Love County Indigent Cremation Assistance Application

Love County has the responsibility of providing Indigent Burial Assistance. Determination of an Indigent will be reviewed by the Board of County Commissioners once a completed Love County Indigent Cremation Assistance Application and ALL supporting paperwork has been collected and submitted to Love County. Love County has the right to pursue all avenues needed for final determination.

Full Name of Decedent: _____

Date of Death: _____

Name of family member making request: _____

Relationship To Deceased: _____

Funeral Home: _____

Funeral Director: _____

Funeral Home Phone Number: _____ **Fax**: _____

Funeral Home Email: _____

Basic information about decedent:

Address: _____
_____

Male or Female Date of birth: _____

Social security number of deceased: _____

Street Address at which death occurred: _____
City _____ State _____ Zip _____

Race of deceased:
African American
American Indian
Asian
Caucasian
Hispanic/Latino
Other _____

Did deceased reside in a nursing home? YES _____ NO _____
If yes, what was the amount in their personal spending account or trust fund after all expenses were paid with the nursing home? _____

Name of nursing home and location: _____
_____
_____

Name/address/telephone number of person(s) making application for assistance:

_____

_____

_____

Important information:

In the state of Oklahoma, much of the law regarding duties related to deciding for the final disposition of a decedent are in Oklahoma Statute 21. Statute 21 specifies that if the responsible party fails to plan within a reasonable time, and the funeral director must proceed without those arrangements having been made, the responsible party is guilty of being a misdemeanor and is liable to pay triple the expenses incurred.

Arrangements for final disposition are intended to be made by the following (in order of legal standing and specifying individuals 18 years of age or older and of sound mind). For these purposes, a person with the designation of "half-" is equal to a full blood relative, (example, half-siblings and full siblings).

Firstly, by the decedent, if there is a pre-arranged agreement/contract for funeral services, followed by #2 through #8 below.

Please check the relationship of the person making an application:

_____ 2. representee appointed by the decedent by means of an executed and witnessed written document

_____ 3. spouse (including common law spouse)

_____ 4. child or children

_____ 5. parent(s)

_____ 6. sibling (includes half-sibling)

_____ 7. guardian at the time of death

_____ 8. person in next degree of kinship, in descending order.

- _____Grandchildren
- _____Grandparent
- _____Great-Grandchild
- _____Niece/ Nephew
- _____Aunt/Uncle
- _____Great- Grandparent
- _____Great-Niece/ Great-Nephew
- _____Great-Great Grandchild
- _____Cousin
- _____Great Aunt/ Great Uncle

Please list the name and contact information of ALL family members. Each family member must be contacted and complete a separate copy of page 9 of the application form. If more space is required, please list it on a separate sheet of paper.

_____

_____

_____

_____

9. NON-Relative

In the absence of any person covered under #2 through #8 above, the law also allows for “any other person willing to assume the responsibilities to act and arrange the final disposition of the remains of the decedent…” If you are taking charge in the absence of people names under #2 through #8 above, you are attesting that it is your belief that there are no relatives available who are willing or able to claim the decedent and are authorizing the county and the funeral home to proceed in this matter. Please sign this page, then complete ONLY pages 5 through 8, and sign page 11.

Based on your relationship to the deceased as indicated herein, your signature below indicates that, to the best of your knowledge, you have legal authority regarding arrangements for the deceased in this matter.

_____ _____

Signature **Date**

With this application, you are requesting Love County take charge financially of the arrangements in this case. The information you provide throughout this application must be true and complete to the best of your knowledge. Failure to provide complete and accurate information, and/or false representation for purposes of obtaining services and benefits, makes the applicant subject to prosecution for perjury and/or fraud and, if found guilty, may result in prosecution, and if prosecuted, can result in a fine and/or imprisonment at the discretion of the Court.

It is your responsibility to provide current and accurate information throughout this form, as well as any required documents to the funeral home and to Love County. If the county ultimately aids in this case, payment will be made by the taxpayers of Love County. With respect to those taxpayers, this application form will help you examine any other avenues which you might be able to acquire the funds needed to provide for final arrangements for your relative. Will you agree to pursue all other potential avenues, including the resources of yourself and other family members, to take care of the provisions for final disposition of your relative?
YES ____ NO ____
If no, explain:
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Describe how the deceased supported themselves:
_____
_____
_____
_____
Was the deceased employed at the time of death? YES ____ NO _____
If yes, name and telephone number of the employer:
_____
_____
Type of work and length of employment:
_____
_____
Monthly income: $_____

Please provide the following information regarding the deceased:

Asset Type			**Location**	**Value**
Checking Account	Yes	No		
Savings Account	Yes	No		
Nursing Home	Yes	No		
Annuity	Yes	No		
Life Insurance	Yes	No		
Burial Funds	Yes	No		
VA Benefit	Yes	No		
S.S. Benefit	Yes	No		
Trusts	Yes	No		
Stocks	Yes	No		
Bonds	Yes	No		
Real Estate	Yes	No		
Cash on Hand	Yes	No		
Other Securities	Yes	No		
Vehicle(s)	Yes	No		
Misc/Personal Property	Yes	No		
Food Assistance	Yes	No		
Housing Assistance	Yes	No		
Other Public Aid	Yes	No		

Did the deceased belong to an American Indian Tribe?	**Yes**	**No**
If yes, which Tribe? _____		
Did the deceased live on Tribal land?	Yes	No
Did the deceased receive any tribal benefits?	Yes	No
Has Tribe been notified of deceased date of death?	Yes	No

Was the deceased a Veteran? Yes No
If yes, read the following information carefully:

Burial benefits available for Veterans buried in a private cemetery include a Government headstone or marker, a burial flag, and a Presidential Memorial Certificate, at no cost to the family. In certain circumstances, some Veterans may also be eligible for Burial Allowances. Burial Allowance is available from the Veterans Benefits Administration. VA Burial Allowances are partial reimbursements of an eligible veteran's burial and funeral costs. When the cause of death is not service related, the reimbursements are generally described as two payments: (1) a burial and funeral expense allowance, and (2) a plot or interment allowance. The decedent may be eligible for a VA Burial Allowance if:

- Decedent paid for a veteran's burial; or funeral, AND
- Decedent has not been reimbursed by another government agency or some other source, such as the deceased veteran's employer, AND
- Decedent, as a veteran, was discharged under conditions other than dishonorable.

In addition, at least one of the following conditions must be met:

- The deceased veteran died because of a service-related disability, OR
- The deceased veteran was receiving VA pension or compensation at the time of death, OR
- The deceased veteran was entitled to receive VA pension or compensation, but decided not to reduce his/her military retirement or disability pay, OR
- The deceased veteran died while hospitalized by VA, or while receiving care under VA contract at a non-VA facility, OR
- The deceased Veteran died while traveling under proper authorization and at VA expense to or from a specified place for the purpose of examination, treatment, or care, OR
- The deceased veteran had an original or reopened claim pending at the time of death and has been found entitled to compensation or pension from a date prior to the date of death, OR
- The deceased veteran died on or after October 9, 1996, while as a patient at VA-approved state nursing home.

VA Payment Amounts:

Service-Related Death, up to $2,000.00 toward burial expenses. If the veteran is buried in a VA national cemetery, some or all of the cost of transporting the deceased may be reimbursed.
Non-service-Related Death, up to $300.00 toward burial and funeral expenses and a $300.00 plot-interment allowance. If the death happened while the veteran was in a VA hospital or under VA contracted nursing home care, some or all costs for transporting the veteran's remains may be reimbursed.

As a veteran, is the decedent potentially eligible for any of the assistance described above? Yes No

Are you aware of ANY pre-arrangements the decedent might have made with any funeral home, even if those arrangements were not fully paid for? Yes No
If yes, please provide whatever information you can about this:
_____
_____
_____
_____

Was the deceased a victim of a crime? Yes No
If yes, Has application been made through the Victims Compensation Program? The purpose of the Crime Victims Compensation Act is to provide a method of compensation for victims of violent crime. All funds come from federal and state offenders through fines and penalty assessments. An arrest of the offender does NOT have to take place in order to be eligible to file a claim. Up to $6,000.00 may be reimbursed to expenses related to the funeral, cremation, or burial of a deceased victim.
Application has been made? Yes No
Application has NOT been made? Yes No
Please provide pertinent information below:
_____
_____
_____
_____

Was the death in any way related to a Worker's Compensation situation?
Yes No
If yes, there may be a death benefit that needs to be pursued.

Was the decedent at any time a schoolteacher, or other classified personnel as defined in Oklahoma Statute 70, Section 17-101, which includes teachers and other certified employees of common schools, faculty and administrators in public colleges and universities, and administrative personnel of state educational boards and agencies? Yes No
If yes, there may be a significant death benefit and possible some survivor's benefits that need to be pursued prior to requesting county assistance.

Was the decedent at any time a public employee (federal, state, or local government)? This includes any employment with the government, and any work as a firefighter, police officer, etc.? Yes No
If yes, there may be a death benefit and possibly some survivor's benefits that need to be pursued prior to requesting county assistance.

This section of the application gathers information about you (the person requesting assistance from the county):

Are you employed? Yes No
If yes, where? _____
For how long? _____
Monthly net income from job: _____
Other sources of income:
Please provide financial information for the last THREE months. This includes but is not limited to paycheck stubs, bank statements, DHS Benefit statements, housing assistance, etc. ATTACH COPIES.

Asset Type			**Location**	**Value**
Checking Account	Yes	No		
Savings Account	Yes	No		
Nursing Home	Yes	No		
Annuity	Yes	No		
Life Insurance	Yes	No		
Burial Funds	Yes	No		
VA Benefit	Yes	No		
S.S. Benefit	Yes	No		
Trusts	Yes	No		
Stocks	Yes	No		
Bonds	Yes	No		
Real Estate	Yes	No		
Cash on Hand	Yes	No		
Other Securities	Yes	No		
Vehicle(s)	Yes	No		
Misc/Personal Property	Yes	No		
Food Assistance	Yes	No		
Housing Assistance	Yes	No		
Other Public Aid	Yes	No		

In consideration of all the relations of the decedent, can all of you, in combination with any other resources available to you and to those on the list, compile sufficient funds to pay this amount? Yes No
If yes, you are stating that you ARE able to acquire the funds but are nonetheless asking the county to take charge financially in this case. If this is correct, please explain why county assistance is requested:

_____
_____
_____
_____

Are there any other potential avenues, including the resources of yourself and other family members, to take care of the provisions for final disposition of your relative?
Yes No

Do you understand that, if the county aids in this case, the funeral home will provide only the minimal required services? Yes No

The county does not provide supplemental or partial payment for services. With this application, you are stating that you will not be making any other payment to the funeral home. You have sought other resources for final disposition of your relative and were ineligible for assistance. Do you understand that, if the county aids in this case, you are to make NO payment whatsoever regarding the final disposition of the decedent?
Yes No

What figure has the funeral home provided to you as their minimum cost for the minimum cremation services legally required? _____

If approved, one death certificate will be provided.

I attest that the information I have given on this application is true and correct to the best of my knowledge. I understand that a false statement or false representation made by me for the purpose of obtaining services and all benefits and goods from this agency makes me subject to prosecution for perjury and/or fraud and if found guilty, may result in prosecution and if prosecuted, can result in a fine and/or imprisonment at the discretion of the Court as declared and approved by the Board of County Commissioners.

_____ _____

Signature Date

THE FOLLOWING INFORMATION MUST BE COMPLETED, IF IT IS FOUND LATER THAT THERE WAS LIFE INSURANCE ON THE DECEDENT, LOVE COUNTY WILL SEEK FULL LEGAL REIMBURSEMENT OF THE COUNTY FUNDS THAT WERE EXPENDED.

Did the decedent have life insurance? Yes No
If yes, what amount? _____
What type of policy? _____
What is the name of insurance company? _____
What is the name of insurance agent? _____
What is the telephone number of the insurance company? _____
Who is the beneficiary? _____
What is the relationship between decedent and beneficiary? _____
Beneficiary address/telephone number/email address:
_____
_____
_____
_____

THIS SECTION TO BE COMPLETED BY FUNERAL HOME

We are making referral to Love County to request county assistance in the following case.

Name of Decedent: _____

Funeral Director Notes / Comments:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Funeral Home Name: _____
Funeral Home Address: _____
_____
_____
Funeral Home Telephone Number: _____
Funeral Home Contact: _____

Signed: _____ _____
Funeral Home Director **Date**

THIS SECTION TO BE COMPLETED BY LOVE COUNTY BOARD OF COUNTY COMMISSIONERS.

Application Approved _____ **Application Denied _____**

This _____ day of _____ ,20_____.

BOARD OF COUNTY COMMISSIONERS

_____
Chairman

(SEAL)
ATTEST:

_____
Vice-Chairman

_____
Member

_____
Shelly Russell, County Clerk

Eligibility Analyst:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____