

PHELPS COUNTY CREMATION PAYMENT ASSISTANCE APPLICATION

1. Instructions: To file an application for benefits:

The applicant must completely and truthfully answer the questions below, to the best of their ability, and sign this application. They must then hand-deliver, mail or fax this application to the Phelps County Attorney's Office located at 701 4th Ave. Ste. 12, P.O. Box 622, Holdrege, Nebraska, 68949; fax number: 308-995-2248. You will need to provide all the information requested and verification of this information may be required to determine eligibility for assistance. Pursuant to Nebraska statutes, the County Attorney may take up to seven (7) days to determine eligibility. All applications for cremation assistance must be made within thirty days (30) of the Decedent's death.

2. What is your full legal name? _____

3. Please provide your current address, phone number and email address:

4. Are you seeking cremation payment assistance for someone? (please check): YES NO

5. What is the full legal name of the Decedent you are seeking cremation assistance for: _____

6. What was the Decedent's Date of Death or the Date that their body was discovered?

7. What is your relationship to the Decedent? _____

8. Please provide the Decedent's legal street address at the time of their death:

Street: _____

City: _____ State: _____ Zip: _____

County: _____

9, Please list all previous addresses in the past 3 years, where the decedent lived:

Street: _____

City: _____ State: _____ Zip: _____

County: _____ Dates: _____

Street: _____

City: _____ State: _____ Zip: _____

County: _____ Dates: _____

Street: _____
City: _____ State: _____ Zip: _____
County: _____ Dates: _____

Street: _____
City: _____ State: _____ Zip: _____
County: _____ Dates: _____

10. At the time of the Decedent's death were they a citizen of the United States or a non-immigrant alien or immigrant who was lawfully admitted and legally present in the United States at the time of their death? (please check): YES NO.

11. Are you seeking to have the remains of the Decedent Cremated? (please check):
YES NO

If you checked NO, please state your reasons for seeking a disposition of the body other than via cremation _____

12. Under the County's cremation payment assistance program, the County will only provide payment assistance for a "direct cremation" of the Decedent which will only consist of: (a) required preparation of the body; (b) a simple container for the Decedent's cremated remains; (c) transportation from the place of death to the mortuary and to the crematorium; and (d) the costs and fees associated with conducting the cremation process. Are you willing to agree to the County paying ONLY for these limited services: (please check): YES NO.

13. Furthermore, under the County's cremation payment assistance program, no additional services or amenities may be purchased from the mortuary by anyone, beyond the limited services specified above. This includes, but is not limited to the additional purchase of things such as flowers, memorial cards, clergy fees, religious service costs, etc. Are you willing to accept and abide by these terms? (please check): YES NO.

Note: Any violation of this condition will forfeit Phelps County's responsibility for payment of the costs associated with the cremation and could result in a civil action against the applicant to recover any costs that Phelps County made for cremation assistance.

14. Please list all sources and amounts of income the Decedent received on a monthly basis prior to their death?

Note: This should include any earned income (i.e. money from employment), in-kind

income (i.e. monetary value of goods and services exchanged between parties in lieu of money) and unearned income (i.e. income received from government entitlement programs; pensions, social security, child support payments, inheritance, insurance policies and investments). Please include additional pages if necessary to answer completely.

15. Resources: At the time of their death did the Decedent have any of these resources?

	Yes	No	If Yes, List Owner(s)	Amount	Account No.	Where Located?
Cash	_____	_____	_____	_____	_____	_____
Checking Accounts	_____	_____	_____	_____	_____	_____
Savings Accounts	_____	_____	_____	_____	_____	_____
Stocks, Bonds, Investments, IRAs	_____	_____	_____	_____	_____	_____
Crops, Livestock, Machinery	_____	_____	_____	_____	_____	_____
Mobile Home	_____	_____	_____	_____	_____	_____
Insurance	_____	_____	_____	_____	_____	_____
Real Estate or other property	_____	_____	_____	_____	_____	_____

16. Did the Decedent have life insurance at the time of their death? Yes No
 If yes, name of company: _____
 Policy number: _____
 Who is the beneficiary? _____

17. Vehicles: List all vehicles where decedent's name appears on the title:

Owner	Make & Model	Year	Licensed (yes or no)	Current Value	Amount Owed
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

18. Other Income: Did the Decedent receive any money from any other sources not specifically enumerated above or have any income that was expected to be received by them within the next 90 days following their death? If so, please describe and provide as much detail about the amount, source and circumstances:

19. Please list the names and contact information for any known surviving spouse, parent(s), stepparent(s), children; stepchildren, siblings or step-siblings of the deceased.

20. Under Nebraska state statutes, liability for the reasonable costs of internment devolves jointly and severally upon all kin of the decedent in the same degree of kindred and upon the estate of the Decedent. As such you must provide information regarding the gross monthly income (including all earned income, in-kind income, expected income, and unearned income) for all persons recited above who may be responsible for the Deceased's internment costs. You must also provide information about any assets or financial resources within the possession of any such person(s) that has a fair market equity value of over \$2000 or expected fair market equity value of over \$2000 (including any and all real estate, personal property, jewelry, vehicles, court judgments, dividends from investments, etc.). Please use additional pages, if necessary, to fully and completely supply such information.

21. While supplying information about income, assets and the financial resources of Responsible Parties plays an important role in establishing need for cremation payment assistance, determinations for eligibility will be determined by demonstrating the size of the Responsible Parties’ household and their average ordinary monthly living expenses. As a result, you must provide information as to the number of individuals present in the Responsible Parties’ household and include information regarding the Responsible Parties’ monthly living expenses for housing, food, utilities, clothing costs and transportation. Please use additional pages, if necessary, to fully and completely supply such information.

BE ADVISED:

1. Your application will be reviewed within seven (7) business days after it has been submitted with all required information to determine eligibility for County cremation payment assistance.
2. You may be required to reimburse the County for any assistance obtained through misrepresentation or fraud and may additionally face criminal and/or civil liability for such acts.

3. Additionally, the failure to truthfully and completely answer any and all of the questions posed above could result in a denial of eligibility, voiding the County's responsibility to pay the incurred cremation costs, require reimbursement from you or a responsible party for failing to strictly abide by the program's guidelines, or result in the filing of a civil action or criminal prosecution.
4. Similarly, if it is discovered that the applicant, or any other person, transferred, concealed, attempted to transfer or attempted to conceal, income, assets or financial resources of the Decedent or Responsible Parties in order to meet program eligibility guidelines, such actions could likewise result in a denial of eligibility, voiding the County's responsibility to pay the incurred cremation costs, require reimbursement from you or a responsible party for failing to strictly abide by the program's guidelines, or result in the filing of a civil action or criminal prosecution.
5. You have the right to appeal the County Attorney's decision and ask for a fair hearing before the Phelps County Board if you are not satisfied with the County Attorney's decision regarding assistance eligibility.
6. All private information submitted as part of the application will be kept strictly confidential.
7. The County may request reimbursement for any county cremation assistance payments it has made, if it is later determined that the Decedent's estate or a Responsible Party had sufficient resources to pay cremation expenses at the time these costs were incurred.

SIGNATURES

Under penalties of law, I declare that I have read this form, including the statements directly above, and to the best of my knowledge and ability believe that my answers to the questions contained in this application are true, correct and complete. I understand my responsibilities in making this application and agree to fulfill them to remain eligible for payment assistance.

Additionally, I agree to provide proof of need, if requested, and I give consent for Phelps County to make whatever contacts are necessary to determine eligibility, and I hereby authorize release of any records related to the determination of the Decedent's or Responsible Parties' eligibility for the county's cremation payment assistance program and understand that my signature below constitutes such a release.

I have had the burial assistance program and program requirements explained to me and I do () do not () wish to receive assistance based on these requirements.

NOTE: If someone helped you fill out this form, be sure that the person signs below.

Signature of Applicant Date

Signature of person who helped Date _____
Address of person who helped