



**Government of the District of Columbia  
Department of Human Services  
Economic Security Administration**



**Burial Assistance Application**

<b>Customer Name:</b>	<b>Date Submitted:</b>
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<b>WAYS TO SUBMIT THIS FORM</b>	
<b>Online:</b> Complete this form electronically OR upload a printed copy of this form by visiting the DHS website at <a href="https://dcbenefits.dhs.dc.gov/">https://dcbenefits.dhs.dc.gov/</a>	<b>By Mail or In Person</b> Department of Human Services Attn: Burial Assistance Unit Economic Security Administration 645 H Street NE, 4th Floor Washington, DC 20002
If you have any questions, contact the <b>Call Center</b> at (202) 727-5355. TTY 711	

<b>For Agency Use Only</b>	
<b>Case Name:</b>	<b>Date Submitted:</b>
<b>Case Number:</b>	<b>Date Received:</b>

The District of Columbia (District) Department of Human Services (DHS) Burial Assistance Program provides help paying for the funeral costs of District residents who died with few resources. Relatives of the individual who died may apply for Burial Assistance. A relative can ask someone else called an "authorized representative" to fill out the application for them. Only one individual can apply for burial assistance on behalf of a deceased individual. The individual applying on behalf of the deceased individual must have the authority to make burial arrangements.

**I. APPLICANT INFORMATION**

(Information about the relative or "authorized representative" filling out the application.)

Full Name:

Physical Address:

Unit:

City:

State:

ZIP:

Mailing Address (If different):

City:

State:

ZIP:

Preferred Phone:

Email:

Relationship to Deceased

 Parent Spouse Sibling Grandparent Aunt/Uncle

If none of the above apply, please describe the relationship

**II. DECEASED INFORMATION**

(Information about the deceased)

Full Name:

Physical Address:

Unit:

City:

State:

ZIP:

Date of Birth (of deceased)

Date of Death

Gender (circle one)

 Male Female

If the deceased was under 18 at the time of death, please list the name(s) of the parent(s) with which the deceased lived.

Was the deceased married at the time of his/her death? (circle one)

 Yes No

If YES, what is the spouse's name:

Was the deceased living with his/her spouse at the time of death? (circle one)

 Yes No

If NO, explain why (for example, because of separation or placement in a nursing home)

all persons who were living with the deceased at the time of death. Please make sure you list all of the dependent children of the surviving spouse/parent(s). If you need additional space, please turn to Page 3.

Name	Relationship to Deceased	Age

Where is the body currently located?

Did the individual have life insurance?

 Yes No

If YES, Name of the Insurance Company and the Policy Number

Name

Policy #

List the name of each beneficiary of the life insurance policy, their relationship to the deceased, and (if known), the amount they have already received.

Name	Relationship to Deceased	Amount Received
Was the individual employed at the time of death?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, where was the deceased employed:		
Did the deceased have a pre-paid cemetery plot?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, what is the value of that plan? \$		

### III. Type of Funeral Service Requested

The Burial Assistance Program provides \$ 1,000.00 to assist in defraying the cost of a standard burial or \$650.00 to assist with the cost of cremation services.

Please indicate which type of assistance you are requesting.	<input type="checkbox"/> Assistance paying for standard burial expenses	<input type="checkbox"/> Assistance paying for cremation services
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### IV. Financial Information

#### 1. The income of the Deceased and his/her Spouse/Parent

In order to determine whether the deceased is eligible for burial assistance, you must provide information about his/her income and financial resources and the financial circumstances of certain relatives. If the deceased was married and living with his/her spouse at the time of death, you must provide information about the financial circumstances of the spouse. If the deceased was a child under the age of 18 you must provide information about the financial circumstances of the parents.

Type of Income	Deceased Income Please list the amount of check	Spousal Income (fill this out only if the deceased was living with the spouse at the time of death)	Parental Income (fill this out only if the deceased was a child under the age of 18)
Social Security ( <i>Retirement or disability</i> )			
Other Retirement Benefits			
Earnings (after taxes)			
TANF			
Unemployment Insurance			
Workman's Compensation			
Other (please describe)			

#### 2. Resources of the Deceased and his/her Spouse/Parent.

Please fill out the following information about the current resources of the deceased and his/her spouse or parent(s) where applicable.

Type of Resource	Resources of the Deceased	Resources of the Spouse (fill this out only if the deceased was living with the spouse at the time of death)	Resources of the Parents (fill this out only if the deceased was a child under the age of 18)
Cash (not in the bank)			
Checking Account			
Saving Account			
Credit Union Account			
Savings Certificate			
Stocks, Bonds, Money Market/ Mutual			

## V. Additional Household Members

(Please use this section if you were unable to list all household members on page 2)

**Right and Responsibilities** You have a right to have your application acted on in a timely manner. DHS will process the application within 3 business days from the date you submit the application and provide all required information.

1. If you are dissatisfied with any action or lack of action by DHS, you have a right to request a fair hearing. You can request a fair hearing by telling your caseworker that you want to request a hearing, by calling the Office of the Administrative Review and Appeals at (202) 698-4147, or by contacting any ESA office. You need to request a hearing within ten (10) calendar days of the date of your decision notice. You have a right to obtain legal counsel at the hearing.
2. You have a right to register to vote here today. The SSR will ask you if you want to register to vote here today.

**Each individual submitting an application on behalf of a deceased relative has the following responsibilities.**

1. You must provide complete and accurate information to the best of your ability.
2. You must provide proof of certain information, including the income and assets of the deceased and the spouse if married, and parent(s) if the deceased is a minor child.
3. If burial assistance is awarded, the burial must be conducted by one of the undertakers with which the Department of Human Services as a contract. Unless an oversized casket is needed, the total of the funeral must not exceed \$2000.00 (This \$2000.00 figure does not include opening and closing costs). If an oversized casket is needed, the cost of the funeral must not exceed \$3000.00.

### Your Signature

Under penalty of perjury, I declare that all statements on this application are true. I agree to cooperate with the Department of Human Services (DHS) by using my own resources to meet as much as possible my need. I agree to present all verifying documents requested or to authorize the Department to obtain them. I have read and understand the Rights and Responsibilities information included in this section. I certify that I have the authority to make funeral arrangements on behalf of the deceased.

If your benefits change, we will send you a notice. If you do not agree with the change in benefits, you may request a Fair Hearing. If you think that DHS has made a mistake, then you can get a Fair Hearing. Call (202) 698-4650 to find out more. You can also call (202) 727-8280.

**Recipient Signature:**

**Date:**

**Witness Signature:**

**Date:**