CITY OF GREEN, OHIO

INDIGENT BURIAL APPLICATION

RESIDENCY QUESTIONNAIRE

FOR DETERMINING RESIDENCY FOR PERSONS WHO WERE **LIVING IN NURSING HOMES, ASSISTED LIVING AND/OR HOSPITALS**

1. Name of facility and address: _____

_____
Street City State Zip Code

Contact Person: _____
Name Phone

2. How long had the deceased been at the facility? _____

3. Did the deceased get mail at that location? ☐ Yes ☐ No

4. Did the deceased own a home or other real property? ☐ Yes ☐ No

If yes, where?

_____
Street City State Zip Code

5. If the deceased had become well and left the facility, where would the person have lived?

_____
Street City State Zip Code

6. Did the person have a Patient Care Account? ☐ Yes ☐ No

APPLICATION FOR INDIGENT BURIAL FUNDS

*****Certain information contained in this application is a matter of public record subject to disclosure. Any false statement made or given in this application shall result in denial of payment and *could result in criminal prosecution*.*****

PAGES 3 THROUGH 8 TO BE COMPLETED BY DECEDENT'S REPRESENTATIVE.

FAILURE TO ANSWER ALL QUESTIONS MAY BE GROUNDS FOR DENIAL.

Applicant's Information:

Name: _____

Address: _____
Street City State Zip Code

Phone: _____

Relationship to Deceased: _____

Social Security Number: _____ D.O.B.: _____

Deceased Person's Information:

Full Name of
Deceased: _____ D.O.B. _____/____/____

Last Known Address: _____

_____
City State Zip Code

Social Security Number: _____ Sex: _____ Age: _____

Date of Death: _____ Place of Death: _____

1. At the time of death, was the deceased a resident of the City of Green?

   ☐ Yes ☐ No If yes, ***please provide proof of residency.***

2. Did the deceased receive benefits from Job & Family Services, such as Ohio Work First, Medicaid/Medicare, Healthy Start, Food Stamps, SSI, SSD or other program?

   ☐ Yes ☐ No

   If yes, please indicate which program(s): _____

3. Who claimed the body of the deceased?

   Name: _____

   Address: _____
   Street City State Zip Code

   When?_____Where? _____

4. Did the deceased have a court appointed guardian? ☐ Yes ☐ No If yes, list name and phone number of guardian:

   _____
   Name Phone Number

5. Did the deceased have a patient care account at an extended care facility at the time of death?

   ☐ Yes ☐ No

   If yes, list name of facility and amount in the account:

   _____
   Name Amount in Account

6. Was the deceased a veteran? ☐ Yes ☐ No

   If yes, has or will someone be applying for burial funds from the Warren County Veteran's Administration?

   ☐ Yes ☐ No

   If no, why not? _____

7. Will the body of the deceased be delivered for the purpose of medical or surgical study or dissection in accordance with Section 1713.34 of the Ohio Revised Code?

   ☐ Yes ☐ No

8. Was the deceased receiving Social Security retirement benefits at the time of death?

   ☐ Yes ☐ No If yes, indicate monthly amount: $_____

9. Is/was there any life insurance policies for the deceased?

   ☐ Yes ☐ No If yes, in what amount? $_____

10. Did the deceased participate in any type of prepaid burial Fund?

☐ Yes ☐ No If yes, in what amount? $_____

11. Did the deceased leave a will or trust fund?

☐ Yes ☐ No If yes, in what amount? $_____

12. Did the deceased, or does the surviving spouse of the deceased, own real property?

☐ Yes ☐ No

If yes, list address of property or properties and value: (attach additional sheet if necessary)

_____
Address Value

_____
Address Value

_____
Address Value

_____
Address Value

13. Did the deceased, or does the surviving spouse of the deceased own personal property, (i.e., vehicles, furniture, appliances, etc.)?

☐ Yes ☐ No

If yes, please type of property and value: (attach additional sheet if necessary)

_____
Type Value

_____
Type Value

_____
Type Value

_____
Type Value

_____
Type Value

14. Did the deceased have a checking or savings account at the time of death or within the last twelve (12) months prior to death?

☐ Yes ☐ No

If yes, please list name of financial institution and amount in account(s):
(attach additional sheet if necessary)

Name Amount

Name Amount

Name Amount

Name Amount

15. Does the surviving spouse of the deceased have a checking or savings account or did the spouse have a checking or savings account within the last twelve (12) months prior to this application?

☐ Yes ☐ No

If yes, please list name of financial institution and amount in account(s):
(attach additional sheet if necessary)

Name Amount

Name Amount

Name Amount

Name Amount

16. Will the funeral home or the estate of the deceased be receiving benefits or donations from friends, family, coworkers, businesses, non-profit organizations or any other burial funds?

☐ Yes ☐ No

If yes, please list all sources:

AUTHORIZATION:

I, the undersigned, authorize the disclosure of the above information to all persons as may be deemed proper for the purpose of reaching a proper decision on the question of my indigence.

Date: _____

_____
Signature

Acknowledgement

State of Ohio
County of Summit:

I,_____, being duly sworn, depose and say that I am the individual making the forgoing application; and that the answers to the foregoing questions and other statements and authorizations contained herein are true to the best of my knowledge.

_____
Applicant's Signature

Sworn before me and subscribed in my presence this_____day of_____, 20___.

_____
Notary Public

This page is to be completed by Funeral Home Representative.

Funeral Director's Information:

Name of Funeral Home: _____

Address: _____
Street City State Zip Code

Name of Representative: _____

Phone Number: _____

Federal ID #: _____

You must include a copy of the death certificate, an itemized statement of the burial expenses for the deceased and a copy of the obituary, if any, along with this application.

Funeral Director's Statement

Payment of funeral expenses shall not exceed $1000.00 and shall include crematory charges, less the amount of any contributions, insurance or property, real or personal, or of any other thing of value which may be applied toward the burial expenses. Accepting any additional payment for burial expenses not disclosed may be grounds for prosecution. I understand I must disclose, and have submitted a statement attached hereto, of the amount of any contributions received from friends, relatives or others, of insurance or property, real or personal, or of any other thing of value which may be applied to the burial expenses of the deceased, or of the absence of any such things of value which may be so applied.

I, _____, acknowledge that I have read and understand this statement and its requirements and that by signing below, I agree to comply with all requirements set forth herein.

_____
Signature

Sworn before me and subscribed in my presence this ____ day of _____, 20___.

_____
Notary Public