

**A HENRY COUNTY GENERAL ASSISTANCE APPLICATION FOR DIRECT CREMATION ASSISTANCE SHALL BE MADE PRIOR TO FORMALIZING ANY ARRANGEMENTS WITH THE FUNERAL HOME. If an arrangement is reached and signed before general assistance is secured and the costs of those services exceeds the allowable amounts, the application for benefits will be denied.**

**DOCUMENTATION OF THE FOLLOWING IS NECESSARY TO PROCESS YOUR GENERAL ASSISTANCE APPLICATION FOR A COUNTY PAID DIRECT CREMATION:**

- 1. A COMPLETED GENERAL ASSISTANCE APPLICATION.**
- 2. VERIFICATION OF THE HOUSEHOLD INCOME OF THE DECEASED FOR THE LAST 30 DAYS.**
- 3. VERIFICATION OF AVAILABLE RESOURCES.**

Direct Cremation costs only may be paid to a funeral home when:

- a. payment will only be made for an indigent person who had established legal settlement in Henry County, gained by continuously residing in any county in this state for a period of one year with the exceptions described, Chapter 252.16 Iowa Code, additionally any person who arrives in Henry County to live in a staff supported residential or acute care setting or academic residential setting does not gain legal settlement in the county; and
- b. the deceased person would have been eligible to receive assistance under the provisions of this ordinance in the month of death; or
- c. application for burial assistance shall be made prior to formalizing any arrangements with the funeral home. If an arrangement with the funeral home is reached and signed before general assistance is secured and the costs of those services exceeds the allowable amounts, the application for benefits will be denied; and
- d. payment for out of state funerals will not be provided; and
- e. application for direct cremation assistance may be made within 30 days of the death by a funeral home director in the absence of any other responsible party; and
- f. all of the deceased assets must be applied toward direct cremation expenses, if there is no surviving spouse, including cash on hand and funds in checking and savings accounts, or savings certificates; and
- g. eligibility for direct cremation benefits will exist when the deceased person's estate does not have at least \$1,000 which can be applied toward the funeral expense; or
- h. death benefits may be available from employment, railroad retirement, pension plans, VA benefits, life insurance policy, prepaid burial agreements or social security. The family of the deceased must apply for these benefits and apply them to the direct cremation; and
- i. no more than one-thousand dollars (\$1,000.00) will be paid by Henry County per direct cremation and the county shall not provide for partial costs if arrangements exceed the established limit; and
- j. costs towards which the \$1,000 may be applied shall include;
  - 1. Professional services of the funeral director
  - 2. Transportation costs incurred by the funeral home in transporting the body from the place of death to the funeral home
  - 3. Transportation costs incurred by the funeral home in transporting the body to and from the crematory
  - 4. Crematory Fee
  - 5. Basic cremation container
  - 6. Medical examiner cremation permit

Costs paid by Henry County pursuant to this subsection shall not include funeral or memorial services, or the costs attendant thereto.

k. \$250.00 will be available for the direct cremation of those deceased persons deemed non-resident transients.

**HENRY COUNTY GENERAL ASSISTANCE APPLICATION  
DIRECT CREMATION**

106 E Clay St., Mt. Pleasant, IA 52641  
319-385-0790 Fax: 319-385-1948

Deceased Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_ Birth date: \_\_\_\_\_

Military Service: Yes \_\_\_\_\_ No \_\_\_\_\_ Service Branch: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

U.S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_

How long did deceased live in Henry County? \_\_\_\_\_

Where was residence before? \_\_\_\_\_ How long? \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

List EVERYONE in household:

Name	Birth date	Relationship
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Marital Status: Married \_\_\_\_\_ Single \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Medical Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_ Company: \_\_\_\_\_

Life Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_ Company: \_\_\_\_\_

Title XIX? Yes \_\_\_ No \_\_\_

**INCOME:**

Has the deceased or anyone in your home received any of the following income in the last 30 days?

<b>Source of Income</b>	<b>Amount</b>	<b>How often Received</b>	<b>Person receiving income</b>
Self Employment	___ Yes ___ No		
Employment	___ Yes ___ No		
Unemployment Benefit	___ Yes ___ No		
Workman's Comp.	___ Yes ___ No		
Social Security	___ Yes ___ No		
SSI	___ Yes ___ No		
Pension	___ Yes ___ No		
Compensation	___ Yes ___ No		
Disability Payment	___ Yes ___ No		
Child Support	___ Yes ___ No		
Veteran's Benefits	___ Yes ___ No		
Regular Cash			
From Relatives	___ Yes ___ No		
Room & Board Pmts.	___ Yes ___ No		
F.I.P.	___ Yes ___ No		
Food Stamps	___ Yes ___ No		
Other	___ Yes ___ No		

Every source must be checked above.

RESOURCES: (deceased)

- Cash: \$ \_\_\_\_\_
- Checking \$ \_\_\_\_\_
- Savings \$ \_\_\_\_\_
- Time Certificates \$ \_\_\_\_\_
- Stocks, Bonds, Etc. \$ \_\_\_\_\_
- Other (specify) \$ \_\_\_\_\_

Real Estate Location: \_\_\_\_\_  
Value \$ \_\_\_\_\_ - Owe \$ \_\_\_\_\_ = Equity \$ \_\_\_\_\_

Vehicles:  
Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Value \$ \_\_\_\_\_  
Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Value \$ \_\_\_\_\_

By my signature, I understand, as family/representative of the below named deceased individual, I agree to the requirements and restrictions contained within the Henry County General Assistance Ordinance and request Henry County to pay for the expense. If I elect to pursue other options for burial other than those explained in the Policy, I understand there will be no County payment made.

I am aware that this general assistance information may be verified and investigated. I hereby authorize all persons to release any information to document the information given in this application. I also authorize the General Assistance office to release pertinent information while seeking to determine benefit eligibility. The release will be effective for sixty days from the date of the application.

\_\_\_\_\_  
Signature of family/representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Deceased

\_\_\_\_\_  
Date of Death