

DES MOINES COUNTY VETERANS AFFAIRS

Information Guidelines and Application for Indigent Final Disposition – Direct Cremation at Public Expense

Des Moines County Veterans Affairs
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TO BE READ AND ACKNOWLEDGED PRIOR TO SUBMISSION OF APPLICATION TO VETERANS AFFAIRS FOR INDIGENT FINAL DISPOSITION – DIRECT CREMATION

ELIGIBILITY FOR INDIGENT FINAL DISPOSITION AT PUBLIC EXPENSE:

AUTHORITY FOR USE OF COUNTY PUBLIC FUNDS:

- *Section 331.381(8) provides that the county board of supervisors shall administer general assistance for the poor in accordance with Code of Iowa Chapter 252.*
- *Final disposition includes cremation under Iowa Code Section 144.1(9).*

LIABILITY OF RELATIVES FOR COST OF FINAL DISPOSITION – CREMATION EXPENSES:

- *Iowa Code Chapter 252 provides that the father, mother, and children of any poor person, or in the absence or inability of nearer relatives, the grandparents and grandchildren shall be liable to assist or maintain a poor person. Section 252.6 authorizes the county board of supervisors to apply to the district court for an order to compel assistance upon the failure of such relatives to provide such assistance.*
- *Section 252.13 further provides that any county having expended money for the assistance of a poor person may recover the money from the person's estate and from relatives of the poor person.*
- *Section 252.15 permits a distant relation who may have been compelled to aid a poor person to recover against a nearer relative or the person's estate.*

COVERED SERVICES:

- Des Moines County will fund up to \$1,000.00 for cremation by a licensed crematorium to be arranged through a licensed funeral director. A minimum receptacle designed for shipping or temporary storage of the cremated remains will be provided to the next of kin or other designee.

FUNDS MAY BE SUPPLEMENTED:

- *Funds paid by Des Moines County for indigent final disposition may be supplemented by the family, friend of the deceased, or any other person for the following:*
 - Fees for copies of a certified death certificate
 - Urn or other permanent receptacle
 - Transportation over 50 miles
 - Cost for a Minister

 I certify that I have read and understand the above information guidelines and that I have been provided a copy.

 I understand and agree that Des Moines County may recover any funds expended for indigent final disposition - cremation from myself, other relative, friend, the estate, or otherwise as provided by law.

 I understand and agree that no additional funds other than County public funds, unless otherwise permitted herein may be expended for other funeral related expenses.

 I understand that these guidelines are not detailed in full, that I may review the code sections cited before submitting an Application, that I have had the opportunity to have any questions answered by Des Moines County Veterans Affairs, and that I have the right to consult with an attorney at my expense if I do/did not understand any of the statements contained in these guidelines before submitting an Application.

 I certify that I understand that providing false information to receive benefits may be a crime. I certify that all information on this Application is true and correct.

Signed and Submitted this _____ day of _____, 20____.

Applicant's Signature

INDIGENT FINAL DISPOSITION - DIRECT CREMATION AT PUBLIC EXPENSE APPLICATION

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY.
AN INCOMPLETE APPLICATION WILL NOT BE CONSIDERED.

IF YOU NEED ASSISTANCE COMPLETING THE FORM, A REPRESENTATIVE OF DES MOINES COUNTY VETERANS AFFIARS CAN ASSIST YOU.

NOTE:

OBTAINING THE LABOR OR SERVICES OF ANOTHER, OR A TRANSFER OF POSSESSION, CONTROL, OR OWNERSHIP OF THE PROPERTY OF ANOTHER, OR THE BENEFICIAL USE OF PROPERTY OF ANOTHER BY DECEPTION CONSTITUTES THE CRIME OF THEFT.

ANY FRAUDULENT OR OTHER FALSE INFORMATION PROVIDED TO RECEIVE BENEFITS WILL BE PROSECUTED AS PROVIDED BY LAW.

Name Of Funeral Home: _____ Date Of Death: _____

DECEASED PERSON'S INFORMATION:

Name: _____ Date: ____ / ____ / ____
Last First MI Previous (Maiden) Name

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

Social Security Number _____ - _____ - _____ Date of Birth: _____

Single: _____ Married: _____ Divorced: _____ Widowed: _____ Separated: _____

Veteran? Yes _____ No _____ Please provide copy of DD214.

Des Moines County Resident? Yes _____ No _____ How long in Des Moines County? _____

Employed? Yes _____ No _____ If so, where? _____

Net Wages for the last 30 days? _____

Unearned Income Information: (FIP, SSI, SSD, Veterans, Railroad, Social Security, Child Support, Unemployment, Etc.)

Source: _____ Monthly Net Wages: _____
Date of last check: _____

Value of Property Owned: _____
Balance Owed & To Whom: _____

Vehicle(s) and Value of Vehicle(s): _____
Balance Owed & To Whom: _____

Balance of Savings Account(s): _____
Location(s): _____

Balance of Checking Account(s): _____
Location(s): _____

Cash Value of all Life Insurance policy/policies: _____
Company/Companies: _____
Beneficiary/Beneficiaries _____

Any prepaid funeral or burial arrangements _____

Health Insurance Coverage Type: _____
Company: _____

SURVIVING FAMILY MEMBERS:

List all surviving family members (Spouse, Children, Mother, Father, Brothers, Sisters, Grandparents & Grandchildren)
List all earned and unearned income below: (Employment, FIP, SSI, SSD, Veterans, Railroad, Social Security, Child Support, Unemployment, Etc.)

PLEASE LIST ALL LIVING FAMILY MEMBERS: (As listed above and that household's monthly income. Use an additional sheet if necessary)

NAME	Address Phone # Soc Sec #	RELATIONSHIP AND DOB	EMPLOYER OR INCOME	FAMILY NET WAGES-MONTHLY

List all assets that living family members have: (Homes, vehicles, checking and saving accounts)

List all property transferred by deceased to any family member named above within the last 10 years

AUTHORIZATION TO RELEASE OR EXCHANGE INFORMATION
AND CERTIFICATION STATEMENT:

I voluntarily authorize the release or exchange of information between all appropriate agencies or people working with or having information about the deceased, his/her household, any family members, their households, myself and my household.

The purpose of this authorization is to determine eligibility and coordinate final disposition assistance to the deceased. I and my family members understand any information obtained and/or released may be used by the Director/Administrator, Board of Supervisors, or Director's/Administrator's designee to determine eligibility for final disposition assistance.

I have read and understand this Application. The deceased, any family members, and I do not have any other income or resources except as given in this application. I also understand this office may investigate and verify my statements and other family member(s) information.

Under penalty of perjury, I hereby certify that all of my statements and family member information on this Application and in person are true and correct.

Signature

Date

Phone Number

Date of Birth

LEGAL CLAIM:

I understand that the Code of Iowa provides that "Any county having expended any money for relief or support of a poor person, under the provisions of this chapter, may recover the same from any of his kindred mentioned herein, from such poor person should he become able or from his estate; from relatives by action brought within two years from the payment of such expenses, from such person's estate by filing the claim as provided by law." (252.13)

As family member(s) of the deceased, I/ we agree to repay Des Moines County for final disposition assistance if there is a financial gain from the deceased's estate in the future. I/ we agree to repay Des Moines County within thirty (30) days of receiving financial gain. I/ WE ALSO AGREE TO PAY ALL MEMORIAL MONEY GIVEN ON BEHALF OF THE DECEASED TO DES MOINES COUNTY. The above shall not exceed the amount obtained from Des Moines County for final disposition assistance. If for any reason I/ we cannot comply with this statement, I/ we agree to notify Des Moines County within thirty (30) days of the date below.

Signature

Date

Witness Signature (Veterans Affairs or Funeral Home)

Date

Copy Given to _____

Additional notes or information:

A photocopy of this authorization, as executed, shall have the same force and effect as this original.