

St. Lawrence County Indigent Burial Application

Application Date	Worker ID	Case Type	Case/Reg Number	St. Lawrence Co 40
Eligibility Determined By		Date	Approved By	Date

Decedent's Information Please Print Clearly

First	MI	Last	Social Security Number		
Street Address	Town	County	State	Zip	Phone
Former Address of Decedent					Date of Birth

List All Members of Decedent's Household

Name	DOB	M/F	Relationship
First			
MI			
Last			
Next of Kin		Relationship	Phone
			Address
Date of Death	Funeral Home		Cemetery

Resource Information				Income Information			
Indicate if Decedent or Legally Responsible Relative (LRR) has:	Y	N	Amount	Indicate if Decedent or LRR receives Money from:	Y	N	Amount
Cash on Hand				Wages, Salary (Gross)			
Checking Account				Training Programs/Tips			
Savings or CD Account				Self-Employment			
Credit Union Account				Unemployment Insurance Benefits			
Life Insurance				Supplemental Security Income SSI			
Title or Registration to any vehicles				Social Security Disability			
Year Make				Social Security Dependent Benefits			
Year Make				Social Security Survivors			
Stocks, Bonds, Mutual Funds				Social Security Retirement			
Savings Bonds				Railroad Retirement Benefits			
IRA, Keogh, 401K or Def Comp.				Retirement/Pension Benefits			
Irrevocable Burial Trust				Dividends/Interest from stocks, bonds savings			
Burial Fund				Workers Compensation			
Burial Space				NYS Disability			
Own Home				Veterans Pension/Benefit/A&A			
Real Estate Including Income producing property & non-inc prod.				GI Dependency Allotments			
Eligible for an Income Tax Refund				Contributions/Gifts Received			
Annuity				Child Support Payments Received			
Is named the Beneficiary of a trust				Alimony/Support Received			
Expects to receive a trust Fund, lawsuit settlement, inheritance or income from any other source				Private Disability Insurance-Health/Accident Insurance Policy Income			
In-Trust Account				No Fault Insurance Benefits			
Safe Deposit Box				Union Benefits(inc. Strike Benefits)			
Resources other than listed above				Loans (Received)			
Bank Acct Information:				Trust Income(including income you currently are entitled to receive, or were entitled to receive in the past, that has not been distributed)			
				Rental Income			
				Boarder/Lodger Income			
				Other Income (please specify)			

I have read and understand the information above and the notices on the reverse side of this application. I swear and/or affirm under the penalties of perjury that the information I have given or will give to the local social services district is correct.

Applicant/Representative Signature	Date Signed
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Acknowledgement: I acknowledge that the Department of Social Services is a last resort option for payment of funeral services and that any solicitation by family or friends for monetary donations through crowdfunding sites, such as GoFundMe or Facebook, will result in a denial.

Acknowledgement: I acknowledge that monies in accounts belonging to decedent and/or LRR (Legally Responsible Relative) will be turned over or collected to pay/reimburse final expenses otherwise paid for by the Department of Social Services as part of an indigent burial/cremation.

Appearance: I understand that I may be required to report in person to the Department of Social Services to provide further information concerning this application and my failure to comply with this provision shall result in the denial of this application.

Penalties: I understand that my application may be investigated and I agree to cooperate in such an investigation. Federal and State laws provide for penalties of fine, imprisonment or both, if you do not tell the truth when you apply for Burial benefits or at any time when you are questioned about your eligibility, or cause someone else not to tell the truth regarding your application. Penalties also apply if you conceal or fail to disclose facts regarding your initial eligibility for burial benefits.

Consent: I understand that by signing this application form that I agree to any investigation made by the Department of Social Services to verify or confirm the information I have given, or any other investigation made by them in connection with my request for burial benefits. If additional information is requested, I will provide it. I will also cooperate fully with State & Federal personnel in a Quality Control Review.

Certification: In signing this application, I swear and affirm that the information I have given or will give to the Department of Social Services as a basis for burial benefits is correct. I understand that although this application may be pre-approved, it could later be denied as more information regarding income/resources is received.

Print Name and Address of Person completing this form:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone (_____) _____

Relationship to Deceased: _____

Signature: _____

Date Signed: _____