

**FAMILY
APPLICATION
(12 pgs)**



Burial / Cremation Assistance

The burial / cremation assistance program is designed for those deceased persons who are determined to be indigent and have no family or resources to pay for their burial expenses.

If the family submits an application to the County for burial / cremation assistance, particularly immediate family, their income and resources will be considered in determining if the deceased's immediate family is indigent.

The applicants will be required to provide verification of all income, resources, assets, and expenses before a final decision will be made. If assistance is provided to the family, the family will be required to reimburse the County for said assistance rendered.

Any 3rd party applicant, such as the coroner or mortician, must have first established that there are no resources belonging to the deceased and/or tried to negotiate a payment arrangement with the family to pay for burial expenses, over a reasonable amount of time, and found them unable to do so.

If the deceased or the deceased's spouse owned property at the time of his/her death, he/she will not be determined to be indigent.

All burials will be in the County's plot at the Mountain View Cemetery. No head stones are allowed in this section.

Application must be made prior to any services being rendered, but services need not wait for the county's decision of approval or denial. However, submitting an application to the county does not obligate the County or guarantee a decision of approval, and any services performed will be the responsibility of the family. Application to the County for mortuary or burial services made after the services have been performed will be automatically denied.

Any person that withholds or gives false information on an application for purposes of obtaining County aid to which they would not otherwise be entitled shall be guilty of a misdemeanor.

IDAHO CODE

31-3412: Indigent burial – It shall be the duty of the board to provide for burial or cremation of any deceased indigent person. The amount paid by the obligated county shall not in any case exceed the established or negotiated rate set by each board. If the coroner, mortician or other responsible parties are unable to establish next of kin or other resources, they may make application to the board. Application must be made prior to services rendered and pursuant to terms of negotiated agreement. The county shall be free from any liability for said burial or cremation. [I.C., 31-3412, as added by 1992, ch. 83, para. 3, p. 256.]

see also:

Bannock County Resolution No. 2002-92 : Procedures for the Burial of Indigents

FOR COUNTY USE ONLY:

DATE RECEIVED BY COUNTY:

BURIAL / CREMATION ASSISTANCE APPLICATION

TO COMPLETE THE APPLICATION PROCESS THE APPLICANT MUST:

1. Provide verification of all applicable income, assets, resources, and expenses for the deceased and applicant household information listed on the REQUIRED INFORMATION sheet to your caseworker at the time of your interview.
2. Attend the scheduled interview at the County Services office located in the Bannock County Courthouse located at 624 E. Center St., Room 106, Pocatello, Idaho.

I/We are requesting a: **Burial** **Cremation** for _____
(\$1,200.00) (\$1,200.00) (deceased)

If requesting cremation, applicant will be responsible for the remains. If requesting burial, the deceased will be buried in the County plot. (Headstones are not allowed in this section).

Funeral Home handling burial / cremation services is: _____

My name is: _____

Relationship to the deceased: _____

Have you ever applied for Bannock County Assistance before? Yes No

If yes, When: _____

Was the deceased a citizen of the United States? Yes No

Have you applied for the Social Security Burial Benefit for the deceased? Yes No

Was the deceased a Veteran? Yes No

If yes, was the deceased honorably discharged? Yes No

Was the deceased receiving a Veteran Pension / Retirement ? Yes No

To your knowledge, did the deceased have a partial or full burial policy? Yes No

If yes, with what company or agency is the policy with? _____

To your knowledge, did the deceased have a life insurance policy? Yes No

If yes, with what agency or company is the policy with? _____

AFFIDAVIT OF RESIDENCY

I, _____ (Applicant), hereby state for the purposes of applying for Indigent Services from Bannock County, Idaho, that for the last **12 MONTHS** the deceased lived at the following residence(s). I understand that the term "residence" is defined in Idaho Code 31-3502 to mean "a physical presence with a home, house, place of abode, habitation, dwelling or place where one actually lives." Temporary stays for seasonal work, schooling, or nursing home/hospital stays are not counted as part of the 12 month period. Complete the following list, reporting the current place of residence first.

List addresses from the current address first then work back.

<u>ADDRESS OF RESIDENCE</u>	<u>DATES OF RESIDENCE</u>						
1. (Street)	/	/	/	-TO-	/	/	/
(City & State)							
(County)							
2. (Street)	/	/	/	-TO-	/	/	/
(City & State)							
(County)							
3. (Street)	/	/	/	-TO-	/	/	/
(City & State)							
(County)							
4. (Street)	/	/	/	-TO-	/	/	/
(City & State)							
(County)							

DECEASED'S & SPOUSE'S INFORMATION

NAME OF DECEASED: _____
(Last) (First) (Middle)

DATE OF BIRTH: ____ / ____ / ____ SOCIAL SECURITY NUMBER: ____ - ____ - ____

MOST RECENT PHYSICAL HOME ADDRESS: _____
(Street Address)

(City) _____ (State) _____ (Zip) _____ (County) _____

If the deceased was in a nursing home, hospital, or other temporary care institution at time of death, please list the name & address of that facility:

Name: _____

Address: _____
(Street) (City) (State)

MARITAL STATUS: SINGLE MARRIED SEPARATED WIDOWED DIVORCED

PREVIOUS NAMES USED: (A.K.A.) _____

NAME OF SPOUSE _____
(Last) _____ (First) _____ (Middle) _____

DATE OF BIRTH: _____ / _____ / _____ SOCIAL SECURITY NUMBER: _____ - _____ - _____

ADDRESS (if different than above) _____

TELEPHONE _____ CELL PHONE _____

OTHER HOUSEHOLD MEMBERS: (All persons living in household - related or not.)

NAMES: _____ **RELATIONSHIP** _____ **BIRTHDATE** _____ **S.S. #** _____

(IF THERE ARE ADDITIONAL HOUSEHOLD MEMBERS, CHECK HERE AND ATTACH A SEPARATE SHEET OF PAPER WITH THEIR NAMES, RELATIONSHIP TO THE DECEASED, AND AGE.)

ASSETS of the DECEASED and SPOUSE

FINANCIAL ASSETS	AGENCY NAME & ADDRESS	CURRENT BALANCE
CHECKING ACCOUNT <input type="checkbox"/> Yes <input type="checkbox"/> No	Name: Address:	\$
CHECKING ACCOUNT <input type="checkbox"/> Yes <input type="checkbox"/> No	Name: Address:	\$
SAVINGS ACCOUNT <input type="checkbox"/> Yes <input type="checkbox"/> No	Name: Address:	\$
AVAILABLE LINES OF CREDIT: <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
CASH VALUE ON LIFE INS. <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
SAFE DEPOSIT BOX <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
IRA / CD <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
STOCKS, BONDS, MUTUAL FUNDS, ANNUITIES, ETC. <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
RETIREMENT - CASH VALUE <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
TAX REFUND	FEDERAL: DATE SENT: DATE RECEIVED: STATE: DATE SENT: DATE RECEIVED:	\$ \$
CASH ON HAND		\$
OTHER		\$

<u>REAL & PERSONAL PROPERTY / ASSETS</u>	<u>MARKET VALUE</u>	<u>BALANCE OWING</u>	<u>EQUITY</u>
MOBILE HOME/YEAR/MODEL:	\$	\$	\$
REAL ESTATE PROPERTIES:	\$	\$	\$
VEHICLES: (YEAR, MAKE & MODEL)			
1.	\$	\$	\$
2.	\$	\$	\$
RECREATIONAL VEHICLES: (SNOWMOBILES, CAMPERS, TRAILERS, BOATS, ETC.)	\$	\$	\$
BURIAL PLOT(S)	\$	\$	\$
OTHER ASSETS	\$	\$	\$

Did the deceased or spouse sell or give away any property / real estate within the last year?
If Yes, describe what, when, and for how much: _____

Yes No

Did the deceased or spouse have any actions pending (such as lawsuits, inheritance, accident claim, insurance settlements, etc?) from which you may receive any money:
If Yes, type and approx. amount and dates of settlement: _____

Yes No

ASSETS of the APPLICANT**NAME:** _____

FINANCIAL ASSETS	AGENCY NAME & ADDRESS	CURRENT BALANCE
CHECKING ACCOUNT <input type="checkbox"/> Yes <input type="checkbox"/> No	Name: Address:	\$
CHECKING ACCOUNT <input type="checkbox"/> Yes <input type="checkbox"/> No	Name: Address:	\$
SAVINGS ACCOUNT <input type="checkbox"/> Yes <input type="checkbox"/> No	Name: Address:	\$
AVAILABLE LINES OF CREDIT: <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
CASH VALUE ON LIFE INS. <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
SAFE DEPOSIT BOX <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
IRA / CD <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
STOCKS, BONDS, MUTUAL FUNDS, ANNUITIES, ETC. <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
RETIREMENT - CASH VALUE <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
TAX REFUND	FEDERAL: DATE SENT: DATE RECEIVED: STATE: DATE SENT: DATE RECEIVED:	\$ \$
CASH ON HAND		\$
OTHER		\$

REAL & PERSONAL PROPERTY / ASSETS	MARKET VALUE	BALANCE OWING	EQUITY
MOBILE HOME/YEAR/MODEL:	\$	\$	\$
REAL ESTATE PROPERTIES:	\$	\$	\$
VEHICLES: (YEAR, MAKE & MODEL)			
1.	\$	\$	\$
2.	\$	\$	\$
RECREATIONAL VEHICLES: (SNOWMOBILES, CAMPERS, TRAILERS, BOATS, ETC.)	\$	\$	\$
BURIAL PLOT(S)	\$	\$	\$
OTHER ASSETS	\$	\$	\$

Did the deceased or spouse sell or give away any property / real estate within the last year?
If Yes, describe what, when, and for how much: _____

Yes No

Did the deceased or spouse have any actions pending (such as lawsuits, inheritance, accident claim, insurance settlements, etc?) from which you may receive any money?
If Yes, type and approx. amount and dates of settlement: _____

Yes No

EMPLOYMENT

<u>SPOUSE</u>	<u>APPLICANT</u>
EMPLOYER _____	_____
ADDRESS _____ _____ _____	_____
HOURS PER WEEK: _____	_____
HOURLY WAGE: \$ _____ Per Hour	\$ _____ Per Hour
DATE OF HIRE: _____ (Month & Year)	_____ (Month & Year)
IF NOT WORKING, ARE YOU ABLE TO WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, LIST REASON: _____	

INCOME

<u>DESCRIPTION</u>	<u>SOURCE</u>	<u>DECEASED</u>	<u>SPOUSE</u>	<u>APPLICANT</u>
GROSS WAGES - EMPLOYER		\$	\$	\$
GROSS WAGES - EMPLOYER		\$	\$	\$
T.A.F.I.		\$	\$	\$
CHILD SUPPORT and/or ALIMONY		\$	\$	\$
FOOD STAMPS		\$	\$	\$
SOCIAL SECURITY RETIREMENT		\$	\$	\$
SOCIAL SECURITY DISABILITY (SSD)		\$	\$	\$
SOCIAL SECURITY SUPPL. INCOME (SSI)		\$	\$	\$
AABD GRANT		\$	\$	\$
PENSIONS and/or IRA PAYMENTS		\$	\$	\$
WORKMAN'S COMPENSATION		\$	\$	\$
UNEMPLOYMENT BENEFIT INCOME		\$	\$	\$
INSURANCE INCOME / SETTLEMENT INCOME		\$	\$	\$
ESCROW INCOME / RENTAL INCOME		\$	\$	\$
GARNISHMENT INCOME		\$	\$	\$
TRIBAL LAND INCOME / PER CAPITA PAYMENTS		\$	\$	\$
OTHER		\$	\$	\$

APPLICANT EXPENSES

DESCRIPTION		PAID TO: (Provider's Name)	MONTHLY AMOUNT	BALANCE OWING
HOUSING	Mortgage		\$	\$
	Rent		\$	\$
	Lot Space		\$	\$
UTILITIES:	Heat		\$	\$
	Water		\$	\$
	Electric		\$	\$
	Phone (land line)		\$	\$
	Cell Phone		\$	\$
GROCERIES:	Food		\$	\$
	Non-food		\$	\$
INSURANCE:	Rental		\$	\$
	Health		\$	\$
	Life		\$	\$
	Other		\$	\$
AUTO:	Car Payment		\$	\$
	Insurance		\$	\$
	Fuel		\$	\$
CHILD CARE:	Daycare		\$	\$
	Child Support		\$	\$
LOANS:			\$	\$
MEDICAL:	Doctors		\$	\$
	Hospital		\$	\$
	Medication		\$	\$
TAXES	Property		\$	\$
	Other		\$	\$
COURT ORDERED:	Fines		\$	\$
	Garnishments		\$	\$
TOTAL HOUSEHOLD EXPENSES			\$	\$
TOTAL HOUSEHOLD INCOME			\$	\$
SURPLUS EXPENSES			\$	\$

OTHER EXPENSES NOT LISTED ABOVE:

EXPENSE:	PAID TO:	MONTHLY AMT	BALANCE OWED
		\$	\$
		\$	\$
		\$	\$

FAMILY MEMBERS

It is a requirement of Bannock County that all surviving immediate family members (parents, spouse and children, of the deceased) be listed as follows:

OATH

I/We do hereby solemnly swear and affirm that I/we have fully examined and understand the contents of this application and the information provided by me/us is true and correct.

I/We understand that any information given or withheld with regard to this application is subject to investigation prior to and after the final decision on my request for assistance, and upon recognition of any falsehood for purposes of obtaining county assistance will result in the application being denied, and I/we may be prosecuted to the fullest extent of the law.

REIMBURSEMENT

I/We understand that I/we will be required to reimburse Bannock County, State of Idaho, for any financial assistance which I/we have requested.

I/We accept the responsibility to immediately contact Bannock County to make reimbursement arrangements and/or notify a representative of Bannock County of any subsequent changes in my/our circumstances relative to the application and reimbursement.

I/We understand that failure to comply with the reimbursement requirements may result in Bannock County filing a lawsuit against me. I/We understand that this may lead to a legal judgment against me, garnishment of my wages, and a lien against my property.

Dated this _____ day of _____ 20_____.

(Signature)

STATE OF IDAHO)
:ss
County of Bannock)

On this _____ day of _____, 20_____, before me, a Notary Public in and for said County and State, did personally appear the applicant, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he/she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

(SEAL)

Notary Public for Idaho
My commission expires: _____

INFORMATION RELEASE

I/ We, _____, will fully cooperate with and will supply all information requested to the representative of Bannock county in order that my/our application can be acted upon within a reasonable time.

I/We, also request my/our relatives, banker(s), credit union(s), physician(s), and any other persons or organizations, including but not limited to relatives, the State Department of Health and Welfare, Social Security Administration, Veterans Administration, Law Enforcement agencies, courts, Idaho Department of Employment or employer, Bureau of Indian Affairs, landlords, utility companies, investment companies, insurance companies, retirement account agencies, etc... having information concerning me/our circumstances, to provide the information to such representative of Bannock County, insofar as it is pertinent to the my/our application.

I/We, hereby authorize Bannock County and it's representatives to release pertinent information regarding my/our application, the contents thereof and action taken thereon to all parties of interest as provided by Chapter 34 and 35, Title 31 Idaho Code. I/We hereby authorize a photo-static copy of this agreement to be used when necessary and give it full force as the original.

This release is valid as long as it is pertinent to this application or post-application reimbursement/collection activity.

DATED this _____ day of _____, 20_____.

Signature of Applicant

Signature of Spouse, Significant Other, or Co-Applicant

If applicant did not sign, please list reason: _____

STATE OF IDAHO)
:ss
County of Bannock)

On this _____ day of _____, 20_____, before me, a Notary Public in and for said County and State, did personally appear the applicant, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he/she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

(SEAL)

Notary Public for Idaho

My commission expires: _____

REQUIRED INFORMATION

The following information is required when applying for county assistance. You must provide the relevant information where applicable for all household members of the deceased and spouse (if applicable) and for any immediate family member who is applying for assistance to the Bannock County Services Office at the time of your interview. (The documentation should include your name, your monthly payment amount, and the balance owing. If you get a monthly billing statement for the expense, bring in the statement for the most recent month. Otherwise, bring in the applicable lease or contract agreement.)

IF THE INFORMATION IS NOT PROVIDED AT THE TIME OF THE INTERVIEW, YOU WILL BE REQUIRED TO DO SO FOLLOWING YOUR INTERVIEW AND THIS MAY DELAY YOUR DECISION.

IDENTIFICATION:

Picture ID (Driver's license, school I.D., etc.) for All members of the household
 Social Security cards for All members of the household.

INCOME / ASSETS / BENEFITS:

Verification of all household income for the past three (3) months (including but is not limited to):

<input type="checkbox"/> Wage Stubs	<input type="checkbox"/> Survivor Benefits	<input type="checkbox"/> Rental Income / Escrow Income
<input type="checkbox"/> Self Employment Records*	<input type="checkbox"/> Food Stamps Benefits	<input type="checkbox"/> Tribal Land-Trust / Per-Capita
<input type="checkbox"/> Unemployment Benefits	<input type="checkbox"/> TAFI Benefits	<input type="checkbox"/> Garnishment Income
<input type="checkbox"/> Retirement Pension	<input type="checkbox"/> ICCP Benefits	<input type="checkbox"/> Investment Income
<input type="checkbox"/> Worker's Compensation	<input type="checkbox"/> SSI and/or SSD Benefits	<input type="checkbox"/> IRA / Retirement Income
<input type="checkbox"/> School Financial Aid	<input type="checkbox"/> Social Security Retirement Cash	<input type="checkbox"/> Settlement Payments
<input type="checkbox"/> Alimony	<input type="checkbox"/> Veteran Disability/Pension	<input type="checkbox"/> Family Financial Assistance
<input type="checkbox"/> Child Support	<input type="checkbox"/> Crime Victims Compensation	<input type="checkbox"/> Other

*If self-employed, provide a year-to-date **Profit and Loss Statement** for the business.

Federal and State tax returns (for the most recent year filed).

Life, Health, and Burial Insurance policies.

Bank / Credit Union / Investment Income statements for all: (provide the past three (3) months of each)

<input type="checkbox"/> Checking	<input type="checkbox"/> Stocks	<input type="checkbox"/> Mutual Funds
<input type="checkbox"/> Savings	<input type="checkbox"/> Bonds	<input type="checkbox"/> Real Estate
<input type="checkbox"/> Money Market Accounts	<input type="checkbox"/> Certificates of Deposit	<input type="checkbox"/> Retirement Investments

(If you don't have these, please get a print-out from your bank/credit union, brokerage firm / investment house)

Verification of assistance received from other agencies or assistance programs (including but not limited to):

<input type="checkbox"/> Energy Assistance	<input type="checkbox"/> Project Share	<input type="checkbox"/> Seiccaa
<input type="checkbox"/> Phone Assistance	<input type="checkbox"/> Church Assistance	<input type="checkbox"/> Salvation Army
<input type="checkbox"/> Subsidized Housing	<input type="checkbox"/> Aid for Friends	<input type="checkbox"/> St. Vincent DePaul

EXPENSES:

Proof of all monthly household expenses and all outstanding debts (including, but not limited to):

<input type="checkbox"/> Rental Lease	<input type="checkbox"/> Water/sewer/garbage	<input type="checkbox"/> Child Support	<input type="checkbox"/> Transportation
<input type="checkbox"/> Lot Space Lease	<input type="checkbox"/> Telephone	<input type="checkbox"/> Child Care	<input type="checkbox"/> Taxes
<input type="checkbox"/> Mortgage	<input type="checkbox"/> Food	<input type="checkbox"/> Medications	<input type="checkbox"/> Court-Ordered Fines
<input type="checkbox"/> Heating	<input type="checkbox"/> Non-Food Grocery	<input type="checkbox"/> Insurance	<input type="checkbox"/> Loan Payments
<input type="checkbox"/> Electricity	<input type="checkbox"/> Car payment	<input type="checkbox"/> Doctor / Hospital	<input type="checkbox"/> Other