

Funeral Home Director HANDBOOK 2010



FUNERAL HOME DIRECTOR HANDBOOK

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APPENDIX A – INDIGENT BURIAL FORMS

APPENDIX B – TERMS AND DEFINITIONS

NOTE: All questions about the Indigent Burial Program should be directed to the Division of Family Assistance at (304) 558-8290.

The West Virginia Income Maintenance Manual can be accessed at the following link:
http://www.wvdhhr.org/bcf/family_assistance/policy.asp

You may download Indigent Burial Program forms from the following webpage:
http://www.wvdhhr.org/bcf/family_assistance/burial.asp

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
INDIGENT BURIAL PROGRAM POLICIES

A. INTRODUCTION

The purpose of the Indigent Burial Program is to provide a decent burial for persons who die and have no resources to pay for the interment costs at the time of death.

B. ELIGIBILITY REQUIREMENTS

When making the decision regarding the eligibility for payment of the burial rates, the Worker must give consideration to the following criteria.

1. Residence

The deceased must have been a resident of West Virginia at the time of death in order to be eligible for a burial payment. (See exception below.) Individuals who have left West Virginia for the purpose of residing in other states (or who have become residents in other states) and later de cease are ineligible for Burial Program benefits.

Exception: One exception applies to the residence requirement. This occurs when a non-resident of West Virginia deceases while traveling or visiting in the state and has no family, friends, or institution in the state of his residence that will assume responsibility for the funeral arrangements or otherwise claim the body. The Worker must verify that this situation exists before the case may be found eligible for payment.

2. Application Submittal Deadline

Payment for burial expenses cannot be made unless the application form, DFA-BU-1, has been completed and the applicant found eligible for payment and the date of interment or cremation did not occur more than 30 days prior to the date of application.

3. Need

Resources of the deceased shall consist of readily available liquid assets such as, but not limited to, life insurance policies, burial trust funds, cash, checking and/or savings accounts, certificates of deposits, etc.

If the applicant indicates that, for an adult burial, the deceased had at least \$2,450 in available resources, the Worker must find the application ineligible for benefits.

4. Responsible Relatives

If a responsible relative (i.e., one who is liable or one who simply wishes to pay the allowable amount) indicates that he agrees to make the allowable payment of \$2,450, the Worker must deny the application for payment of burial.

If the responsible relative agrees to pay any amount less than the allowable amount or indicates that he cannot make any payment toward the allowable amount, the Worker must approve application for a burial payment providing all other eligibility requirements are met.

5. Maximum Allowable Payment

The maximum allowable payment has a limit on the amount of payment that can be received by the funeral home when the Department participates in the payment of a burial. The extent of the Department's participation, or the amount of the program benefit, is determined by the burial rate and, when applicable, the amount which exceeds the maximum allowable payment.

The maximum allowable payment is not to be confused with the burial rate. The maximum burial rate is the amount the Department will make toward the cost of all funeral-related expenses.

The maximum allowable payment is also used to establish eligibility for a burial payment in relation to the resources of the deceased and to contributions made by responsible relatives.

Finally, the maximum allowable payment is used to establish the amount of resources (i.e., payment received from sources other than the Department) that may be received by the funeral home before the maximum burial rate is reduced. The maximum allowable payment for burials may not exceed \$2,450. The amount of resources that are exempted before being applied to the burial rate is \$1,200 (exempted resources amount of \$1,200 + burial rate of \$1,250 = \$2,450). Therefore the Department will not participate in the burial costs when the total amount of resources received by the Funeral Home Director for a burial is \$2,450 or more. When the amount of resources exceeds \$1,200 but is less than \$2,450, that amount, the excess, will be deducted from the burial rate (State Code §9-5-18).

6. Interment Plans

The following instructions describe the casket and merchandise that must be used when the Department makes payment for burial. In addition, certain types of allowable interment plans are described.

The burial rate will include the funeral service, casket, outside wood or concrete box, clothing, and transportation. There is no extra allowance for local or long distance transportation for the deceased.

a. Casket and Casket Size

The following is a description of the type of casket which must be used when the Department is making payment of the burial rate.

The casket shall be at least, but shall not exceed, a flat top or oval top constructed with wood or wood products and covered with such exteriors as doeskin, lambskin, moleskin, plain or embossed cloth. The outside container shall consist of a wood or concrete box.

No casket or outside container other than that which is described above shall be used unless the Funeral Home Director does not have an appropriate casket or outside container available and he agrees to absorb the higher cost of the more expensive casket or outside container.

If anyone (e.g. relative, friend, etc.) provides a better or more expensive casket or outside container than that which is described above, the Department will not participate in the payment of the burial expenses.

b. Cremation

The person who has made application for burial expenses may request that the deceased be cremated. Cremations are allowed under the burial program policy. The applicant and Funeral Home Director must understand that the burial rate (\$1,250) and maximum allowable payment (\$2,450) will apply to cremations as well as any other interment plan. (State Code §9-5-18)

c. Burial of Two or More Bodies in One Casket

In certain rare situations, when it is warranted by the condition of the bodies, or when it is desired by the family, the Department will make payment for the burial of two bodies in one casket.

- The next of kin or any persons who may be chargeable with the funeral expenses of the deceased, or the person taking responsibility for making the burial arrangements, and the Funeral Home Director must agree to this type of interment. The Funeral Home Director also must notify the Department prior to the burial that two or more bodies are placed in the same casket and state the reason given for this type of arrangement.

EXAMPLE: Two infants are buried in a casket. The Department will pay only the burial rate of \$1,250 and apply the maximum allowable payment of \$2,450.

7. Application Submittal Deadline

Payment for burial expenses cannot be made unless the application form, DFA-BU-1, has been completed and the applicant found eligible for payment and the date of interment or cremation did not occur more than 30 days prior to the date of application.

C. BURIAL RATE

The burial rate of \$1,250 is the maximum amount that will be paid by the Department. This rate applies to all burials. Under no circumstances is this rate negotiable regardless of the specific burial plan desired by the applicant.

D. DEVELOPMENT OF RESOURCES

The development of resources is a joint responsibility of both the Department and the Funeral Home Director. However, the Department's activity in the development of resources is limited to the estate of the deceased and only in situations when the estate is sufficiently valued to obtain up to the \$1,250 reimbursement to the Department.

The Funeral Home Director may develop resources from many different sources. Whenever the Funeral Home Director develops an amount of resources that exceeds the exempted resource amount of \$1,200 the Department will deduct this amount from the burial rate. When the Funeral Home Director receives resources which exceed the exempted resource amount after payment is received from the Department, the Department must be reimbursed by the Funeral Home Director.

EXAMPLE: The Funeral Home Director receives payment of resources on a burial for \$1,450.

\$1,450	Resources
<u>-\$1,200</u>	Exempted resource amount
\$ 250	Excess
\$1,250	Burial Rate
<u>-\$ 250</u>	Excess
\$1,000	Amount of payment received by the Funeral Home Director from the Department
\$1,450	Resources
+\$1,000	Burial Payment
<u>\$2,450</u>	Maximum allowable payment (total payment received by the Funeral Home Director)

EXAMPLE: The Funeral Home Director receives payment of resources on a burial for \$500.

\$ 500	Resources
<u>-\$1,200</u>	Exempted resource amount
\$ 0	Excess
\$1,250	Burial Rate
<u>-\$ 0</u>	Excess
\$1,250	Amount of payment received by the Funeral Home Director from the Department
\$ 500	Resources
<u>+\$1,250</u>	Burial Payment
\$1,750	Total payment received by the Funeral Home Director

In this example, the Funeral Home Director is entitled to receive \$700 in additional resource before the maximum allowable payment of \$2,450 is reached. Assume further that the Funeral Home Director receives \$800 in additional resources after the burial payment from the Department was received. The Funeral Home Director must reimburse the Department \$100 because the maximum allowable payment was exceeded by \$100.

1. Resources Obtained For Burials

Resources of up to \$1,200 may be obtained toward the cost of a burial for a total maximum payment of \$2,450 before the resources are deducted from the burial rate.

	Resource Payment	Program Benefit	Total Payment to Funeral Home
Example 1	\$1,200	\$1,250	\$2,450
Example 2	\$1,350	\$1,100	\$2,450

2. Resources Due The Department

The Department is entitled to receive resources from the following sources:

- The deceased's estate and
- The amount of resources developed by the Funeral Home Director which exceeds the exempted resource amount.

a. Form DFA-BU-3, Affidavit of Burial Costs and Supporting Documentation

The Department will seek reimbursement of burial costs by filing an Affidavit of Burial Costs with the Office of the County Clerk having jurisdiction of the deceased's estate (the county in which the deceased maintained his residence or the county in which the deceased owned real estate). The Worker must attempt to obtain sufficient information about the deceased's estate in order to make decisions to seek reimbursements. If the Worker determines that the minimum value of the estate is \$1,250 after the costs of administration are deducted, the Worker must seek reimbursement.

According to the West Virginia Code §9-5-18, supporting documentation must be included with the DFA-BU-3 form when it is submitted to the Office of the County Clerk. This documentation will be a copy of the Burial Billing Form, DFA-67-A, refer to Item F, Burial Payment Process, and a copy of the Accounts Payable Monthly Burial Report.

The Monthly Burial Report is a list of names of the deceased for each county with the vendor name, document I.D. number, warrant number, warrant date, and the amount of payment made by the Department to the vendor. This document fulfills the requirement that verification of an actual payment must be made just as the DFA-67-A form verifies that an actual request for payment was made by the vendor. The DFA-BU-3 form establishes that the Department has filed a claim against the estate. Each month, Accounts Receivable, Office of Accounting will prepare the Monthly Burial Report showing a list of deceased persons based on the DFA-67-A forms submitted for that month. The Financial Clerk will submit to the Office of the County Clerk one copy of the Monthly Burial Report, one copy of the DFA-67-A, and the original DFA-BU-3, Affidavit of Burial Costs, for each name on the list. When it has been determined that an estate does not exist or insufficient resources in the estate precludes the necessity of establishing a claim, the Financial Clerk will cross out the deceased's name on the list and not submit supporting documentation for that burial.

b. Instructions for Completing Form DFA-BU-3

The Financial Clerk will complete the DFA-BU-3 form on all cases. The Affidavit of Burial Costs is a form letter and is completed as follows:

Introductory Statement

The Financial Clerk will enter the name and address of the County Clerk. The name of the deceased and the amount of the claim is entered in the spaces provided. The amount of the claim cannot exceed \$1,250.

Affidavit and Verification

- The Financial Clerk enters her name, the amount of the claim against the deceased's estate, and the name of the deceased in the spaces on the form.
- The Financial Clerk signs her name in the "Affiant" space and obtains the signature of the Notary Public.
- The DFA-BU-3, plus a copy of the DFA-67-A, Burial Billing Form, is attached to the Monthly Burial Report and submitted to the Office of the County Clerk.

c. Reimbursement from the Deceased's Estate

When the Financial Clerk receives reimbursement from the deceased's estate for the amount of the burial costs paid by the Department, he/she will make a direct deposit of this reimbursement to the burial program for the fiscal year in which the burial was paid.

d. Release of Lien against the Estate

Following deposit of the reimbursement check from the deceased's estate for the amount of the burial costs paid by the Department, the Financial Clerk will forward a copy of a lien release packet. The lien release packet consists of the following:

- A copy of the DFA-67-A;
- A deposit ticket;
- A copy of the completed DFA-BU-3; and
- A copy of the warrant report.

A notarized release nullifying the lien against the estate is signed, and copies are sent to the Office of the County Clerk, the Financial Clerk, and the Office of Accounting.

3. Resources Due The Funeral Home Director

a. Types of Resources

It is the responsibility of the person who made the funeral arrangements and the Funeral Home Director to apply for and develop the following potential resources which may be available to meet burial expenses:

(1) Statutory Death Benefit Plans

- Social Security Administration
- Veteran's Administration
- Workers' Compensation
- United Mine Worker's Association
- Other statutory death benefits

(2) Private Death Benefit Plans

- Life Insurance
- Prepaid Burial Trusts
- Other private death benefit plans

(3) Contributions from friends and relatives

(4) Automobile Liability Insurance

(5) Other

b. Treatment of Resources

All resources are treated the same, regardless of whether or not the deceased was a recipient of public assistance or any other type of benefit from the Department or other agencies. Please note that the treatment of resources discussed in this section is exclusive of resources received by the Department from the deceased's estate as discussed above.

E. APPLICATION PROCESS

1. General Instructions

Although it is preferable that the application for payment of burial expenses be made by the surviving spouse or other close relative, the application may be made by the person who has accepted responsibility for making burial arrangements. This includes, but is not limited to, the Funeral Home Director, friends, and neighbors. All applicants must be at least the age of 18.

Form DFA-BU-1, Application for Burial Expenses, will be used in taking applications for payment of burial expenses.

Form DFA-BU-2, Affidavit of Responsible Relative, is used to determine whether certain relatives, who are designated under State Law as liable for burial expenses, are financially able to make payment of all or part of the maximum payment allowed by the Department. In order to maintain the Department's policy of developing all possible resources, other relatives who are not designated under State Law as liable for burial expenses are also evaluated as to their ability and willingness to pay all or part of the appropriate burial rate.

2. Liability Of Responsible Relatives

As indicated in the Public Welfare Law §9-5-9, liability of relatives for support, certain relatives of the deceased who are financially able shall be responsible to pay the expenses of burial. These relatives are listed in the order of priority:

- The children
- The father
- The brothers and sisters
- The mother

"Financially able" is defined as the responsible relative's financial ability to make payment toward or the entire maximum payment allowed by the Department.

NOTE: A spouse is not considered under state law a responsible relative liable to pay the burial costs.

In many situations, other relatives (spouse, nephew, niece, etc.) who are not legally liable for payment of burial costs will take the responsibility for arranging the burial and make applications for burial expenses.

3. Completion Of Form DFA-BU-1, Application For Burial Benefits

Form DFA-BU-1 must be completed when an individual is applying for burial assistance. Payment for burial expenses cannot be made unless this form has been completed, the applicant found eligible for payment, and the date of interment or cremation did not occur more than 30 days prior to the date of application.

Generally, the county in which the individual resided at the time of death will assume the responsibility for accepting the application and making payment for eligible individuals. When the individual did not die in the county of his residence, the following instructions will apply:

- When the deceased dies in another county or state while visiting or receiving medical treatment, the county of residence will assume responsibility for accepting the application and making payment.
- When the deceased dies in a state institution or nursing home, that facility will contact relatives who will take charge of the burial arrangements. In most situations, the relatives will have the deceased returned to the county in which he resided prior to his death. When this occurs, the county in which the deceased has been returned will accept the application and process payment.
- Situations may occur, however, when the person, who has taken charge of the funeral arrangements, including the institution or nursing home administration, may wish to inter the deceased within the county in which the institution or nursing home is located. When this occurs, that county will accept the application and process payment.
- When a non-resident of West Virginia dies while visiting or traveling through the state, the county in which he dies will assume the responsibility for accepting the application and, if eligible, process payment. This procedure applies only when the deceased's interment will take place in West Virginia.
- However, situations may occur when someone from another county has taken responsibility for the funeral arrangements and wishes to have the deceased interred in that other county. When this occurs, the other county will accept the application and process payment.
- If so desired by the applicant, a burial application can be received via the mail. If the applicant wants to apply through the mail, the Worker will mail the application forms with an accompanying letter of instructions that include a deadline for returning the completed application through the mail. The instructions will also request a copy of the death certificate and the deceased's social security

- number if not included on the certificate. After the application is received through the mail, the Worker will carefully review the completed application form and make a decision regarding eligibility or request the applicant to supply additional information.

The following instructions must be followed when completing Form DFA-BU-1.

- Section A and B, Identifying Information: The required identifying information in these two sections is self-explanatory. If the deceased was a non-resident of West Virginia at the time of death, the applicant must explain why the deceased is to be buried in West Virginia. This explanation is needed in order to assure that family and relatives have been notified and are aware that the deceased will be buried in West Virginia.
- Section C, Your Relationship to the Deceased: If the applicant indicates that he is a child, father, brother or sister, or mother of the deceased (liable relative), he must complete Form DFA-BU-2, Affidavit of Responsible Relative. If the applicant indicates that he is not a liable relative, he will be requested to complete Form DFA-BU-2 for the purpose of developing potential resources.
- Section D, Need and Estate of the Deceased: The applicant must place an "X" on the line next to the statement which indicates his knowledge of whether the deceased's estate had sufficient resources equal to the maximum allowable payment. When the applicant indicates the estate has at least \$2,450 in resources to pay for the burial costs, the case will be found ineligible for a burial assistance.
- Section E, Heirs of the Deceased: The applicant must complete this section which involves questions about the heirs of the deceased.
- Section F, Resources: The applicant must indicate the type and amount of resources received or to be received toward the burial expenses. It will be the responsibility of the applicant to report this accurately and completely. It may be necessary for the applicant to contact the Funeral Home Director regarding this item to insure accuracy. Finally, the Worker should inform the applicant that the DFA-67-A, Burial Billing Form, submitted by the Funeral Home Director will be compared with Section F for discrepancies.
- Section G, Signatures: The applicant must read each of the three statements and place an "X" in "Yes" or "No" prior to signing and dating the application form. The Worker should ask the applicant if he understands each of the three statements and verbally explain any of the statements that the applicant does not understand.

The applicant must sign and date the application form. The Worker must enter the following information in the recording section:

- Action taken on the application - This will include approval, denial, or pending status of the application. In addition, the Worker will indicate if the DFA-BU-2 form was completed by a responsible relative and any other information as required.
- The Worker must also indicate whether the deceased was receiving any program benefits from the Department at the time of his death.

4. Completion Of Form DFA-BU-2, Affidavit Of Responsible Relative

The purpose of the Affidavit of Responsible Relative is used to determine financial ability of those responsible relatives who are liable for the burial costs of the deceased and to determine sufficient ability of other relatives who wish to contribute to the burial costs but are not liable.

Therefore, Form DFA-BU-2 will be completed by the applicant in the following manner:

- When the applicant is a relative who is liable for the burial costs of the deceased, Form DFA-BU-2 must be completed. If the relative refuses to complete the form, the application is denied.
- When the applicant is a relative who is not liable for the burial costs, the Worker will request the relative to complete the form for the purpose of developing resources. He may refuse to complete the form and the application is not denied.
- When the applicant is not a relative of the deceased, he completes the form for the purpose of developing resources, but does not sign the form.

The completion of the form is self-explanatory. The Worker shall explain to the person signing the form that witness signatures are required only when the person signs the form with his "mark". In this situation, the persons who act as witnesses must actually see the person place his "mark" on the form.

5. Decision on the Application

After the applicant has completed the application form, DFA-BU-1, and the Affidavit of Responsible Relative, DFA-BU-2, the Worker can take the appropriate action on the application:

- All questions on the application form must be answered by the applicant and signed and dated by the applicant when appropriate. The Department will not make payment if the DFA-BU-1 form is not completed or completed improperly.
- When the applicant is a liable relative, the Affidavit of Responsible Relative must be completed. If not, the application must be denied.
- If the relative who signed the DFA-BU-2 form, Affidavit of Responsible Relative, agrees to pay for the burial costs, the application must be denied.
- If the applicant indicates in Section D of the DFA-BU-1 form that the deceased had sufficient resources to pay for the burial costs, the application must be denied.
- If the applicant indicates in Section F of the DFA-BU-1 form that sufficient resources will be applied toward the burial that is equal to or exceeds \$2,450, the application must be denied.

After consideration is given by the Worker to the above items, he will make a decision regarding the eligibility for payment of burial costs and make a recording on the application form to support his decision.

F. BURIAL PAYMENT PROCESS

The DFA-67-A, Burial Billing Form, is completed by the Funeral Home Director and submitted to the Department. It is used in the payment process for the purpose of determining the amount of payment to be made by the Department to the Funeral Home Director.

1. Responsibilities Of The Funeral Home Director

As indicated above, the Funeral Home Director will complete the DFA-67-A form. The signature must be in **blue ink**. If any questions arise in completing the form, the Funeral Home Director should consult the Funeral Home Director Handbook or contact the Worker for questions about forms completion.

2. Responsibilities Of The Income Maintenance Worker

The Worker and his Supervisor will enter their signatures and date upon the completed DFA-67-A form in **blue ink**. In addition, the Worker must compare the resources reported by the Funeral Home Director on the DFA-67-A form with the resources reported by the applicant on the DFA-BU-1 application form. Any discrepancies must be resolved by contacting the applicant and Funeral Home Director. Approval will be withheld until the discrepancies are resolved. If necessary, the Worker

may request verification of statements or claims made by the applicant or the Funeral Home Director. The purpose of this procedure is to provide authorization for payment since payment to the Funeral Home Director is handled through the Office of Accounting.

NOTE: The Worker, his Supervisor, the Financial Clerk, and the Funeral Home Director or his designee, must sign their appropriate sections on the original DFA-67-A in blue ink only.

Red Ink on the original document is reserved for Auditors use only.

3. Responsibilities Of The Financial Clerk

The Financial Clerk will receive the DFA-67-A, Burial Billing Form, from the Funeral Home Director. Upon receipt of this invoice, the Financial Clerk will be responsible for pre-auditing and editing. Items to be reviewed before submittal for payment are:

- F.E.I.N. in the upper right-hand corner
- County number and mailing address
- Legible vendor name and mailing address
- Correct payment amount on Line Item 7 or Item 9
- Date of death
- Date of interment
- Proper signatures and dates entered (blue ink on original)

Upon completion of the audit, the Financial Clerk must stamp the DFA-67-A with a certification stamp and sign and date the spaces made by the stamp in blue ink. The original and two copies of the DFA-67-A will be submitted to the Division of Family Assistance. All back-up material pertaining to the burial will remain in the local office.

In order for the Financial Clerk to have a record of burials submitted for payment, a Log for Burial Payments must be maintained in each local office. On this log, the following items are suggested:

- Date the DFA-67-A was received for payment
- Name of vendor
- Name of deceased
- Date the DFA-67-A was submitted to the Division of Family Assistance
- Date the Accounts Payable Monthly Burial Report was received from the Division of Family Assistance.

When the Funeral Home Director indicates on the DFA-67-A form (#10) that he has applied for, but did not receive, certain resources at the time of burial, the Financial Clerk must develop a control to contact the Funeral Home Director every 60 days from the date entered on the DFA-67-A form to determine if he received the resource.

If the Funeral Home Director receives any resources at a later date, he is required to reimburse the Department if these resources:

- are in excess of the exempted resource amount; or
- when added to the resource received at the time of burial are in excess of the exempted resource amount.

EXAMPLE: A Funeral Home Director submits a DFA-67-A for a burial. Resources received at the time of burial are \$550. Since the resource of \$550 did not exceed the exempted resource amount of \$1,200, the Funeral Home Director received a check for \$1,250 from the Department. Later, the Financial Clerk has determined that the Funeral Home Director received additional resources in the amount of \$1,250.

Total resources received by the Funeral Home Director comes to \$1,800 (\$550 + \$1,250 = \$1,800). The exempted resource amount was exceeded by \$600 (\$1,800 - \$1,200 = \$600).

The Funeral Home Director must reimburse the Department for \$600.

Computation procedures when the actual cost of burial is less than the amount of payment requested from the Department and/or resources due the Funeral Home Director.

In order to use this computation procedure, it is necessary to compute the amount of payment requested from the Department as outlined on the DFA-67-A, Burial Billing Form, Items #2 through #7.

G. CORRECTIVE ACTION

Corrective Action must be taken, regardless of who made the error. When the funeral home receives payments above the allowed resource amount of \$1200, the funeral home must reimburse the Department any amount which exceeds the allowed resource amount.

APPENDIX A

INDIGENT BURIAL FORMS

**WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Burial Billing Form**

PART I INFORMATION REGARDING DECEASED

WV DHHR County Office: _____
Address: _____ F.E.I.N.: _____
Date of Death: _____
Name of Deceased: _____ Date of Interment: _____
Address: _____ Date of Cremation: _____

IMPORTANT: Application must be made within 30 days of the date of Interment or Cremation

Is the Deceased potentially eligible for Social Security or Veteran's Administration Death Benefits?

Yes No

If yes, have you made application for these benefits? Yes No

PART II PERSON ARRANGING FOR BURIAL SERVICE

Name: _____ Phone Number: _____
Address: _____ Relationship: _____

PART III LIST KNOWN LIVING RELATIVES OF DECEASED AND THEIR CURRENT LOCATION

(Complete only if person arranging for burial service is a specified relative of the deceased.)

NAME	RELATIONSHIP	COUNTY	STATE

PART IV DESIGNATED RELATIVE'S STATEMENT

I hereby certify and swear that neither the estate of the deceased nor the above-listed relatives of the deceased, including but not limited to myself, either by virtue of our combined assets or by virtue of the individual assets of each, possess sufficient resources equal to or in excess of the maximum allowable payment of \$2,450. I understand, under penalty of perjury, that I am certifying not only that I do not possess the assets to pay for the funeral expenses referenced herein, but that each statutory family member listed above does not have the ability to pay, nor do the combined assets of all the above-listed family members equal enough to pay for the funeral expenses of my deceased relative.

Relative's Signature: _____ Date: _____

PART V TO BE COMPLETED BY FUNERAL HOME

Line 1.	Maximum Cost of Indigent Burial Services that Funeral Home may collect:			\$2,450
Line 2.	Maximum Payment Department of Health and Human Resources (DHHR) will pay:			\$1,250
Line 3.	Less exempted resources received at time of burial arrangement:			
	(a)	Pre-paid Burial Trust		
	(b)	Insurance Benefits		
	(c)	Worker's Compensation		
	(d)	United Mine Workers' Compensation		
	(e)	Social Security		
	(f)	Veterans' Benefits		
	(g)	Contribution from Friends and Relatives		
	(h)	Other (Specify)		
	Line 4.	Total Exempted Resources		
Line 5.	Does Line 4 exceed \$1,250? Check box.			Yes <input type="checkbox"/> No <input type="checkbox"/>
Line 6.	If yes, subtract the amount in Line 4 from \$2,450. This is the amount you are eligible to receive.			
Line 7.	If no, enter \$1,250 into the box. That is the amount you are eligible to receive.			
Line 8.	Have you applied for or expect to receive any resource, not reported above? Check Box.			Yes <input type="checkbox"/> No <input type="checkbox"/>
Line 9.	If so, please indicate the type and amount of resource, and the date you expect to receive it.			
		Type of Resource	Amount of Resource	Date to be Received

This is to certify that the foregoing information is true, accurate and complete; that the services covered by this billing form were provided without regard to race, color or national origin; and that the billing is submitted in compliance with the WV Department of Health and Human Resources' rules and fee structure in effect on date of service. The charges reported herein for the funeral services provided are the usual and customary charges made by the undersigned funeral establishment for similar services provided the general public.

I further certify that if I later receive any resources as indicated in Item 10, I will reimburse the Department of Health and Human Resources for the appropriate amount if these resources, above or in addition to resources received at the time of burial, exceed the exempted resource level of \$1,200 (State Code § 9-5-18).

If more than one body is to be placed in a single casket, it must be approved by a family member or the person making the burial arrangements. The Funeral Home Director must also agree with this arrangement and must notify the Department of this type of burial arrangement prior to the burial.

I agree I do not agree Not applicable

FUNERAL DIRECTORS: DO NOT write in this Box

Approval	
Worker's Signature	_____
Date	_____
Supervisor's Signature	_____
Date	_____

Signature: (Blue Ink) _____
Title: _____
Funeral Home: _____
Address: _____
City, State, Zip _____
Date: _____

SEE INSTRUCTIONS IN COMPLETING THIS FORM

INSTRUCTIONS FOR COMPLETING THE BURIAL BILLING FORM

PART I INFORMATION REGARDING DECEASED

West Virginia Department of Health & Human Resources (WVDHHR) Address: Enter local Health and Human Resources County and Address.

F.E.I.N.: Enter the number assigned to you by the Department. If you do not have an F.E.I.N. Number, contact your local DHHR office for instructions about how to secure this number. Payment cannot be made without this number.

Name of Deceased and address: Self-explanatory.

Date of Death: Self-explanatory.

Date of Interment: Self-explanatory.

Is the Deceased potentially eligible for Social Security or Veterans' Administration Death Benefits? Indicate via "X" in "Yes" or "No" for the appropriate response.

PART II PERSON ARRANGING FOR BURIAL SERVICE

Enter the name of the person arranging for the burial service (e.g., relative, friend, Funeral Home Director, etc.) and the address of this person.

PART III LIST KNOWN LIVING RELATIVES OF DECEASED AND THEIR CURRENT LOCATION

Only list Designated Relatives of the deceased as follows and by their order of priority: children, father, brothers and sisters, and mother. Also provide the county and state of residence for each Specified Relative listed if known.

PART IV DESIGNATED RELATIVE'S STATEMENT

Complete and have signed only if the person arranging the burial service is a Designated Relative as defined above (child, father, brothers or sisters, or mother of deceased).

PART V TO BE COMPLETED BY FUNERAL HOME

Item 1: The maximum allowable payment established by the DHHR is \$2,450.

Item 2: The amount of exempted resource of \$1,200

Item 3: The maximum DHHR burial rate of \$1,250

Item 4: List the amount of resources available and enter the total.

Item 5: If the total resources available (Item 5) exceeds the amount of exempted resources (Item 3) enter the amount of excess.

Item 6: Subtract Item 6 from Item 4 and enter amount of payment requested from the DHHR.

Item 7: Enter the excess amount when the payment requested from the Department (item 7) and/or the total resources (Item 5) exceed the actual cost incurred.

EXAMPLE:

Item 7 is \$1,250 and

Item 5 is \$1,300,

The excess would be $\$1,250 - \$1,300 - \$2,400 = 0$.

Item 8: Enter payment requested from the Department.

EXAMPLE:

\$1,150 (rate)

 - 0 (excess)

\$1,150 payment from Department

Item 9: Check appropriate response. It is your responsibility to explore/develop other resources. A Department representative may contact you to determine the amount of additional resources received.

Signature: The Funeral Home Director shall enter his signature and title in the space provided. (Blue Ink Only on Original) The name and address of the Funeral Home should be legibly entered in the spaces provided. The Funeral Home Director must date the form.

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Application for Burial Benefits

A. Applicant's Name _____ Phone _____
Address _____
City, State, Zip _____

B. Deceased's Name _____ Birth Date _____
Source of Income _____
DHHR Benefits Received _____
Address _____
City, State, Zip _____
Date of Death _____ Social Security Number _____

IMPORTANT NOTE: Application must be made within 30 days of Interment or Cremation.

Was the deceased a resident of West Virginia at the time of death?

Yes No Unknown

If the answer to this question is "No", explain why the deceased is to be buried in West Virginia.

C. Your Relationship to the Deceased (Check One)

<input type="checkbox"/> Spouse	<input type="checkbox"/> Other Relative (Specify)
<input type="checkbox"/> Son or Daughter	<input type="checkbox"/> Friend
<input type="checkbox"/> Father	<input type="checkbox"/> Heir
<input type="checkbox"/> Mother	<input type="checkbox"/> Other _____
<input type="checkbox"/> Brother or Sister	

D. Need for Payment of Burial Costs and Estate of the Deceased

I attest and state that:

- The deceased's estate did not have sufficient resources equal to the maximum allowable payment. (\$2,450)
- The deceased, at the time of death, did have sufficient resources equal to or in excess of the maximum allowable payment. (\$2,450)
- I have no knowledge of/or about the deceased's estate.

E. Heirs of the Deceased

I attest and state that:

- The deceased has no heirs.
- No heirs have been located after a reasonable search.
- I have no knowledge of/or about the heirs of the deceased.

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Affidavit of Responsible Relative

As provided in the West Virginia Public Welfare Law §9-5-9, it must be determined if certain relatives (i.e., children, father, brothers, sisters, and mother) who are designated by State Law as responsible for paying for the deceased's burial expenses and have the ability to pay the burial expenses. Please complete, sign, and date this document.

Name of Deceased: _____

Name of Responsible Relative: _____

Relationship to the Deceased: _____

I am applying to the _____(county) Department of Health and Human Resources for the cost of burial for _____(name).

I attest and state that my financial situation will:

- Not permit me to pay any amount toward the maximum allowable payment (\$2,450) allowed by the Department of Health and Human Resources.
- Permit me to pay \$_____ toward the maximum allowable payment (\$2,450) permitted by the Department of Health and Human Resources and which I agree to pay.
- Permit me to pay the maximum allowable payment (\$2,450) permitted by the Department of Health and Human Resources which I agree to pay.

Signature

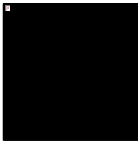
Date

Witness

Date

Witness

Date



STATE OF WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Bureau for Children and Families
Office of Children and Family Policy
Division of Family Assistance
350 Capitol Street, Room B-18
Charleston, West Virginia 25301-3705
Telephone: (304) 558-8290 Fax: (304) 558-2059

AFFIDAVIT OF BURIAL COST

Office of the County Clerk

RE: Estate of _____

Dear _____:

This is to inform you that the Department of Health and Human Resources wishes to note and file its claim for \$ upon the estate of _____, deceased. This claim is based upon the payment made by the Department for burial expenses as fully detailed in the Affidavit and Verification appearing below. Please forward this notice and accompanying documents to the personal representative of the estate.

Thank you for your time and effort in this matter.

Sincerely,

(Name and Title)
WV Department of Health and Human Resources

STATE OF WEST VIRGINIA
COUNTY OF _____, TO WIT;

AFFIDAVIT AND VERIFICATION

I, _____, an employee of the West Virginia Department of Health and Human Resources, do swear, affirm, and verify the following:

THAT the State of West Virginia, by its Department of Health and Human Resources, did expend \$ _____dollars (\$) to cover certain of the costs of burial of _____, decedent;

THAT attached are true copies of the application (Application for Burial Expense, DFA-BU-1) and the subsequently issued check in payment thereof, pursuant to the program authorized under Chapter 9-5-18 of the West Virginia Code.

THAT, in the event the assets of the decedent in the hands of the personal representative, after payment of charges of administration, are not sufficient to satisfy all the demands against the estate, the claim for payment of funeral expenses has priority pursuant to Section 44-2-21 of the West Virginia Code as amended; and

THAT the statements contained herein are true to the best of my knowledge and belief and that, where stated to be upon information I believe them to be true.

NAME

Taken, sworn, and subscribed to before me this _____ day of _____.

_____ My commission expires _____
NOTARY PUBLIC

APPENDIX B

TERMS AND DEFINITIONS

1. **INDIGENT BURIAL PROGRAM:** A program designed to provide a decent burial for persons who die and have no resources to pay for the interment costs at the time of death
2. **RESIDENCE:** Eligibility requirements require that the deceased must have been a resident of West Virginia at the time of death in order to be eligible for a burial payment. (See exception below). Individuals who have left West Virginia for the purpose of residing in other states, or who have become residents in other states, and later debase are ineligible for Burial Program benefits.
3. **EXCEPTION (RESIDENCE REQUIREMENTS):** One exception applies to the residence requirement. This occurs when a non-resident of West Virginia debase while traveling or visiting in the state and has no family, friends, or institution in the state of his residence that will assume responsibility for the funeral arrangements or otherwise claim the body. The Worker must verify that this situation exists before that case may be found eligible for payment.
4. **NEED:** Resources of the deceased shall consist of readily available liquid assets such as, but not limited to, life insurance policies, burial trust funds, cash, checking and/or savings accounts, certificates of deposit, etc. If the applicant indicates that, for a burial, the deceased had at least \$2,450 in available resources, the Worker must find the case ineligible for benefits.
5. **RESPONSIBLE RELATIVE(S):** One who is liable or one who simply wishes to pay the allowable amount of the burial. In this situation, the Worker must find the case ineligible for payment of burial.
6. **MAXIMUM ALLOWABLE PAYMENT:** A ceiling or limitation on the amount of payment that can be received by the funeral home when the Department participates in the payment of a burial.

The maximum allowable payment is also used to establish eligibility for a burial payment in relation to the resources of the deceased and to contributions made by responsible relatives.

Finally, the maximum allowable payment is used to establish the amount of resources received from sources other than the Department may be received by the funeral home before the maximum burial rate is reduced. The maximum allowable payment for burials is up to and not to exceed the amount of \$2,450.

7. **EXEMPTED RESOURCE AMOUNT:** The amount of resources that are **exempted** before being applied to the burial rate. The exempted resource amount is \$1,200.
8. **BURIAL RATE:** The maximum burial rate is the amount the Department will make toward the cost of all funeral-related expenses. The maximum allowable payment is not to be confused with the burial rate. The Burial Rate is the maximum amount the Department will pay toward the cost of a burial, \$1,250.

The exempted resource amount (\$1,200) + the burial rate (\$1,250) = the maximum allowable payment for burials is up to and not to exceed the amount of \$2,450.