



**Information About Deceased (continued)**

11. Please list below 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

12. Where is the body currently located? \_\_\_\_\_

13. Did the individual have life insurance? Yes  No

If YES, Name of the Insurance Company \_\_\_\_\_ Policy No.: \_\_\_\_\_

What is the value of the life insurance 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

14. Was the individual employed at the time of death? Yes  No

If YES, where was the deceased employed: \_\_\_\_\_

15. Did the deceased have a pre-paid burial plan? Yes  No  If YES, what is the value of that plan? \$ \_\_\_\_\_

16. Did the deceased have a pre-paid cemetery plot? Yes  No  If YES, what is the value of that plot? \$ \_\_\_\_\_

**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.

1. Please indicate which type of assistance you are requesting.

\_\_\_\_\_ Assistance paying for standard burial expenses    \_\_\_\_\_ Assistance paying for cremation services

**IV.  
Financial Information**

**1. Income of 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.

<b>Type of Income</b>	<b>Deceased Income</b>	<b>Spousal Income</b> (fill this out only if the decease was living with the spouse at the time of death)	<b>Parental Income</b> (fill this out only if the decease was a child under the age of 18)
SOCIAL SECURITY (Retirement or disability) <i>Please list the amount of check</i>	\$	\$	\$
SSI	\$	\$	\$
OTHER RETIREMENT BENEFITS	\$	\$	\$
EARNINGS (after taxes)	\$	\$	\$
TANF	\$	\$	\$
UNEMPLOYMENT INSURANCE	\$	\$	\$
WORKMAN'S COMPENSATION	\$	\$	\$
OTHER (please describe)	\$	\$	\$

**2. Resources of 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.

<b>Type of Resource</b>	<b>Resources of the Deceased</b>	<b>Resources of the Spouse</b> (fill this out only if the decease was living with the spouse at the time of death)	<b>Resources of the Parents</b> (fill this out only if the decease 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)*

**VI.  
Right and Responsibilities**

Each individual submitting an application on behalf of a deceased relative has the following rights:

1. 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.
2. 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 either 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.
3. 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 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 Service 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).

**SIGNATURES**

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 authority to make funeral arrangements on behalf of the deceased.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
(Legal signature or "X" mark)

***If the individual signed with and "X" mark, a witness signature is required in the space below.***

Witness Signature \_\_\_\_\_ Date: \_\_\_\_\_