

**Le Sueur County Human Services
Local Policy Manual**

Policy Statement

TITLE: County Burial

PURPOSE: To provide guidance as to how Burial provided to the residents of Le Sueur County will be determined eligible as well as to the limits of the services provided and paid for by the county

REFERENCE: State Statute 261.035 and 261.04

PERSONNEL

RESPONSIBLE: Financial Workers, Income Maintenance Supervisor, and Director

EFFECTIVE: 10-07-2003

POLICY: 100 - Eligibility Procedure: All Financial workers are able to take a county burial application and perform a face-to-face interview with the client's family or representative. Use the verification request form parts A/B to advise the client's representative what is needed to complete the application process. Check for other sources of funds available to use towards burial costs.

Prior to approval, the funeral home needs to be contacted and advised that the client's representative has made application for a county sponsored burial.

After all information is gathered, the application will be discussed with the MAXIS Mentor, Income Maintenance Supervisor, or the Director. In cases where none of these people are available a discussion with another unit supervisor will suffice.

Approval or denial will be given once all information is received and discussed. The Financial worker processing the application will advise the funeral home to send a detailed statement of services. The funeral home will collect all liquid assets (accounts) that the client had at the time of death and the funds will offset the

burial cost to Le Sueur County. The funeral home will submit an itemized burial bill with the deduction of client's assets for reimbursement of the burial cost. A claim form will be completed and approved once the statement is reviewed and verified correct.

Referral to the Child Support and Accounting Supervisor for collection of remaining assets is required. Complete a Recipient Facts Sheet and refer this to the Child Support and Accounting Supervisor for collection activity.

Case note all activity if the deceased person is known to the MAXIS eligibility system.

100.2 - Limits to benefits: The following limits will be in effect for county burial services.

- Fee for Services: 1,550.00
- Casket: Wholesale Costs plus 5%
- Grave Liner: Wholesale Cost
- Opening and closing: Wholesale Cost
- Transportation: Mileage will be reimbursed at the federal allowable rate. Transportation costs will be paid only to licensed funeral facilities. Out of County (including out of state) transportation will be limited to \$ 250.00 and considered on a case by case basis. (Consideration for granting transportation should be given when a previously purchased cemetery plot exists that will save on the service cost)
- Marker or Stone This item is not part of the burial policy and will be considered on a case-by-case basis, if allowed, the cost may not exceed \$ 250.00. Markers will not be purchased for out of county cemetery plots
- Cemetery Lot This item is not part of the burial policy and will be considered on a case-by-case basis
- Cremation Services Actual cost

Any services provided that are not approved by an authorized representative of the county will not be considered for payment.

APPROVED BY: County Board

DATE: 10-7-03

Updated 02.17.09

COUNTY BURIAL APPLICATION

Name of deceased: _____ Date: _____

Date of Birth: _____ Date of Death: _____

Social Security Number: _____

Address at death: _____

Address prior to nursing home entry: _____

Place of death: _____

Funeral Home: _____

Phone Number of Funeral Home _____

Applicant

Name of Applicant: _____ Phone _____

Address of Applicant: _____

Relationship to Deceased: _____

Deceased - Resources

Was deceased receiving any type of Public Assistance: _____

If yes, what program(s)? _____

Did the deceased own any of the following:

Value Value

Cash _____ Savings _____

Checking _____ Stocks, bonds, CD's _____

Trust funds _____ Vehicles _____

Burial Account _____ Life Insurance _____

Any other assets (list type and value, including any real property) _____

COUNTY BURIAL APPLICATION

Does the deceased have an accident, worker's compensation, or disability claim pending? _____

What income such as earnings, Social Security, Veteran's Pension, Interest, Railroad Retirement, etc., did the deceased have upon death? (list type and amount)

Does the deceased have access to insurance or other burial benefits through any organizations such as the VFW, American Legion, Moose, Elks, etc.? If so, please list.

Did the deceased have any outstanding debts upon death? _____
If so, to whom owed and amounts: _____

Relatives

List closest relatives' names and addresses:

<u>Name</u>	<u>Address</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are relatives able to contribute towards these costs? _____

NOTE: County burial funds cannot be used for gravemarker, transportation for family, minister, soloist, organist, lunch, flowers, or anything else other than the Funeral Director's services, casket and vault, and the opening and closing grave costs. Cremation costs and burial plots are also considered.

Signature of applicant _____

Agency signature _____ Interview date _____

COUNTY BURIAL APPLICATION

Read the following information about your rights and responsibilities, then sign the statement at the end to indicate that you understand.

MINNESOTA'S DATA PRIVACY ACT, Minnesota Statutes 13.04 (2) and (3) states: you have the right to know why the information is needed and how it will be used. The information is needed to determine your eligibility for assistance and the amount so we can collect federal or state funds, and to meet the federal or state statistical requirements. You may refuse to give the information; but that could make you ineligible for assistance.

The information will be used by staff members who manage the assistance programs and staff members of other agencies authorized by law. We may use it to refer you to other programs. When you are no longer a client of our agency, we will keep your file until federal, state, and county retention rules are met.

You may see all of the public and private information we collect about you, except for information that is legally classified as "confidential". (Confidential information is that which is not shared with the subject of the information, such as certain psychological or medical evaluations, records which will be used to prosecute a crime, etc.) You also have the right to disagree with information which you think is incorrect. If you have a question about your data privacy rights, ask you financial worker.

YOU HAVE THE RIGHT to apply or reapply for assistance at any time if you are denied.

YOU HAVE THE RIGHT to know what the rules are for the program for which you apply and to receive an explanation of how your benefit is figured.

YOU HAVE THE RIGHT to receive an explanation if your application is not processed within 30 days.

COUNTY BURIAL APPLICATION

IF YOU ARE NOT SATISFIED with the county's action, or you feel the agency has failed to act on your request for assistance, you may appeal within 30 days to the county agency. You may also write directly to the state appeals office at the Minnesota Department of Human Services, 444 Lafayette Road, St. Paul, MN 55155. If you show good cause for not appealing within thirty days the state agency can accept your appeal for up to 90 days from the date you get the notice.

IF YOU FEEL YOU HAVE BEEN TREATED UNFAIRLY in the handling of your application or payment because of your race, color, national origin, marital status, religion, creed, sex, age or because of physical, mental or emotional disability, you may file a complaint with any of these agencies:

**Minnesota Department of Human Services
Office of Equal Opportunity
444 Lafayette Road
St. Paul MN 55155-3812**

**Minnesota Department of Human Rights
Army Corps of Engineers Centre
190 East 5th Street, Suite 700
St. Paul MN 55101**

**Office of Civil Rights- Region V
US Department of Health and Human Services
105 West Adams Street-16th Floor
Chicago IL 60603**

YOU ARE RESPONSIBLE to inform the county agency of any changes which may affect this application, such as change in income or support payments from any source (Social Security or Veterans benefits, lump sum payments, tax refunds, inheritances, court settlements, etc.); property changes; buying or selling a house.

IF YOU KNOWINGLY GIVE FALSE INFORMATION on these forms, you may be investigated for fraud.

I have read and understand each of these RIGHTS and RESPONSIBILITIES.

Signature
