

## JACKSON COUNTY GENERAL ASSISTANCE

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### GENERAL ASSISTANCE APPLICATION FOR CREMATION OR BURIAL

#### ASSISTANCE MUST BE APPLIED FOR IN THE COUNTY OR STATE IN WHICH:

*A person maintains residency in the county or state in which the person last resided while the person is present in another county or this state receiving services in a hospital, a correctional facility, a halfway house for community-based corrections or substance-related treatment, a nursing facility, an intermediate care facility for persons with an intellectual disability, or a residential care facility, or for the purpose of attending a college or university.*

**IS DECEDENT A VETERAN YES  NO**

**IF YES, STOP AND CALL THE VETERANS' AFFAIRS OFFICE AT 563-652-0070**

#### TO APPLY FOR ASSISTANCE WITH JACKSON COUNTY

1. Make contact with this office within 72 hours of death, indicating assistance is needed; leave a voicemail if necessary.
2. Fill out application in its entirety; application must be completed and signed by the surviving spouse or next of kin, (if no spouse).
3. Gather all required documentation.
4. Call to schedule an appointment to review application / documentation.

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

The deceased will be deemed ineligible for a county-paid funeral if an excluded service (upgrade) has been provided for the deceased by ANY individual or organization.

Jackson County may recover any assistance provided by filing a claim against the decedents estate as provided by law.

**APPLICATIONS FOR ASSISTANCE CANNOT BE ACCEPTED IF ANY ITEMS ARE MISSING OR THE APPLICATION IS INCOMPLETE**

The following must accompany the application:

- Proof of identification of decedent (Photo identification and/or Social Security Card)
- Bank Statements: Printout showing month to date (balance upon passing) and one month prior
- Funeral home estimate of services not exceeding assistance guidelines
- Proof of all other income for four weeks prior to passing
- Applicant photo identification

## 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 or burial, they will be taken into consideration and may be deducted from the county burial allowance, **including but not limited to:**

- Insurance payments
- Social Security Burial benefit paid to the surviving spouse
- Decedent person's cash savings, checking, bonds, etc.
- Any assets belonging to the decedent that could be sold
- Contributions from the family
- Any Veteran 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 the burial.
- Any and all funds generated from memorials must be applied to the burial costs.

If the family/representative of the decedent discovers a death benefit, savings account, or other resource after the funeral, they are expected to notify the county immediately. If the family/representative of the decedent would have been ineligible because of the resources, they will be held responsible to reimburse actual costs of the burial 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.

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As a family member / representative /applicant of the named decedent individual, I hereby state that I am unable to pay for, and the decedent does not have funds available, to pay for cremation or burial costs; I am requesting Jackson County provide assistance.

I have provided all information available to me concerning the decedent's assets at the time of death to the best of my knowledge. I understand any cash or cash accounts belonging to the decedent and any death/burial benefit due must be used to pay for services and those amounts shall be credited against any amount payable by Jackson County.

Failure to comply may result in the family / representative being responsible for the full cost associated with cremation or burial.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Relationship to Decedent

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## **COVERED SERVICES**

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### **CREMATION**

#### **Maximum payment \$1,600.00**

This is considered payment in full, all-inclusive of the following services, and must be agreed upon by the Funeral Home providing 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

### **BURIAL**

#### **Maximum payment \$2,200.00**

This is considered payment in full, all-inclusive of the following services, and must be agreed upon by the Funeral Home providing services.

For a qualified applicant, Jackson County will pay only the following items for a Funeral Service:

- Transfer of decedent to funeral home within 25 miles
- Embalming/body preparation
- Basic Casket
- Minimum Grave Receptacle
- Abbreviated arrangement conference at the funeral home
- Funeral Coach to cemetery
- A one-hour private viewing at funeral home for immediate family only.
- Committal Service only at the cemetery. (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.
- Jackson County will provide a plot as available (cemetery and grave space to be determined by the County).

For both cremation and burial Jackson County will pay up to \$300 for opening and closing the grave and cement slab for the marker. This amount will be paid to the funeral home to be disbursed to the cemetery.

## EXCLUDED SERVICES

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County-paid cremations/funeral services **do not include:**

- Flowers
- Thank you notes or other printed materials
- Music honorariums
- Transportation to church or other location for visitation
- Hairdresser/barber
- Certified Death Certificates
- Crucifix, flag display case, visitation book, or other memorial items
- Luncheon or reception charges
- Other cash advance items
- Additional cars or services
- Full obituary in the newspaper
- Any additional services not listed herein

A county-paid burial **cannot be added to or upgraded.**

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

### **Applicant Acknowledgement:**

I understand that I may elect to pursue other options for burial directly with the funeral home without county assistance, however, I choose not to.

I have read, understand and agree to comply with Jackson County's requirements and restrictions for indigent cremation or burial assistance.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### **Funeral Home Acknowledgement:**

I have read, understand and agree to comply with Jackson County's requirements and restrictions for indigent burial assistance. I certify that no individual has agreed or contracted to pay for any portion of the named decedent's burial costs.

I agree NOT to accept any memorials, direct payment from decedent's assets, death benefit from any other source and consider county payment in full payment and satisfaction of the services provided.

In the event direct payment of any source is received, the funds will immediately be provided to Jackson County.

\_\_\_\_\_  
Funeral Home Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Signature of Funeral Director/Designee

\_\_\_\_\_  
Date

**Application Information: Is to be completed for the decedent individual based on information immediately preceding death, and their entire household including any surviving spouse.**

**THIS SECTION FOR OFFICE USE ONLY**

Contact Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Client ID: \_\_\_\_\_

**Applicant Information – Please Print**

Applicant Name: \_\_\_\_\_ Contact Phone No: \_\_\_\_-\_\_\_\_-\_\_\_\_

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

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: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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 a relative living in the home with the above now deceased individual, I hereby state that I am unable to pay for, and the decedent does not have funds available, to pay for cremation or burial costs; I am requesting Jackson County provide assistance.

I 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. Also, giving false information on this application or to the General Assistance staff, or refusing to provide requested information, may result in denial of assistance and being ineligible for more assistance for one (1) year.

\_\_\_\_\_  
Signature of Relative

\_\_\_\_\_  
Date

**CONSENT FOR RELEASE OF INFORMATION**

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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).

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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), 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.

**Do Not Sign!**

Applicant signature must be notarized or signed in the presence of the General Assistance Director or Intake Officer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Director or Intake Officer

\_\_\_\_\_  
Date

STATE OF IOWA, COUNTY OF \_\_\_\_\_

Signed and sworn before me, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

by \_\_\_\_\_  
Name(s) of Persons

Notarized by: \_\_\_\_\_, Notary Public

Print Name: \_\_\_\_\_ (Seal)

My commission expires: \_\_\_\_\_