

JACKSON COUNTY GENERAL ASSISTANCE

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Assistance Application – Cremation

Please read the application in its entirety before applying for assistance.

- Jackson County assistance may be available when no other resources or assistance is available.
- Resources include but are not limited to, assistance from family members, assets of the deceased, other public assistance, memorial, or funds donated or raised in support of services for the decedent, Jackson County is the payee of last resort.
- Deceased must be a resident of Jackson County as defined by Iowa Code § 331.394
- Cremation services must be agreed to by a provider.
- Income of the surviving spouse must be within General Relief Program income standards unless an exception is granted.
- Jackson County may recover any assistance provided by filing a claim against the decedents estate as provided by law.

Is decedent a Veteran? Yes No

If yes, application will be referred to the Veteran's Affairs Office, at which time additional information may be necessary.

To apply for assistance through Jackson County:

- Contact the General Assistance office within 72 hours of death, indicating assistance is needed; leave a voicemail if necessary.
- Fill out application in its entirety.
- Gather all required documentation.
- Call to schedule an appointment to review application and documentation, 563-652-1710.
- Incomplete applications (including non-submission of required documentation) will result in delay of determination and may cause application to be denied.

Information required in addition to the completed application:

- Photo ID (deceased and applicant)
- If decedent ID does not have current address, other proof of residency is required.
- Social Security card for the deceased
- Proof of monthly household income
 - Written proof of household gross income for prior eight-weeks, including but not limited to Social Security (SSI, SSDI), child support, alimony, FIP, food assistance (SNAP), work check stubs, Section 8 Housing allowances, pension, unemployment, worker's compensation, money provided by family or friends. An employer statement of earnings form is required if check stubs are not available or if you work for cash.
- Statements for all checking, savings, or direct express accounts, including any P2P account including Cash App, Way2Go or any equivalent. Current month showing transactions since last statement cutoff and balance to date PLUS one full month statement prior
- Funeral home estimate of services not exceeding assistance guidelines (the General Assistance office obtains directly from the funeral home).

PRIOR TO ASSISTANCE BEING GRANTED

All available resources must first be exhausted. If other resources exist however are non-sufficient to cover costs associated with cremation, they will be taken into consideration and may be deducted from the county allowance, **including but not limited to:**

- Insurance payments
- Social Security Burial benefit
- Decedent's cash savings, checking, bonds, etc.
- Any assets belonging to the decedent that could be sold
- Contributions from the family
- Any Veteran's Affairs allowances
- Death benefits may be available from employment, railroad retirement, pension plans, VA benefits, life insurance policies, prepaid burial agreements, or Social Security. The family of the decedent must apply for these benefits and apply them to the cost of cremation.
- All funds generated from memorials or funds raised in support of decedents services must be applied to the cremation costs.

If the family/representative of the decedent discovers a death benefit, savings account, or other resource after county paid cremation, they are required to notify the county immediately. If the family/representative of the decedent would have been ineligible because of the resources, they may be held responsible to reimburse actual costs of services spent by the county on behalf of the decedent.

Income of a surviving spouse must be within General Relief Program income standards unless an exception is granted.

COVERED SERVICES

CREMATION – Terms must be accepted by provider.

Maximum payment \$1,600.00 considered payment in full for reasonable and necessary expenses.

Payment is all-inclusive of the following services, included services must be agreed upon by the provider of services.

For a qualified applicant, Jackson County will pay only the following items for Cremation Services.

- Transfer of decedent to funeral home within 25 miles.
- Alternative Sanitary Care
- Medical examiners cremation permit fee
- Cremation fees
- Vehicle to crematory
- Abbreviated arrangement conference at the funeral home
- Minimal basic container for ashes, or place ashes into container provided by the family
- A one-hour private viewing at funeral home for immediate family only; however, no visitation of decedent prior to cremation. (Liturgical honorarium to be paid directly to officiate from the family.)
- Prepare and file death certificate
- Prepare and place minimum obituary in local newspaper (death notice)
- Prepare and file notification of death with Social Security Administration
- Prepare and file request for VA allowances and or benefits

Any additional services not listed here-in, are excluded.

County-paid cremation cannot be added to or upgraded.

*** Exception to upgrades for Military Honors which will be allowed.**

Applicant(s) Acknowledgement:

I (name) _____, relationship _____ to decedent (family member, next of kin, representative), herein after referred to as applicant(s), on behalf of _____ decedent, hereby state that:

Initial each to acknowledge each:

- ____ I/we are unable to pay for, and the decedent does not have funds available, to pay for costs associated with cremation.
- ____ Have provided all information available concerning the decedent's assets at the time of death to the best of My / our knowledge.
- ____ Understand any cash or cash accounts belonging to the decedent, any death or burial benefit payable, any memorial funds, or funds raised in support of decedents services, must be used to pay for services and those amounts shall be credited against any amount payable by Jackson County.
- ____ Understand that giving false information in this application and/or to the General Assistance staff is unlawful, can be considered fraud and may be referred to the Jackson County Attorney for court action. It may also result in my becoming permanently ineligible for future assistance.
- ____ Understand failure to comply may result in the applicant being responsible for the full cost associated with cremation or burial.
- ____ I have read, understand, and agree to comply with Jackson County's requirements and restrictions for indigent cremation assistance.
- ____ Understand that I/we may elect to pursue other options for cremation directly with the funeral home without county assistance; however
- ____ Are requesting Jackson County provide cremation or burial assistance to the above-named decedent.
- ____ If any death benefit, savings account, or other resources are discovered after county paid cremation, I understand I am required to notify the county assistance office immediately.

| | |
|---|--------------------------|
| Applicant Name | Relationship to Decedent |
| Signature of Applicant | Date |
| Signature of Director or Intake Officer | Date |

Application Information: Is to be completed for the decedent based on information immediately preceding death including any surviving spouse.

THIS SECTION FOR OFFICE USE ONLY

Contact Date: _____ / _____ / _____

Client ID: _____

Applicant Information – Please Print

Applicant Name: _____ Contact Phone No: _____ - _____ - _____

Addresss: _____ Email: _____

Relationship to Decedent: _____

Decedent Information – Please Print

Decedent Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ State: _____ Zip: _____ County: _____

Date of Death: _____ / _____ / _____ Place of Death: _____

DOB: _____ / _____ / _____ SSN: _____ - _____ - _____

Marital Status at the time of death: Married Single Divorced Widowed

Did the decedent have minor children under the age of 18 living at home? Yes No

At the time of death did the decedent: Own Rent Nursing Home Other _____

Decedents Monthly Income:

Employment \$ _____ Unemployment \$ _____ Family Investment Program

Pension \$ _____ Worker's Compensation \$ _____ (FIP) Assistance \$ _____

Social Security \$ _____ Child Support/Alimony \$ _____

Social Security Death Benefit: If receiving Social Security, Social Security pays a funeral/death benefit in the amount of \$255.00 payable to the surviving spouse or minor children. If assistance is approved, the applicant shall reimburse Jackson County \$255.00 upon receipt of this payment.

Decedents Assets:

Life Insurance Value \$ _____ Company: _____

Residential Trust Account Amount \$ _____ Financial Institution: _____

Checking Balance \$ _____ Financial Institution: _____

Savings Balance \$ _____ Financial Institution: _____

Stock/Bonds Value \$ _____ Interest or Dividends \$ _____ Other Income \$ _____

Vehicle Value \$ _____ Year _____ Make _____ Model _____

Real Estate Value \$ _____ Location: _____

Other Assets: _____

Other Household Income – Please Print

One household income form to be completed by each adult relative living in the household at the time of death
Make copies or ask for additional pages if multiple adult relatives residing in the decedents home.

Name: _____ Relationship to Decedent: _____

Phone No: _____ - _____ - _____ Email: _____

Do you have minor children under the age of 18 living in the home with you? Yes No

If yes, ages: _____

Monthly Income:

Employment \$ _____ Unemployment \$ _____ Family Investment Program

Pension \$ _____ Worker's Compensation \$ _____ (FIP) Assistance \$ _____

Social Security \$ _____ Child Support/Alimony \$ _____

All other sources of income and amount(s) \$ _____

Assets:

Cash on hand: \$ _____ Checking: \$ _____ Savings: \$ _____

Other Cash Assets: _____

As an adult relative and member of the decedent's household, I hereby state that the above information is accurate and truthful.

Printed Name

Signature

Date

Other Household Income – Please Print

One household income form to be completed by each adult relative living in the household at the time of death
Make copies or ask for additional pages if multiple adult relatives residing in the decedents home.

Name: _____ Relationship to Decedent: _____

Phone No: _____ - _____ - _____ Email: _____

Do you have minor children under the age of 18 living in the home with you? Yes No

If yes, ages: _____

Monthly Income:

| | | |
|--|--------------------------------|---------------------------|
| Employment \$ _____ | Unemployment \$ _____ | Family Investment Program |
| Pension \$ _____ | Worker's Compensation \$ _____ | (FIP) Assistance \$ _____ |
| Social Security \$ _____ | Child Support/Alimony \$ _____ | |
| All other sources of income and amount(s) \$ _____ | | |

Assets:

Cash on hand: \$ _____ Checking: \$ _____ Savings: \$ _____

Other Cash Assets: _____

As an adult relative and member of the decedent's household, I hereby state that the above information is accurate and truthful.

Printed Name

Signature

Date

CONSENT FOR RELEASE OF INFORMATION

I hereby authorize Jackson County General Assistance authority to release the information I have provided throughout this application (including use of social security numbers) for the purpose of checking the accuracy of that information by contacting any local, state or federal government agency, private business, church, firm, agency, any financial institution, funeral home, YWCA DV/SA Resource Centers of Jackson & Clinton Counties and any others as appropriate to determine assistance under the Jackson County General Relief Program. Furthermore, I specifically authorize release of this information to: (list any other specific providers).

I also authorize Jackson County General Assistance authority to obtain information from, and inform any and all vendors to whom assistance would be paid on my behalf, whether my application has been approved or denied. In addition, I hereby authorize all of the previously named agencies and persons as well as all persons (doctors, employers, Department of Human Services (DHS), Social Security (SSA) funeral homes, other Relief or Veterans Affairs Offices, banks, etc.) to release confidential information to Jackson County General Assistance if such information is necessary to process this application. This release is valid for one (1) year from the date of signature.

I solemnly swear that the statements I have made are true and correct to the best of my knowledge and belief.

Signature of Applicant

Date

Signature of Director or Intake Officer

Date

INCLUDE REQUIRED DOCUMENTATION

Incomplete applications (including non-submission of required documentation) will result in delay of determination and may cause application to be denied.

- Photo ID of Decedent
- Photo ID of Applicant
- If decedent ID does not have current address, other proof of residency required (utility bill, voter registration).
- Social Security card of the deceased
- Proof of all monthly household income, for each adult living in the home
Including but not limited to wages, social security, child support, alimony, FIP, SNAP, Pension, Unemployment, Veteran Benefits.
- Bank Statements for all checking and savings accounts to include balances as of decedents date of death, for each adult living in the home (this would include any cashapp, chime or other P2P accounts).