



## AITKIN COUNTY HEALTH & HUMAN SERVICES

204 First Street NW  
Aitkin, MN 56431

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<b>MNS Case Number:</b>
<b>MAXIS Case Number:</b>

### Application for Aitkin County Burial Assistance

#### Application Process

- Application for burial assistance must be made before any funeral services are held unless weekends, holidays or extraordinary circumstances prevent a timely application. Funeral services may be completed prior to the county's eligibility determination of the burial assistance application, as long as Aitkin County Health and Human Services received the application.
- Eligibility and approval for an Aitkin County funded burial must be preauthorized
- Determination of eligibility includes:
  - A completed and signed application form
  - Verification of all resources of the deceased will be reviewed and applied towards the county burial including resources owned jointly or available through inheritance by a responsible relative (surviving spouse or parent(s) if the deceased is a minor child)
  - Any and all death benefits must be applied for to help pay for the cost of disposition (ex. Life insurance, social security, and veteran's benefits, etc.)
  - Any other requested verifications needed to determine eligibility
  - Any crowd funding sources (ex. Benefits, fundraisers, GoFundMe accounts, etc.) solicited to pay for burial expenses will be considered an available asset to offset the disposition costs.
- If all required verifications are not received within 30 days of the application date the application will be denied
- There cannot be any enhancements or the burial application will be denied; Enhancements include: flowers, honorariums, music, processions, clothes, printed material, food, etc.
  - The cost of the burial cannot exceed the county limits
  - The family and funeral home must work closely with Aitkin County to ensure the county burial process is being followed.

*Per Minn. Statute §261.035 When a person dies without apparent means to provide that person's funeral or final disposition, the county board shall pay cremation of the person's remains. If it is determined that cremation is not in accordance with the decedent's personal preference or the known practices of the decedent's faith, tradition, or the personal preferences of the decedent's spouse or the decedent's next of kin, the county board shall provide for a burial or funeral.*

Information of Deceased		
<b>Name of Deceased</b>	<b>Date of Birth</b>	<b>Social Security Number</b>
<b>Address Prior to Death</b>	<b>Date of Death</b>	<b>Place of Death</b>
<b>Was the deceased receiving Public Assistance at the time of their Death?</b> <span style="float: right;"> <input type="checkbox"/> Yes    <input type="checkbox"/> No         </span>		
If yes, explain:		

<b>Did the deceased die as the result of crime?</b> If yes, refer to Minnesota Crime Victims Reparations Board for Reparations Application to cover burial expenses.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Is this death attributed to Covid-19?</b> If yes, refer to FEMA for COVID-19 Funeral Assistance to cover burial expenses	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>Funeral Arrangements</b>	
<b>Funeral Home Chosen</b>	<b>Address of Funeral Home</b>
<b>Phone Number of Funeral Home</b>	<b>Fax Number of Funeral Home</b>
<b>Requested Funeral Arrangement:</b>	<input type="checkbox"/> Cremation without a service <input type="checkbox"/> Cremation with a Service <input type="checkbox"/> Traditional Burial
<b>Does the deceased have religious or other objections to cremation?</b> If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Information of Applicant</b>	
<b>Name of Applicant</b>	<b>Relationship to Deceased</b>
<b>Address</b>	<b>Phone Number</b>
<b>Would you or any family member of the deceased be able to contribute toward the burial expenses:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>The person filling out this application is responsible for providing verification of resources owned by the deceased and their responsible relative. Resources include those currently available and those that were available during the 30 day period prior to death of the deceased.</b> <input type="checkbox"/> Check here to confirm that you will provide verification of resources to the best of your ability.	

<b>Information of Next of Kin</b>			
<b>Name of Spouse</b>		<b>Phone Number of Spouse</b>	
<b>Address of Spouse</b>			
<b>Check here to confirm deceased individual was not married or widowed</b> <input type="checkbox"/> Not Married <input type="checkbox"/> Widowed			
<b>Name of Next of Kin</b>		<b>Relationship to Deceased</b>	
<b>Address of Next of Kin</b>		<b>Phone Number of Next of Kin</b>	
<b>Check here to confirm Next of Kin is unknown</b>			<input type="checkbox"/> Next of Kin unknown
<b>Is the deceased survived by a minor child under the age of 18?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Is there anyone else who has knowledge or access to the deceased person's assets?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No

"This institution is an equal opportunity provider."

If yes, explain:

The following sections are for Resource Information of Deceased, Spouse of Deceased, and Parent (if deceased is a minor)

**Prepaid Burial Resources**

		<b>Location</b>	<b>Amount/Value</b>
<b>Does the deceased have a pre-paid Burial fund or other burial benefit?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Is the deceased eligible for Veteran's burial benefits or Social Security death benefits?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Does the deceased have a burial plot?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Check here to confirm no burial or death benefits exist</b>		<input type="checkbox"/> No burial or death benefits exist	

**Monthly income of the Deceased**

<b>Wages, Self-Employment, Rental income:</b>	\$	<b>Other Earned or Unearned Income:</b>	\$
<b>Social Security Retirement, Railroad Retirement, Veteran's Benefits:</b>	\$	<b>Other Retirement or Pension:</b>	\$
<b>Social Security Disability, Supplemental Security Income (SSI):</b>	\$	<b>Other Disability</b>	\$
<b>Check here to confirm no income source</b>		<input type="checkbox"/> No income known	

**Life Insurance-include policies with responsible relative as beneficiary**

<b>Owner</b>	<b>Company</b>	<b>Policy Number</b>	<b>Value</b>	<b>Beneficiary</b>
<b>Check here to confirm no life insurance is owned</b>		<input type="checkbox"/> No life insurance owned		

Banks Accounts, Cash, and other Resources			
Type of property: Bank and Account Number		Owner(s) name	Value
<b>Accounts</b> such as Checking, savings, debit cards, money market, certificates of deposit, retirement funds, nursing home, and representative payee accounts	Type(s):		
<b>Stocks, Bonds, contract            for deed, annuities, or            other securities</b>	Type(s):		
<b>Crowdfunding/Other:</b>			
<b>Cash:</b>			
<b>Check here to confirm no cash or financial accounts exist</b>		<input type="checkbox"/> No financial accounts exist	

Real Estate and Vehicles			
Type of Property-Address or Location		Owner(s) name	Total Value
<b>Property:</b> home, mobile home, vacation home, rental home, or land	Type(s):		
<b>Vehicles:</b> cars, trucks, vans, campers, motorcycles, boats, ATVs, snowmobile or trailers (make/model/year)			
<b>Other:</b>			
<b>Check here to confirm no real estate or vehicles are owned</b>		<input type="checkbox"/> No real estate or vehicles exist	

Transferred Assets			
Have any assets or income been transferred, given away, donated, or otherwise disposed of within the 30 days prior to death?			
<input type="checkbox"/> Yes <input type="checkbox"/> No    if yes, complete:			
Property or income	Amount	Date	Recipient

## By Signing

- I declare this application has been examined by me and to the best of my knowledge and belief, is a true and correct statement of every material point
- I understand I am responsible to ensure available resources of the decedent and responsible relative are paid directly to the burial provider
- I understand if other resources are discovered, or become available to the deceased's estate, the county must be notified immediately by the applicant
- I understand I should not spend any of the decedent's income or assets until the county collections person instructs me to do otherwise.
- I understand any information provided on this form may be verified by the county
- I understand the applicant and/or next of Kin is required to cooperate with all county collections regarding decedent's resources. Failure to cooperate in identifying or turning over the decedent's resources may result in legal actions
- I understand if I knowingly provide false information on this form, I will be subject to prosecution for fraud
- I acknowledge in accordance with Minnesota Statute §261.04 and §524.3805 Aitkin County is permitted to file a claim against the estate of the deceased person who received county funded burial
- I understand the cost of the burial cannot exceed the burial assistance limits and there cannot be any enhancements to the standard county burial by the responsible relative
- I understand if I disagree with the county's decision I may appeal within 10 days of the decision, to the Director of Aitkin County Health and Human Services
- I understand if I feel I am discriminated against because of race, color, national origin, religion, gender, age, marital status or because of physical, mental or emotional disability, I may appeal to the Minnesota Department of Human Services and/or U.S. Department of Health and Human Services
- I give permission for Aitkin County to exchange Burial Assistance eligibility information, including but not limited to, information about the decedent's income and assets with the funeral home and next of Kin listed on this application.

**Signature of applicant:**

**Date:**

## Rights

- You have the right to know why we need the facts we ask for and how we use them
- You have the right to know the rules of the program you applied for
- You have the right to privacy
- You have the right to appeal the decision