yes _____ no

Date enlisted _____ Date discharged _____

Branch _____ Type of discharge _____

List all surviving family members living in the household: Total number of people in household _____

NAME SOC. SEC. # BIRTHDATE RELATIONSHIP

Do any surviving members expect to receive an inheritance or insurance settlement within the next three to six months?

_____ yes _____ no

Does the deceased jointly own property or resources with a person living in or outside of the household? _____ yes _____ no

Has the deceased or spouse sold, traded, or given away any property or resources in the past six months? _____ yes _____ no

Does the deceased own resources or assets that can be readily converted to cash with or without penalty _____ yes _____ no

Was the deceased, or are any surviving family members in the home employed? _____ yes _____ no

NAME OF EMPLOYEE NAME, ADDRESS, PHONE # OF EMPLOYER GROSS MONTHLY INCOME

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Does the deceased have a life insurance policy? ____yes ____no. If yes, identify below:

Name of Company _____ Policy # _____

Name of Company _____ Policy # _____

Life Insurance Held. (Give face amount and cash surrender value of all policies – name of insurance company and beneficiaries)

Monetary resources:

Resource	Decedent's Resources Amount / Location
LIFE ESTATES:	
STOCKS/BONDS:	
CONTRACTS:	

TRUST FUNDS:	
401(k) / Pension:	
CERTIFICATES OF DEPOSIT:	
OTHER:	

List all gross income (Income before deductions) received in the month prior to month general assistance is requested. (If more room is needed, continue on separate page.)

DOLLAR AMT. / DATES REC'D / NAME OF PERSON(S) RECEIVING

FIP (DHS FAMILY INVESTMENT PROGRAM)	_____	_____	_____
SELF EMPLOYMENT:	_____	_____	_____
EMPLOYMENT WAGES	_____	_____	_____
UNEMPLOYMENT:	_____	_____	_____
SOC. SEC.	_____	_____	_____
SSDI / SSI	_____	_____	_____
DISABILITY INS.:	_____	_____	_____
CHILD SUPPORT:	_____	_____	_____
WORKMAN'S COMP:	_____	_____	_____
LOANS / GRANTS:	_____	_____	_____
INTEREST PAID:	_____	_____	_____
RENTAL PROPERTY:	_____	_____	_____
CASH FROM RELATIVES/FRIENDS	_____	_____	_____
OTHER:	_____	_____	_____

Assets	Location	Amount	Liabilities	Payee	Amt.
Cash on Hand			Notes Payable to banks -secured		
Checking Account Balance			Notes payable to banks – unsecured		
Savings Account Balance			Accounts and bills due		
Certificate of Deposits and Money Market Accounts			Medical Insurance premium unpaid		
			Life Insurance premium unpaid		
Motor Vehicles, Boat, Camper, etc.: Current Value (list)	_____	_____	Motor Vehicle Loan Payment		
	_____	_____			
Real Estate owned			Mortgages on Real Estate		

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Cash Value – whole life insurance			Unpaid taxes		
Other assets itemize: _____	_____	_____	Other debts itemize: _____	_____	_____
_____	_____	_____	_____	_____	_____
Total Value of Assets			Total Liabilities		

Name of banking institution/s _____ Phone no. _____

Checking/Share Draft Account number _____ Co signors on the account _____

Savings Account number _____ Co signors on the account _____

Name of Funeral Home attending to services _____

Address _____ Phone number _____

Name of Minister conducting service and affiliated church, if applicable _____

Location of Burial plot, if applicable _____

Expected Date of Burial Service, if applicable _____ Will the cremains be interred? Yes/No

List Name, Address and telephone number of all living children of Decedent: (use separate piece of paper if needed)

PROVIDE COPY OF PHOTO I.D. AND SOCIAL SECURITY CARD AND DOCUMENTATION RELATED TO ANY OF THE RESOURCES IDENTIFIED ABOVE

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AUTHORIZATION FOR RELEASE OF INFORMATION

I understand I assume full responsibility for the accuracy to the statements on this application and I understand the Benton County General Assistance Department will use these statements to determine my eligibility for General Assistance.

I am aware that this General Assistance information may be verified and investigated. I hereby authorize all persons including the Iowa Department of Human Services to release and exchange confidential information necessary to establish my eligibility for general assistance if it deems such information is necessary.

I also do hereby forever release and discharge all persons including the Iowa Department of Human Services from any liability for divulging such information whether such information is deemed confidential or not.

I understand that exchange of information will be limited to information that is pertinent and relative to my eligibility and that my permission expires one year following my signature.

I understand that the Code of Iowa provides that "Any County having expended any money for the assistance or support of a poor person, under the provisions of this chapter, may recover the same from any of kindred mentioned herein from such poor person, should they become able, or from his estate; from relative by action brought within two years from after becoming able and from such person's estate by filing the claim as provided by law" Chapter 252.13.

Print Name _____ **Relationship to Decedent** _____

Signature _____
Closest Relative or Other Responsible Person Making Application on Behalf of Decedent

Mailing address _____ City, State, Zip _____

_____ Date _____ Daytime Phone Number where you can be reached _____

IF THE APPLICAAANT IS DISSATISFIED WITH BENTON COUNTY GENERAL ASSISTANCE ACTIONS, YOU MAY APPEAL TO THE BENTON COUNTY BOARD OF SUPERVISORS.

Completed application and related documentation must be submitted within ten working days of the date of cremation.

To:
Benton County Social Services
811 D Ave Ste 33
Vinton IA 52349

Phone 319-472-4743 x1

Fax 319-472-4744