

# Indigent Burial - Program Eligibility

Eligibility for the Indigent Burial Program is NOT automatic. This program is available only for those who have resided in Ravalli County for a minimum of six months preceding death. The Applicant may be required to meet with the Ravalli County Commissioners prior to any approval of Indigent Burial Funding. Please be prepared to address the issues as cited below.

A person is indigent for the purposes of this program only if all income and resources of the decedent *and* decedent's surviving spouse and adult children (if any) available to pay for decedent's burial is less than \$1200.

Final determination of qualification rests with the Ravalli County Commissioners.

Ravalli County does not provide supplemental assistance for funeral services.

Applicant and the decedent's estate are required to reimburse Ravalli County for benefits provided if decedent no longer qualifies as being indigent as defined herein at any time within two years following decedent's death.

Ravalli County will not consider eligibility until at least 45 days have elapsed since the death of the decedent.

DECEDENT NAME: \_\_\_\_\_ DATE OF DEATH: \_\_\_\_\_

Applicant must sign this application. By signing, applicant verifies under penalty of perjury that all information provided is true, complete and accurate. In the event any of the information provided is material false or misleading, applicant will be liable to Ravalli County to reimburse the County for any benefits provided and for the County's cost of collection and suit, including attorney fees.

\_\_\_\_\_  
Applicant:

\_\_\_\_\_  
Applicants Phone:

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Applicants Signature

## REQUIRED

The following information must be provided for decedent, decedent's spouse (if any), and for each of decedent's surviving adult children. Ravalli County will not consider incomplete applications. (If the decedent was an unmarried minor at the time of death, the following information must be disclosed for decedent and decedent's parents and guardians.)

1. ID (ex: Driver's License, Picture ID, Voter Registration Card, etc.)
2. Name and contact information for spouse and all adult children.
3. Proof of income from the past 3 months.  
Example: A print-out sheet from unemployment compensation W-2 Statement, 3 months check stubs, or a letter verifying 3 months of income, or a wage form completed by the decedent's employer(s), if the decedent was employed. Statement of pension benefits, etc.
4. Current lease, past 3 months rent receipts, or a statement verifying living arrangement. If the decedent owned property, then a legal description of the property is required. **Ex: Tax Statement**
5. Proof of checking and/or saving account values, stocks and/or bonds and certificate of deposit, if applicable. Submit a statement history of 6 months to current date.

6. Proof of life insurance, if applicable
7. If the decedent was in a nursing home, statement from the nursing home verifying date of admission.
8. Verification of date of decedent's death.

# Statement of Monthly Income

NET GROSS NET GROSS

Employment \$ \_\_\_\_\_

Unemployment Comp. \$ \_\_\_\_\_

Worker's Compensation \$ \_\_\_\_\_

Social Security \$ \_\_\_\_\_

Child Support \$ \_\_\_\_\_

VA Benefits \$ \_\_\_\_\_

Other Sources \$ \_\_\_\_\_

## Monthly Expenditures

Housing *Rent or Mortgage* \$ \_\_\_\_\_

Utilities \$ \_\_\_\_\_

## Resources

### Liquid Assets

(Ex: Bank Accounts, Stocks, Bonds, CDs, etc.) **Cars / Trucks**

Bank Account:

Location: \_\_\_\_\_

Balance: \_\_\_\_\_

### Vehicles and Titled Property (Ex: Boat, RV, Equipment)

Model \_\_\_\_\_ Year \_\_\_\_\_

Model \_\_\_\_\_ Year \_\_\_\_\_

Model \_\_\_\_\_ Year \_\_\_\_\_

# EMPLOYMENT HISTORY

Five-Year Employment History:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Title: \_\_\_\_\_

Start Date: \_\_\_\_\_

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Hourly Earnings: \_\_\_\_\_

Hourly Earnings: \_\_\_\_\_

Hours Per Week: \_\_\_\_\_

Hours Per Week: \_\_\_\_\_

**(Indigent Burial Application Form approved by Commissioner on Feb. 1, 2017)**