

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Application for Burial Benefits

IDENTIFYING INFORMATION AND ELIGIBILITY DETERMINATION

A. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

B. Deceased's Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Source of Income \_\_\_\_\_  
DHHR Benefits Received \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Date of Death \_\_\_\_\_ Social Security Number \_\_\_\_\_

Was the deceased a resident of West Virginia at the time of death?  
 Yes                       No                       Unknown

If the answer to this question is "No", explain why the deceased is to be buried in West Virginia.

\_\_\_\_\_  
\_\_\_\_\_

C. Your Relationship to the Deceased (Check One)

- |  |   |
|--|---|
| <input type="checkbox"/> Spouse            | <input type="checkbox"/> Other Relative (Specify) |
| <input type="checkbox"/> Son or Daughter   | <input type="checkbox"/> Friend                   |
| <input type="checkbox"/> Father            | <input type="checkbox"/> Heir                     |
| <input type="checkbox"/> Mother            | <input type="checkbox"/> Other _____              |
| <input type="checkbox"/> Brother or Sister |   |

D. Need for Payment of Burial Costs and Estate of the Deceased.

I attest and state that:

- The deceased's estate did not have sufficient resources equal to the maximum allowable payment. (\$2,450)
- The deceased, at the time of death, did have sufficient resources equal to or in excess of the maximum allowable payment. (\$2,450)
- I have no knowledge of/or about the deceased's estate.

E. Heirs of the Deceased

I attest and state that:

- The deceased has no heirs.
- No heirs have been located after a reasonable search.
- I have no knowledge of/or about the heirs of the deceased.

F. Resource

I attest and state that the following resources and amounts will be applied toward the burial costs:

ITEM	\$
<input type="checkbox"/> Prepaid Burial Trust	_____
<input type="checkbox"/> Insurance Benefits	_____
<input type="checkbox"/> Workers' Compensation	_____
<input type="checkbox"/> United Mine Workers' Compensation	_____
<input type="checkbox"/> Contributions from Friends and Relatives	_____
<input type="checkbox"/> Social Security	_____
<input type="checkbox"/> Veterans' Administration	_____
<input type="checkbox"/> Other (Specify) _____	_____
<input type="checkbox"/> No resources available	_____
<b>TOTAL</b>	<b>\$</b> _____

G. Signature

- Yes     No    1. I understand that if I am a liable relative of the deceased (children, father, brothers, sisters, or mother) as provided under the Public Welfare Law of West Virginia, I am required to complete the Affidavit of Responsible Relative to determine if I am of sufficient financial ability to apply toward the cost of burial. If I refuse to sign the Affidavit of Responsible Relative, the Department of Health and Human Resources will not make payment of the burial rate.
- Yes     No    2. I understand that the Department of Health and Human Resources may enter a claim upon the estate of the deceased in order to obtain reimbursement for the amount of payment the Department **makes** toward the burial cost.
- Yes     No    3. I understand if this application is approved and if a Funeral Director agrees to provide the burial and accept payment from the Department, burial program benefits will cover the following items: funeral service, clothing, casket, concrete box and transportation. Also, the Funeral Director is entitled to and may request additional funds up to a maximum of \$1,200, but under no circumstances will payment from the Department exceed \$1,250 for an approved burial.

I understand if I knowingly swear falsely about any information regarding this application, including forms **DFA-BU-1 and -2**, I **am** guilty of a misdemeanor and, upon conviction thereof, shall be fined not more than **\$1,000** or confined in the county or regional jail for a period of not more than six months, or both.

\_\_\_\_\_ Applicant's Signature \_\_\_\_\_ Date

DO NOT WRITE BELOW THIS LINE

Worker's Recording \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Worker's Signature \_\_\_\_\_ Date