

ADA COUNTY CREMATION ASSISTANCE APPLICATION

PLEASE READ THIS BEFORE FILLING OUT AN APPLICATION

GENERAL INFORMATION:

- ✚ The county will consider such applications only when no other alternative is available to the deceased or family.
- ✚ The county may offer assistance with payment for the following services:

***CREMATION**

LIMITATIONS – THE DECEASED MUST BE:

- ✚ An Ada County resident by legal definition
- ✚ Family, friend(s) or other party with authority may complete and file the application on an approved form, appear for an interview, and produce required documents.

THINGS TO CONSIDER BEFORE APPLYING:

- ◆ In reviewing all applications, the county will investigate the income and ability of the deceased's spouse or obligated party to work.
- ◆ A spouse may be required to reimburse the county for any funds expended on the deceased's behalf
- ◆ If federal, state or other programs or assistance are available to meet the need, an application for the eligible deceased must apply for those programs before the county may provide cremation assistance. If denied such other assistance, the 3rd party applicant must provide proof of denial.
- ◆ If the deceased's assets or resources were divested prior to applying for county assistance in order to become eligible, the application will be denied.

HOW DO I APPLY FOR NON-MEDICAL ASSISTANCE?

STEP 1: You must file and sign an application for assistance on an approved application form. **PLEASE COMPLETE FORM IN BLACK OR BLUE INK ONLY.** Applications will not be taken over the phone and only applications submitted on the approved application form will be considered. Once you have completed the application, state law requires that you appear for an interview. Interviews are conducted at Ada County Indigent Services at the address listed below. No appointments are necessary or scheduled for interviews.

STEP 2: You must bring the completed application with you to the interview. An interview will not be conducted unless you have the **completed** application with you at the time of the interview. You will not be allowed to use the interview time to complete the application.

Interview Location: **Ada County Indigent Services - 252 E. Front Street, Suite 199 - Boise, Idaho**

Interview Times: Cremation Interviews are conducted Monday-Friday between 8:00 a.m. – 3:30 p.m.

Parking is available on the East side of the County Courthouse in a Public Parking lot with a cost of \$1.00 per hour, first hour is free parking. Please enter this facility from Front Street.

Ada County Indigent Services
252 E. Front Street Suite 199
Boise, ID 83702
Telephone: 208-287-7960

**DOCUMENTATION THAT WILL NEED TO BE SUBMITTED AT THE TIME OF THE
INTERVIEW FOR CREMATION ASSISTANCE**

Please bring these items with you to the interview:

1. Proof of identity for yourself and for the deceased, such as your driver's license or photo identification card.
2. Social Security card and/or immigration card for the deceased.
3. Copies of the lease or rental agreements for the house, apartment or dwelling where the deceased lived. The deceased's name must be listed on lease or rental agreement.
4. Proof of all household income from all sources for the last two (2) months for the deceased, spouse and/or obligated party, including but not limited to:

Wage Stubs	Employer earning Statement	Settlements
Veteran Benefits	Social Security / SSI	Unemployment
Child Support	Alimony	Retirement / Pension

5. The last two (2) months of bank statements including checking, savings, escrow and credit union accounts for the deceased, spouse, and obligated party, if any. Also, please provide source documentation of all deposits and/or transfer of funds from the accounts.
6. If self-employed, the year-to-date bookkeeping records including sales and expense records, & 1099's.
7. Proof of filed applications or documents from agency showing current benefit amount or eligibility for the deceased, spouse, and/or obligated party, including, but not limited to:

Unemployment benefits	Worker's Compensation	Social Security
Medicare	Medicaid	Food Stamps
TAFI	AABD	Housing
Rental / Energy Assistance	Crime Victims Compensation	

8. Proof of the monthly expenses (including balances/arrears owed) for the deceased, spouse, and/or obligated party, including:

Current months' rent	Land / House Payment	Space Rent
Child Support	Childcare	Medical Expenses
Auto Insurance	Alimony	All Insurance
Utility Bill	Auto Payments	other monthly expenses

(Deceased's name or spouse's name must appear on bill or bill must be in landlord's name)

Date Received by Indigent Services

ADA COUNTY CREMATION ASSISTANCE APPLICATION

DECEASED'S NAME (please print): _____

Deceased's Photo ID submitted: Deceased's Social Security Card submitted:

TYPE OF ASSISTANCE REQUESTED

FUNERAL HOME TO BE PAID	DATE OF PASSING	CAUSE OF DEATH	TYPE OF SERVICE	AMOUNT REQUESTED
Name: Street: City: State Telephone: Contact:				

Do you need an Interpreter? Language: _____

Please provide the following information:

Your name (please print): _____

Your relationship to the deceased: _____

Your address: _____

Your phone number: _____

Today's Date: _____

Third Party Applicant Signature

DECEASED'S INFORMATION

First Name		Middle Name		Last Name		Date of Birth	Social Security Number
Current Address (Street, City, State, Zip Code)				How long at this address?		Marital Status	Maiden Name/Aliases
Mailing Address (if different)							
Landlord Name:				Phone:			
Phone – Home	Work	Cell	Message	Currently Employed? Yes No	Native American Tribe?		
Did the Deceased or spouse served in the military? DECEASED: ___ YES ___ NO SPOUSE: ___ YES ___ NO							
Deceased:		<u>Dates of Service</u>		<u>Discharge Date</u>		<u>Branch</u>	
Spouse:							
U.S. Citizen ___ YES ___ NO Alien ID #				Sponsor Name:			
List all agencies with whom an application for assistance with cremation costs was submitted:							
<u>Name of Agency</u>		<u>Date you applied</u>			<u>Status of your application</u>		
List all property (real and personal) the Deceased sold or gave away in the last three months							
<u>Description</u>	<u>Date Disposed</u>	<u>Value of Property</u>	<u>Sold To</u>	<u>Given To</u>			
If the Deceased or spouse have any pending legal actions that might result in a monetary award, such as a lawsuit, insurance claim, accident claim, crime victim's compensation claim, divorce, inheritance, etc., please provide details, including case or reference number, date filed & status:							

RESIDENCE

List the address(es) of where the Deceased lived for the past two (2) months:

Address	Dates of Residence	Landlord
1) Address	From:	Name
City: State County:	To:	Phone:

HOUSEHOLD MEMBERS

Provide the names and information of the Deceased's spouse and minor children, if any, who live at the Deceased's residence:

NAME	DOB	AGE	RELATIONSHIP TO DECEASED	SS#

DECEASED'S EMPLOYMENT HISTORY

Provide the following information beginning with the Deceased's current or most recent job:

Name & Address of Employer	Employer's Phone	Date Hired	Date Ended	Rate of Pay	#Hours/Week
Type of work performed		Has a final paycheck been issued?			

SPOUSE'S EMPLOYMENT HISTORY

Name & Address of Spouse's Employer	Employer's Phone	Date Hired	Date Ended	Rate of Pay	#Hours/Week
Type of work performed		If no longer employed, list reason:			

FINANCIAL INFORMATION

Answer all questions that pertain to the Deceased's spouse or obligated party. If the Deceased's name appears on any document listed below, you must answer the question with a YES.

FINANCIAL ASSETS	YES	NO	ACCOUNT NAME/BANK TITLE & ADDRESS		AMOUNT/VALUE
Checking Account					\$
Savings Account					\$
Line of Credit					\$
Certificates of Deposit					\$
Life Insurance Policies					\$
Stocks/Bonds, Mutual Funds, Trusts, Annuities, IRA					\$
Burial Plot(s)					\$
Retirement Pension					\$
Cash on Hand					\$
REAL/PERSONAL PROPERTY			Description/Location of Property	Current Value	Amt.Owed
Home					\$
Land					\$
Mobile Home					\$
Rental Property					\$
Vehicle					\$
Vehicle					\$
Trailer/Camper					\$
Recreational Vehicles – Boats, Snowmobiles, etc.					\$
Equipment/Machinery					\$
Livestock					\$
Mining Claims					\$

INCOME

EARNINGS	SOURCE		MONTHLY AMOUNT	
	DECEASED	SPOUSE		
Gross Wages			\$	
Self-Employment Income			\$	
Severance Pay			\$	
UNEARNED INCOME	APPLIED FOR		RECEIVING	
	YES	NO	DECEASED	SPOUSE
Social Security			\$	\$
SSI			\$	\$
Child Support/Alimony			\$	\$
Rental Income			\$	\$
Divorce property settlement			\$	\$
Unemployment Benefit			\$	\$
Worker's Compensation			\$	\$
Veteran's Benefits			\$	\$
Retirement/Pension			\$	\$
Tribal Assistance			\$	\$
Educational Loans/Grants			\$	\$
Interest/Dividends			\$	\$
Inheritance			\$	\$
Lawsuit Settlement			\$	\$
Church Assistance			\$	\$
Food Stamps			\$	\$
TAFI			\$	\$
Subsidized Housing/Utility			\$	\$
Energy Assistance			\$	\$
Income Tax Refunds/EIC			\$	\$
Subsidized Child Care			\$	\$
Sale of personal belongings			\$	\$
Sale of property (real/personal)			\$	\$

LIVING EXPENSES of Deceased, Spouse and/or Obligated Party

HOUSING/UTILITIES	PAID TO:	MONTHLY AMOUNT	COUNTY ALLOWABLE (to be filled in by staff)
Rent/Mortgage			
Space/Lot Rent			
Homeowner's Insurance			
Property Taxes			
Electricity (12 mo. avg./level pay)			
Gas (12 mo. avg./level pay)			
Water			
Garbage			
Sewer/Trash			
Phone			
EDUCATION/JOB RELATED			
Child Care			
Car/Truck Payment			
Auto Insurance			
Fuel/Auto Maintenance			
Bus Pass			
MEDICAL/HEALTH CARE			
Doctors			
Hospital			
Prescriptions			
Health Insurance Premiums			
HOUSEHOLD			
Groceries			
Non-food/Miscellaneous			
Court Ordered Costs			
Court Ordered Child Support			
Credit Cards (for medical bills only)			
Clothing			
Laundry			

Name of Deceased: (print) _____

Name of Spouse: (print) _____

RELEASE OF INFORMATION NON-MEDICAL COUNTY ASSISTANCE

In order to cooperate fully with the investigation and determination of my application for county non-medical assistance, I hereby authorize representatives from the Ada County Indigent Services Department to discuss my application with and to secure information, data, copies and records from my relatives, bankers, credit unions, physicians, hospitals, creditors and any other persons or organizations including, but not limited to the State Department of Health and Welfare, Social Security Administration, all branches of the United States Military, Tribal Records, law enforcement agencies, courts, Idaho Department of Labor, or employers having any information concerning me or my circumstances that said county representative feels is pertinent to the investigation of my application.

I hereby authorize Ada County to release to and exchange pertinent information regarding this application, the contents thereof and action taken thereon with all parties of interest, including, but not limited to those listed herein. I acknowledge that my application for assistance waives any and all confidentiality granted by state or federal law to the extent necessary to carry out the intent of Idaho Code Title 31 Chapter 34 regarding my application. I hereby authorize a copy of this agreement to be used when necessary and give it full force as the original.

I understand that I may revoke this consent at any time by submitting to the Ada County Indigent Services Department a written document signed by me and notarized except to the extent that action has been taken in reliance on it, and that unless consent is sooner revoked, this release is valid as long as it is pertinent to this application. I also understand that if I revoke this consent, to the extent it prevents or substantially interferes with the completion of the investigation of my application, it may result in my application being denied. **I understand that by accepting assistance from the county, I agree to repay the county for all or any portion of expenses paid on my behalf as determined by the Board of County Commissioners.**

By my signature I apply for county assistance and I hereby certify under penalty of perjury that the information contained in my application for county assistance is true and correct to the best of my knowledge.

Dated this _____ day of _____, 20____.

Signature of Deceased's Spouse

Signature of Obligated Party

NOTARY

On this _____ day of _____, 20____,

_____ personally appeared before me and proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is(are) subscribed to this instrument and acknowledged to me that he/she (they) executed the same.

SEAL

Notary Public for Idaho
Residing at:
My Commission Expires: