

Cremation Assistance

Canyon County Indigent Services
111 N. 11th Street, Suite 340, Caldwell, ID 83605
(208) 454-7419 – Phone
(208) 454-7463 – Fax

PLEASE READ THE FOLLOWING BEFORE APPLYING FOR ASSISTANCE

CREMATION ASSISTANCE

- ❖ Canyon County may pay up to \$1,000.00 for cremation assistance per Resolution 97-292.
- ❖ Assistance is available when no other resources or assistance is available.
- ❖ Resources include assistance from family members, assets of the deceased and other public assistance.
- ❖ The spouse of the deceased may be required to reimburse Canyon County.
- ❖ The income and assets of the deceased will be reviewed to determine indigency.
- ❖ The deceased must be a resident of Canyon County as defined in Idaho Code §31-3403(17).

State law requires that the application be filed with our office before any cremation or burial services are rendered.

Interview: Upon receipt of a completed application for cremation assistance, Canyon County will schedule an interview for you to meet with a County Clerk. Please allow one (1) hour for the interview. If you are not able to keep your appointment in person, please contact our office. Failure to complete the interview may result in denial.

The following services are not covered by cremation assistance: certified death certificate; storage; casket; interment of cremated remains in a mausoleum; headstone; transfer and transportation costs in to or out of the county and, the conducting of a memorial service.

Information needed in addition to the completed application:

- ❖ Photo ID (deceased and contact person)
- ❖ Social Security card of the deceased
- ❖ Family Statement(s) – in writing from each family member stating their ability or inability to contribute to the final disposition of the deceased
- ❖ Proof of monthly household income & expenses of the deceased
- ❖ Social Security award letter of the deceased, if applicable
- ❖ Proof of Veterans Benefits of the deceased, if applicable
- ❖ Last three (3) months of bank statements for all debit, savings and checking accounts to include the month the deceased passed away
- ❖ Documents verifying the ownership of assets of the deceased (i.e. vehicles, home)
- ❖ A completed residency/rent verification form of the deceased (please see attached form)
- ❖ A completed work verification form of the deceased, if applicable
- ❖ Any information, including attorney's name, relating to a probate case, if applicable

CREMATION ASSISTANCE ~ STATEMENT OF UNDERSTANDING

PLEASE READ & INITIAL

Initial

	I UNDERSTAND THIS IS A REIMBURSEMENT PROGRAM AND I MAY BE REQUIRED TO REPAY THE COUNTY, IF I AM DETERMINED TO BE AN OBLIGATED PARTY.
	I UNDERSTAND THAT CANYON COUNTY IS THE VERY LAST RESOURCE.
	I UNDERSTAND ASSISTANCE FROM THE COUNTY IS NOT INTENDED TO BE COMBINED WITH OTHER FUNDS AND MAY BE AVAILABLE ONLY WHEN NO OTHER FUNDS OR ASSETS EXIST.
	I UNDERSTAND THE DECEASED MUST HAVE BEEN A CANYON COUNTY RESIDENT AT THE TIME OF DEATH.
	I HAVE DISCLOSED ALL KNOWN ASSETS TO THE COUNTY EITHER IN THE INTERVIEW OR ON THE APPLICATION.
	I UNDERSTAND THAT ANY VEHICLES, RECREATIONAL VEHICLES, ATV'S, MOTORCYCLES, TRAILERS ETC. THAT ARE REGISTERED/TITLED TO THE DECEASED WILL BE CONSIDERED AN ASSET AND AN AVAILABLE RESOURCE FOR PAYMENT.
	SOCIAL SECURITY DEATH BENEFIT CHECKS OR VA BENEFITS ARE CONSIDERED A RESOURCE, AND IF I CHOOSE NOT TO APPLY FOR REASONABLY AVAILABLE BENEFITS ON BEHALF OF THE DECEASED, MY APPLICATION WILL BE DENIED.
	I UNDERSTAND THAT ANY MONIES DUE TO THE DECEASED THROUGH DEPOSIT RETURNS, BANK BALANCES, LOANS DUE THEM, LAWSUITS, REAL PROPERTY, LIFE INSURANCE, VA BENEFITS, SALE OF VALUABLE PERSONAL PROPERTY OR GO FUND ME ACCOUNTS, ARE CONSIDERED A RESOURCE.
	I UNDERSTAND THAT I MUST COOPERATE WITH THE COUNTY BY PRODUCING AS MANY REQUESTED DOCUMENTS AS POSSIBLE. IF I DO NOT PROVIDE ANY REQUESTED DOCUMENTS, I UNDERSTAND THAT THE APPLICATION MAY BE DENIED IN FULL.
	I UNDERSTAND THAT ANY INFORMATION GIVEN OR WITHHELD IN REGARD TO THE APPLICATION IS SUBJECT TO INVESTIGATION. I UNDERSTAND THAT ANY FALSE STATEMENTS ON OR IN REGARD TO THE APPLICATION FOR ASSISTANCE MAY RESULT IN THE DENIAL FOR ASSISTANCE AND MAY SUBJECT ME TO CRIMINAL PROSECUTION.

DATED this ____ day of _____, 20____.

Contact Person

Transported from where to the funeral home? (please list place/address)	
Name of Funeral Home:	
Contact Person at Funeral Home:	
Phone Number:	

Canyon County Indigent Services Application for Cremation Assistance

CONTACT PERSON-INFORMATION ONLY (Person submitting application)		
Name:	Relationship to Deceased:	
Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	Email:

DECEASED-INFORMATION ONLY (Applicant)						
First Name:	Middle Initial:	Last Name:	Date of Birth:	Social Security #:		
Marital Status (If married, please list spouse's name):		Maiden/Alias Name:			Gender: Female/Male	
Current Address:	City:	State:	Zip:	County:	From (date):	To (date):
Landlord's Name:	Landlord's Address:			Landlord's Phone Number:		
Prior Address:	City:	State:	Zip:	County:	From (date):	To (date):
Is Applicant (or Spouse) a Veteran? Y / N	Union Member at any time: Y / N Union Name:			Date of Death:		

LIST ANY PERSONS THAT LIVED IN THE HOME WITH THE DECEASED?		
Name	Relationship	Date of Birth

LIST ALL FINANCIAL ASSETS OF THE DECEASED (AND SPOUSE)

Asset	Value	Account Number	Name of Institution
Cash on Hand	\$		
Checking/Savings Account	\$		
Pension/401K	\$		
Life Insurance	\$		
Inheritance	\$		
Other:	\$		
Other:	\$		

LIST ALL REAL & PERSONAL PROPERTY OF THE DECEASED (AND SPOUSE)

Description	Value	Amount Owed	Sold to; Given to; not running	Registered (State)
Home/Mobile Home	\$	\$		
Land	\$	\$		
Vehicle	\$	\$		
Vehicle	\$	\$		
ATV/Boats	\$	\$		
Trailer/Camper	\$	\$		
Equipment/Machinery	\$	\$		
Other:	\$	\$		

LIST OF INCOME OF THE DECEASED (AND SPOUSE):

MONTHLY INCOME: \$ \$	SOURCE OF INCOME (Earned; Social Security; Pension; VA):
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Employment history: Please provide for both Deceased and Spouse, if applicable

Name of Employer:	Address of Employer:	Date Hired/Date Ended:	Rate of Pay: \$
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MONTHLY OBLIGATIONS OF THE DECEASED (AND SPOUSE):

Obligation	Amount	Paid to
Rent/Mortgage	\$	
Space Rent	\$	
Food	\$	
Non-Food	\$	
Gas Heat	\$	
Electric	\$	
Water/Sewer/Trash	\$	
Phone	\$	
Car Payment	\$	
Fuel	\$	
Child Care	\$	
Hospital/Medications	\$	
Health Insurance	\$	
Life Insurance	\$	
Other:	\$	
Other:	\$	

STATE AND FEDERAL INCOME TAXES OF THE DECEASED (AND SPOUSE):

FILED?	Y	N	TAX YEARS:	RECEIVED REFUND?	Y	N	AMOUNT: \$
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RELATIVES OF THE DECEASED – OUTSIDE THE HOME		
Name:	Relationship:	Date of Birth:
Address:	City:	State:
Employed?	Monthly Income: \$	Amount family member is able contribute to the final disposition of the deceased: \$
Name:	Relationship:	Date of Birth:
Address:	City:	State:
Employed?	Monthly Income: \$	Amount family member is able contribute to the final disposition of the deceased: \$
Name:	Relationship:	Date of Birth:
Address:	City:	State:
Employed?	Monthly Income: \$	Amount family member is able contribute to the final disposition of the deceased: \$
Name:	Relationship:	Date of Birth:
Address:	City:	State:
Employed?	Monthly Income: \$	Amount family member is able contribute to the final disposition of the deceased: \$

I CERTIFY THE ABOVE TO BE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THIS APPLICATION IS MADE WITH FULL KNOWLEDGE OF THE POSSIBLE PENALTY FOR MAKING FALSE STATEMENTS FOR THE PURPOSE OF OBTAINING COUNTY AID—SPECIFICALLY THAT WITHHOLDING INFORMATION OR PROVIDING FALSE OR INCOMPLETE INFORMATION MAY RESULT IN A DENIAL OF MY APPLICATION AND/OR SUBJECT ME TO CRIMINAL PROSECUTION.

I UNDERSTAND THAT THE SUBMISSION OF THIS APPLICATION IS NOT A GUARANTEE OF PAYMENT AND THE FUNERAL HOME MAY PROCEED WITH THE FINAL DISPOSITION AS NEEDED OR REQUIRED.

I UNDERSTAND THAT THIS APPLICATION MAY BE SUBJECT TO REPAYMENT.

DATE:	SIGNATURE:
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RELEASE OF INFORMATION - CREMATION ASSISTANCE

Name of Deceased:	
Date of Death:	
Name of Spouse:	

I hereby authorize representatives from the Canyon County Indigent Services Department to discuss my application with and to secure information, documents, data, copies, and records from the following entities/individuals having any information concerning me or my circumstances that said county feels is necessary for the investigation of my application:

- Bankers – Banking Institutions
- Courts
- Credit unions
- Creditors
- Idaho Department of Health & Welfare
- Idaho Department of Labor or Employers
- Law enforcement agencies
- Physicians/Hospitals
- Relatives
- Social Security Administration
- Tribal records
- United States Military (all branches)
- Veterans Administration

I hereby authorize Canyon County to release to and exchange pertinent information regarding this application, the contents thereof and action taken thereon with all parties of interest, including, but no limited to those listed herein. I acknowledge that my application for assistance waives any and all confidentiality granted by state or federal law to the extent necessary to carry out the intent of Idaho Code Title 31, Chapter 34 regarding my application. I hereby authorize a copy of this agreement to be used when necessary and give it full force as the original.

I understand that this release is valid as long as it is pertinent to this application. I also understand that if I revoke this consent, to the extent it prevents or substantially interferes with the completion of the investigation of my application, it may result in my application being denied.

By my signature, I apply for county assistance and I hereby certify under penalty of perjury that the information contained in my application for county assistance is true and correct to the best of my knowledge.

DATED this _____ day of _____, 20__.

Signature of Spouse of the Deceased/Obligated Party

On this _____ day of _____, 20__.

_____ personally appeared before me and proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument and acknowledged to me that he/she executed the same.

SEAL

Notary Public for Idaho
Residing at:
My Commissioner Expires:

RESIDENCY VERIFICATION

TO BE COMPLETED BY THE PROPERTY OWNER OR LANDLORD ONLY

1. Applicant's Name: _____

2. Address: _____

3. Applicant's phone number: _____

4. Number of people in house/apartment Adults _____ Children _____

5. Date moved in: Month _____ Day _____ Year _____

Date moved out: Month _____ Day _____ Year _____

Resided here at time of death: _____

6. How much is rent? _____

7. Is there any rent past due? _____

8. Is any portion of the rent subsidized? *Yes _____ No _____

*If yes, how much does the renter pay each month \$ _____

9. Does rent include utilities? Yes _____ *No _____

* If No, please list all utilities the renter is to pay separately: _____

10. Is there any relation between landlord and tenant? *Yes _____ No _____

* If yes, please explain _____

LANDLORD'S NAME _____

LANDLORD'S ADDRESS _____

LANDLORD'S PHONE _____

Landlord's Signature: _____ Date: _____

Thank you!

VERIFICATION OF EMPLOYMENT/TERMINATION

1. Name of Business: _____
2. Name of Employee: _____ SS# _____
3. Date of Hire: _____ Date of Termination: _____

Employee's Address at Date of Hire: _____
Employee's Address at Date of Termination: _____

If terminated, type of termination: _____ Layoff _____ Quit _____ Fired _____ Other
Please explain: _____

4. How does/did the employee receive wages: _____ Direct Deposit _____ Paper Check _____ Other*
*If other, please explain: _____

5. List **NET** pay and **month (or how many weeks, if less than a month)** received for the last **3 months**, starting with current month.

NET PAY:	_____	MONTH:	_____	*Current Hourly Rate
	_____		_____	_____
	_____		_____	*Hours Worked Weekly

If terminated, date final check was or will be received: _____

6. Are there any paychecks or benefits (vacation, retirement, 401K, etc.) **yet to be received or available to employee?** _____ YES _____ NO If yes, list: _____
7. Was employment: Seasonal _____ Part-time _____ Full time _____ Temporary _____
Length of Employment: _____

This form is to be completed by the **Employer ONLY.**

Signature of Person completing form: _____ Date: _____

Printed Name & Title of person completing form: _____

Employer's Phone #: _____