



Burial / Cremation Assistance

The burial / cremation assistance program is designed for those deceased persons who are determined to be indigent and have no family or resources to pay for their burial expenses.

If the family submits an application to the County for burial / cremation assistance, particularly immediate family, their income and resources will be considered in determining if the deceased's immediate family is indigent.

The applicants will be required to provide verification of all income, resources, assets, and expenses before a final decision will be made. If assistance is provided to the family, the family will be required to reimburse the County for said assistance rendered.

Any 3rd party applicant, such as the coroner or mortician, must have first established that there are no resources belonging to the deceased and/or tried to negotiate a payment arrangement with the family to pay for burial expenses, over a reasonable amount of time, and found them unable to do so.

If the deceased or the deceased's spouse owned property at the time of his/her death, he/she will not be determined to be indigent.

All burials will be in the County's plot at the Mountain View Cemetery. No head stones are allowed in this section.

Application must be made prior to any services being rendered, but services need not wait for the county's decision of approval or denial. However, submitting an application to the county does not obligate the County or guarantee a decision of approval, and any services performed will be the responsibility of the family. Application to the County for mortuary or burial services made after the services have been performed will be automatically denied.

Any person that withholds or gives false information on an application for purposes of obtaining County aid to which they would not otherwise be entitled shall be guilty of a misdemeanor.

IDAHO CODE

31-3412: Indigent burial – It shall be the duty of the board to provide for burial or cremation of any deceased indigent person. The amount paid by the obligated county shall not in any case exceed the established or negotiated rate set by each board. If the coroner, mortician or other responsible parties are unable to establish next of kin or other resources, they may make application to the board. Application must be made prior to services rendered and pursuant to terms of negotiated agreement. The county shall be free from any liability for said burial or cremation. [I.C., 31-3412, as added by 1992, ch. 83, para. 3, p. 256.]

see also:

Bannock County Resolution No. 2002-92 : Procedures for the Burial of Indigents

FOR COUNTY USE ONLY:

DATE RECEIVED BY COUNTY:

BURIAL / CREMATION ASSISTANCE APPLICATION

TO COMPLETE THE APPLICATION PROCESS THE APPLICANT MUST:

1. Provide verification of all applicable income, assets, resources, and expenses for the deceased and applicant household information listed on the REQUIRED INFORMATION sheet to your caseworker at the time of your interview.
2. Attend the scheduled interview at the County Services office located in the Bannock County Courthouse located at 624 E. Center St., Room 106, Pocatello, Idaho.

I/We are requesting a: **Burial** **Cremation** for _____
 (\$1,200.00) (\$1,200.00) (deceased)

If requesting cremation, applicant will be responsible for the remains. If requesting burial, the deceased will be buried in the County plot. (Headstones are not allowed in this section).

Funeral Home handling burial / cremation services is: _____

My name is: _____

Relationship to the deceased: _____

- Was the deceased a citizen of the United States? Yes No
- Have you applied for the Social Security Burial Benefit for the deceased?..... Yes No
- Was the deceased a Veteran? Yes No
- If yes, was the deceased honorably discharged? Yes No
- Was the deceased receiving a Veteran Pension / Retirement ? Yes No
- To your knowledge, did the deceased have a partial or full burial policy? Yes No
- If yes, with what company or agency is the policy with? _____
- To your knowledge, did the deceased have a life insurance policy?..... Yes No
- If yes, with what agency or company is the policy with? _____

AFFIDAVIT OF RESIDENCY

I, _____ (Applicant), hereby state for the purposes of applying for Indigent Services from Bannock County, Idaho, that for the last **12 MONTHS** the deceased lived at the following residence(s). I understand that the term “residence” is defined in Idaho Code 31-3502 to mean “a physical presence with a home, house, place of abode, habitation, dwelling or place where one actually lives.” Temporary stays for seasonal work, schooling, or nursing home/hospital stays are not counted as part of the 12 month period. Complete the following list, reporting the current place of residence first.

List addresses from the current address first then work back.

ADDRESS OF RESIDENCE	DATES OF RESIDENCE
1. <i>(Street)</i>	/ / / -TO- / / /
<i>(City & State)</i>	
<i>(County)</i>	
2. <i>(Street)</i>	/ / / -TO- / / /
<i>(City & State)</i>	
<i>(County)</i>	
3. <i>(Street)</i>	/ / / -TO- / / /
<i>(City & State)</i>	
<i>(County)</i>	
4. <i>(Street)</i>	/ / / -TO- / / /
<i>(City & State)</i>	
<i>(County)</i>	

DECEASED & SPOUSE/APPLICANT INFORMATION

NAME OF DECEASED: _____
(Last) (First) (Middle)

DATE OF BIRTH: ____ / ____ / _____ SOCIAL SECURITY NUMBER: ____ - ____ - _____

MOST RECENT PHYSICAL HOME ADDRESS: _____
(Street Address)

(City) (State) (Zip) (County)

If the deceased was in a nursing home, hospital, or other temporary care institution at time of death, please list the name & address of that facility:

Name: _____

Address: _____
(Street) (City) (State)

MARITAL STATUS: SINGLE MARRIED SEPARATED WIDOWED DIVORCED

PREVIOUS NAMES USED: (A.K.A.) _____

NAME OF SPOUSE _____
(Last) (First) (Middle)

DATE OF BIRTH: ____ / ____ / _____ SOCIAL SECURITY NUMBER: ____ - ____ - _____

ADDRESS (if different than above) _____

TELEPHONE _____ CELL PHONE _____

NAME OF APPLICANT _____
(Last) (First) (Middle)

DATE OF BIRTH: ____ / ____ / _____ SOCIAL SECURITY NUMBER: ____ - ____ - _____

ADDRESS (if different than above) _____

TELEPHONE _____ CELL PHONE _____

ASSETS of the DECEASED and SPOUSE

FINANCIAL ASSETS	AGENCY NAME & ADDRESS	CURRENT BALANCE
CHECKING ACCOUNT <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
CHECKING ACCOUNT <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
SAVINGS ACCOUNT <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
AVAILABLE LINES OF CREDIT: <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
CASH VALUE ON LIFE INS. <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
SAFE DEPOSIT BOX <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
IRA / CD <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
STOCKS, BONDS, MUTUAL FUNDS, ANNUITIES, ETC. <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
RETIREMENT - CASH VALUE <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
TAX REFUND	FEDERAL: DATE SENT: DATE RECEIVED:	\$
	STATE: DATE SENT: DATE RECEIVED:	\$
CASH ON HAND		\$
OTHER		\$

<u>REAL & PERSONAL PROPERTY / ASSETS</u>	MARKET VALUE	BALANCE OWING	EQUITY
HOME/MOBILE HOME	\$	\$	\$
REAL ESTATE PROPERTIES:	\$	\$	\$
VEHICLES: (YEAR, MAKE & MODEL)			
1.	\$	\$	\$
2.	\$	\$	\$
RECREATIONAL VEHICLES: (SNOWMOBILES, CAMPERS, TRAILERS, BOATS, ETC.)	\$	\$	\$
BURIAL PLOT(S)	\$	\$	\$
OTHER ASSETS	\$	\$	\$

Did the deceased or spouse sell or give away any property / real estate within the last year? Yes No

If Yes, describe what, when, and for how much: _____

Did the deceased or spouse have any actions pending (such as lawsuits, inheritance, accident claim, insurance settlements, etc?) from which you may receive any money: Yes No

If Yes, type and approx. amount and dates of settlement: _____

ASSETS of the APPLICANT (if other than spouse)

NAME: _____

FINANCIAL ASSETS	AGENCY NAME & ADDRESS	CURRENT BALANCE
CHECKING ACCOUNT <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
CHECKING ACCOUNT <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
SAVINGS ACCOUNT <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
AVAILABLE LINES OF CREDIT: <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
CASH VALUE ON LIFE INS. <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
SAFE DEPOSIT BOX <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
IRA / CD <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
STOCKS, BONDS, MUTUAL FUNDS, ANNUITIES, ETC. <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
RETIREMENT - CASH VALUE <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
TAX REFUND	FEDERAL: DATE SENT: DATE RECEIVED:	\$
	STATE: DATE SENT: DATE RECEIVED:	\$
CASH ON HAND		\$
OTHER		\$

<u>REAL & PERSONAL PROPERTY / ASSETS</u>	MARKET VALUE	BALANCE OWING	<u>EQUITY</u>
HOME/MOBILE HOME	\$	\$	\$
REAL ESTATE PROPERTIES:	\$	\$	\$
VEHICLES: (YEAR, MAKE & MODEL)			
1.	\$	\$	\$
2.	\$	\$	\$
RECREATIONAL VEHICLES: (SNOWMOBILES, CAMPERS, TRAILERS, BOATS, ETC.)	\$	\$	\$
BURIAL PLOT(S)	\$	\$	\$
OTHER ASSETS	\$	\$	\$

INCOME

<u>DESCRIPTION</u>	<u>SOURCE</u>	<u>DECEASED</u>	<u>SPOUSE</u>	<u>APPLICANT</u>
GROSS WAGES - EMPLOYER		\$	\$	\$
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T.A.F.I.		\$	\$	\$
CHILD SUPPORT and/or ALIMONY		\$	\$	\$
FOOD STAMPS		\$	\$	\$
SOCIAL SECURITY RETIREMENT		\$	\$	\$
SOCIAL SECURITY DISABILITY (SSD)		\$	\$	\$
SOCIAL SECURITY SUPPL. INCOME (SSI)		\$	\$	\$
AABD GRANT		\$	\$	\$
PENSIONS and/or IRA PAYMENTS		\$	\$	\$
WORKMAN'S COMPENSATION		\$	\$	\$
UNEMPLOYMENT BENEFIT INCOME		\$	\$	\$
INSURANCE INCOME / SETTLEMENT INCOME		\$	\$	\$
ESCROW INCOME / RENTAL INCOME		\$	\$	\$
GARNISHMENT INCOME		\$	\$	\$
TRIBAL LAND INCOME / PER CAPITA PAYMENTS		\$	\$	\$
OTHER		\$	\$	\$

OATH

I/We do hereby solemnly swear and affirm that I/we have fully examined and understand the contents of this application and the information provided by me/us is true and correct.

I/We understand that any information given or withheld with regard to this application is subject to investigation prior to and after the final decision on my request for assistance, and upon recognition of any falsehood for purposes of obtaining county assistance will result in the application being denied, and I/we may be prosecuted to the fullest extent of the law.

REIMBURSEMENT

I/We understand that I/we will be required to reimburse Bannock County, State of Idaho, for any financial assistance which I/we have requested.

I/We accept the responsibility to immediately contact Bannock County to make reimbursement arrangements and/or notify a representative of Bannock County of any subsequent changes in my/our circumstances relative to the application and reimbursement.

I/We understand that failure to comply with the reimbursement requirements may result in Bannock County filing a lawsuit against me. I/We understand that this may lead to a legal judgment against me, garnishment of my wages, and a lien against my property.

Dated this _____ day of _____, 20_____.

(Signature)

STATE OF IDAHO)
:ss
County of Bannock)

On this _____ day of _____, 20_____, before me, a Notary Public in and for said County and State, did personally appear the applicant, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he/she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

(SEAL)

Notary Public for Idaho
My commission expires: _____

REQUIRED INFORMATION

The following information is required when applying for county assistance. You must provide the relevant information where applicable for all household members of the deceased and spouse (if applicable) and for any immediate family member who is applying for assistance to the Bannock County Services Office at the time of your interview. *(The documentation should include your name, your monthly payment amount, and the balance owing. If you get a monthly billing statement for the expense, bring in the statement for the most recent month. Otherwise, bring in the applicable lease or contract agreement.)*

IF THE INFORMATION IS NOT PROVIDED AT THE TIME OF THE INTERVIEW, YOU WILL BE REQUIRED TO DO SO FOLLOWING YOUR INTERVIEW AND THIS MAY DELAY YOUR DECISION.

IDENTIFICATION:

- Picture ID (Driver's license, school I.D., etc.) for All members of the household
- Social Security cards for All members of the household.

INCOME / ASSETS / BENEFITS:

Verification of all household income for the past three (3) months (including but is not limited to):

- | | | |
|---|--|---|
| <input type="checkbox"/> Wage Stubs | <input type="checkbox"/> Survivor Benefits | <input type="checkbox"/> Rental Income / Escrow Income |
| <input type="checkbox"/> Self Employment Records* | <input type="checkbox"/> Food Stamps Benefits | <input type="checkbox"/> Tribal Land-Trust / Per-Capita |
| <input type="checkbox"/> Unemployment Benefits | <input type="checkbox"/> TAFI Benefits | <input type="checkbox"/> Garnishment Income |
| <input type="checkbox"/> Retirement Pension | <input type="checkbox"/> ICCP Benefits | <input type="checkbox"/> Investment Income |
| <input type="checkbox"/> Worker's Compensation | <input type="checkbox"/> SSI and/or SSD Benefits | <input type="checkbox"/> IRA / Retirement Income |
| <input type="checkbox"/> School Financial Aid | <input type="checkbox"/> Social Security Retirement Cash | <input type="checkbox"/> Settlement Payments |
| <input type="checkbox"/> Alimony | <input type="checkbox"/> Veteran Disability/Pension | <input type="checkbox"/> Family Financial Assistance |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Crime Victims Compensation | <input type="checkbox"/> Other |

*If self-employed, provide a year-to-date **Profit and Loss Statement** for the business.

- Life, Health, and Burial Insurance policies.

Bank / Credit Union / Investment Income statements for all: (provide the past three (3) months of each)

- | | | |
|--|--|---|
| <input type="checkbox"/> Checking | <input type="checkbox"/> Stocks | <input type="checkbox"/> Mutual Funds |
| <input type="checkbox"/> Savings | <input type="checkbox"/> Bonds | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Money Market Accounts | <input type="checkbox"/> Certificates of Deposit | <input type="checkbox"/> Retirement Investments |

(If you don't have these, please get a print-out from your bank/credit union, brokerage firm / investment house)