

Indigent Burial Policy

1. Purpose:
 - a. This policy establishes the process for Indigent Burial Financial Assistance.
2. Residency Requirements
 - a. Deceased must have been a resident of Fulton County for a minimum of 3 months.
 - b. Verification of residency for 3 months must be provided before being considered for financial assistance for indigent burial.
3. Veteran Status
 - a. A person who served in the armed forces of the United States on active duty and was discharged from the service **under honorable conditions** and **who served on active duty for reasons other than training or while serving on active duty for training, incurred a disability recognized by the Department of Veterans Affairs or Department of Defense as service-connected.**
4. Burial Process:
 - a. The family makes a request for an Indigent Burial.
 1. Applicants must contact VSO prior to making arrangements to be considered for application of indigent burial.
 2. Complete a financial assistance application (Appendix A)
 - b. The Family contacts the funeral home of their choice.
 - c. The family then contacts the Veteran Service Office.
 1. The purpose of the application is to confirm the veteran's income and assets to ascertain if he/she was really indigent and whether veteran's family/friends are unable to pay. **Applicants are required to give burden of proof.**
 2. If life insurance appears to be forthcoming, the assistance application will not be processed nor will money from the General Fund be released until all insurance policies or payments are received and applied to funeral bill. Payments will not be made for reimbursement.
 - a. Maximum allowance for funeral services is \$1000.00.
 - b. Any funeral above the \$1000.00 limit will be the responsibility of the family/friends.
 - c. Plots are available for indigent veterans at various cemeteries, at no cost. If the families of the deceased veteran do not wish to

have the veteran buried at one of these cemeteries, the cost of the other arrangements will be that of the family/friends.

d. The VSC will hold a meeting, which will be recorded and then transcribed to confirm indigent burial status.

1. The VSC will confirm whether the veteran was in fact indigent and the cost of a "normal" funeral would be either beyond the financial abilities of their family or would place a serious burden on them.

2. The VSC will make recommendation on the indigent status and submit a letter (Appendix B) to the County Commissioners. The County Commissioners will make the final decision.

3. If status of indigent is confirmed and approved by the County Commissioners, the Director arranges for the funeral home to provide the burial services as defined in the Ohio Revised Code using the "Burial Contract" form (Appendix C)

a. The burial takes place.

b. Voucher is submitted to the Auditors for payment to funeral home.

6. If indigent burial is denied, family can appeal to the Common Pleas Court.

Don Peterson, YES Matthew L. Johnson, YES
Edward Roberts, YES
Floyd E. Franko, YES Ernie Forey, YES

Contract for Indigent Burial
Fulton County Veterans Service Commission

I, _____, funeral director, doing business at

_____.

Hereby agree to furnish the following items for the burial or cremation

(circle one) of _____, who resides at

_____ and died on _____,

which will consist of:

(A) One casket, nicely covered with a good quality of black cloth, lined with a good quality of white satin or other material, and trimmed on the outside with handles of a fair quality in keeping with the casket;

(B) One burial robe of a good quality of material;

(C) One plain box appropriate for receiving the coffin or urn containing cremated remains inside the grave;

(D) Payment for digging the grave, in the place designated by the friends or the deceased or as otherwise provided, and for filling the grave in a proper manner;

(E) Furnishing a funeral car for conveying the remains to the place of burial or crematory;

(F) Preparing the body for burial when so requested;

(G) Furnishing necessary transportation for the use of the family, friends, and pallbearers, which people should be returned to their respective homes or place where the funeral services were held;

(H) Furnishing a decent, respectable funeral, for the sum of _____ dollars.

**COUNTY VETERANS SERVICE COMMISSION
INDIGENT BURIAL ASSISTANCE APPLICATION/STATISTICAL DATA SHEET**

Date of Application: _____

This Application must be completed by answering all questions
(Note: Disclosure of Social Security account numbers is voluntary, but failure to provide such information may affect your application for financial assistance.)
Social Security numbers are used as secondary identifiers to determine an applicant's eligibility for assistance.

1	Veteran's Name: Last	First	Middle	SSN:			
2	Date of Birth:	Date of Death:	Marital Status:	Date of Marriage:	Date of Divorce/Separation:		
3	Spouse (Maiden Name if Applicable) :		Spouse SSN:	Spouse Date of Birth:			
APPLICANTS INFORMATION							
4	Veteran's Address:			City	State	Zip	How Long?
5	Date Established Residency In This County: (Proof Required)			Telephone (Area Code)			
6	Previous Address			City	State	Zip	How Long?
7							

8	Name	RELATION TO VETERAN:	Date of Birth:	SSN			
9	Address			City:	State:	Zip:	Telephone (Area Code)

VETERANS MILITARY SERVICE (MUST HAVE PROOF OF SERVICE)					
10	Date From:	To:	Type of Discharge:	Branch of Service	Verified - Office Use Only YES - NO - DD214 / VA
	Date From:	To:	Type of Discharge:	Branch of Service	Verified - Office Use Only YES - NO - DD214/VA

OTHER FAMILY/RELATIVE/FRIENDS INFORMATION					
11	Name:	Relationship to Veteran:	SSN	Date of Birth	Contact Information
a					
b					
c					
d					
e					

12	Does Anyone Else Live In Your Household?	Yes	No	(If YES, Please Explain)
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13	Has Anyone Applied For Burial Assistance From Any Other Agency?	Yes	No	(If YES, Please Explain)
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Agency:	Assistance:
Agency:	Assistance:

EMPLOYMENT	APPLICANT	OTHER	OTHER
14 Employer Name:			
15 Employer Address:			
16 Employer Phone#			

18 Did veteran have life insurance policy? Y or N	Has policy been applied for? Y or N	Amount: _____
19 Did veteran have burial policy? Y or N	Has policy been applied for? Y or N	Amount: _____
Has application been made for VA burial benefits? Y or N		When was application made? _____
Any other benefit expected to be received for veteran or applicant/family? i.e. lawsuit etc. Y or N		Amount: _____

Veterans Assests					
TYPE	\$ VALUE	TYPE	DESCRIPTION	\$ VALUE	LOAN OWED
Checking		Home			
Savings or CD		Other Prop.			
IRA / KEOGH		Vehicle			
Other		Vehicle			
Other		Other			

Applicant (s) Assets						
	TYPE	\$ VALUE	TYPE	DESCRIPTION	\$ VALUE	LOAN OWED
	Checking		Home			
	Savings or CD		Other Prop.			
	IRA / KEOGH		Vehicle			
	Other		Vehicle			
	Other		Other			

INCOME AND EXPENSES (Verification of all income and expenses required)

VERIFIED Monthly INCOME		VERIFIED monthly EXPENSES		Funeral/Burial Cost
Employment Wages (1)	\$	Food	\$	
Pension / Compensation (1)	\$	Shelter	\$	
Retirement (1)	\$	Water	\$	
Social Security (1)	\$	Electric	\$	
All other income (1)	\$	Heat	\$	
<i>(WC/OBES/FS/JFS/Child Support)</i>		Telephone	\$	
Employment Wages (2)	\$	Cable TV and Internet	\$	
Pension / Compensation (2)	\$	Auto Payment	\$	
Retirement (2)	\$	Vehicle Ins	\$	
Social Security (2)	\$	RX/ Medical	\$	
All other income (2)	\$	Transportation	\$	
<i>(WC/OBES/FS/JFS/Child Support)</i>		Day Care	\$	
	\$	Child Support	\$	
<i>if more applicants info continue on separate sheet.</i>		Garbage	\$	
			\$	
			\$	
Total Income:	\$	Total Expenses:	\$	Total:

Please explain why you need burial assistance:

I understand that false statements made on this application may lead to prosecution.
 I have completed and/or reviewed all information pertaining to application for indigent burial assistance
 and I certify that it is correct to the best of my knowledge.

 Date Signed

 Applicant's Signature