



Clearwater County Funeral and Final Disposition Application

Office Use Only

Associated case(s):

Application Process

An application for funeral and final disposition by Clearwater County can be made by a family member or individual with the legal right to control the services, as outlined in Minnesota Statutes, section 149A.80, and must be completed and submitted to Clearwater County Department of Human Services prior to any funeral arrangements being made and/or paid for unless weekends, holidays or extraordinary circumstances prevent a timely application.

Eligibility is based on:

- Residency – The decedent must have been a recipient of public assistance for which Clearwater County was financially responsible and/or have had a verifiable last known residential address in Clearwater County.
- Funeral and Disposition Expenses – Payment of funeral and disposition expenses are based on allowable expenses for which amounts are equal to or less than those set within the Clearwater County Funeral and Final Disposition Policy.
- Assets and Resources – Clearwater County will deduct all available assets and resources of the decedent and of the decedent's responsible relatives from the allowable funeral and disposition expenses.

Verification of the balance of assets and resources held as of the date of death, is required. If the available assets and resources exceed the allowable amount payable by Clearwater County, the application will be denied.

If the application is denied, Clearwater County will notify the applicant in writing of the denial - providing the applicant with reconsideration and appeal process information and will contact the selected mortuary/crematory to deny funeral and final disposition arrangements and payment.

If the application is approved, Clearwater County will notify the applicant in writing and will contact the selected mortuary/crematory to authorize funeral and final disposition arrangements and payment. All immediately available assets and resources of the decedent shall be remitted to the mortuary/crematory to offset the expense of the funeral and disposition costs. Clearwater County will then pay the balance due (up to the approved amount) to the mortuary/crematory.

If other assets and/or resources become available to the decedent's estate after arrangements and payment have been authorized, the family member or individual with the legal right to control the services is required to notify the county immediately.

Applicant's Information (Person Completing Application)

Name:		Relationship to The Decedent:	
Address:		Phone Number:	

Decedent's Information (Person Who Has Died)

Name:		Date of Birth:	
Social Security Number:		Date of Death:	
Address:		Place of Death:	

Was the decedent receiving public assistance benefits? Yes No

Did the decedent die as a result of the Coronavirus (COVID-19)? Yes No

If 'Yes', this application may not be necessary as financial help may be available through the Federal Emergency Management Administration for which you may apply for [COVID-19 Funeral Assistance](#).

Did the decedent die as a result of a crime? Yes No

If 'Yes', this application may not be necessary as financial help may be available through the [Minnesota Crime Victims Reparations Board](#) for which you may apply through their online Victim Services Portal.

Mortuary/Crematory Information

Mortuary or Crematory:		Phone Number:	
Address:		Fax Number:	

Does the decedent have religious or other objections to a direct cremation? Yes No

If 'Yes', explain: _____

Requested Funeral Arrangement: Direct Cremation without a Service
 Direct Cremation with a Service
 Immediate Earth Burial without a Service
 Immediate Earth Burial with a Service

Dependent/Responsible Relatives of the Decedent (Attach additional pages if necessary)

Name of Spouse:		Phone Number:	
Address:		<input type="checkbox"/> Predeceased Spouse <input type="checkbox"/> Surviving Spouse <input type="checkbox"/> Not Married	

Dependent/Responsible Relatives of the Decedent – Continued (Attach additional pages if necessary)

Is the decedent survived by a **minor dependent** (child under the age of 18, or age 20 if still in secondary school)? Yes No

If 'Yes', list the Name and Date of Birth for each surviving minor dependent:

Name:		Date of Birth:	
Name:		Date of Birth:	
Name:		Date of Birth:	
Name:		Date of Birth:	

'**Next of Kin**' is defined as, "a person's closest living relative or relatives." For this application, 'Next of Kin' is to include the decedent's children and their descendants; then the decedent's parents. If there are no surviving children and/or parents of the decedent, list the decedent's brothers and sisters; then the decedent's grandparents. If there are no surviving brothers/sisters and/or grandparents of the decedent, list the decedent's aunts and uncles:

Name of Next of Kin:		Relationship to Decedent:	
Address:		Phone Number:	

Name of Next of Kin:		Relationship to Decedent:	
Address:		Phone Number:	

Name of Next of Kin:		Relationship to Decedent:	
Address:		Phone Number:	

Name of Next of Kin:		Relationship to Decedent:	
Address:		Phone Number:	

Next of Kin Unknown

Is there anyone else who has knowledge of and/or access to the decedent's assets and resources?

Yes No

If 'Yes', explain: _____

Comments, Notes, and Additional Information

Asset and Resource Information of the Decedent and the Decedent’s Responsible Relatives

All available death benefits must be applied for. Benefits include but are not limited to: Life Insurance, [Social Security Death Benefit](#), [Veteran’s Benefits](#), American Indian Tribal Benefits, and prepaid/prearranged funeral and disposition plans.

Prepaid Burial Resources

Does the decedent have a pre-paid burial fund or other burial benefit ? Yes No

If ‘Yes’, list the location(s) and the amount(s): _____

Is the decedent eligible for Veteran’s burial benefits? Yes No

Is the decedent eligible for Social Security death benefits? Yes No

Does the decedent have a burial plot? Yes No

If ‘Yes’, list the location and whether or not it has been paid for: _____

No burial or death benefits exist.

Life Insurance *(Attach additional pages if necessary)*

List the decedent’s Life Insurance policies – including any that list a Dependent/Responsible Relative as the Beneficiary:

Policy Owner:		Beneficiary:	
Company:		Beneficiary:	
Value:		Policy Number:	
Policy Owner:		Beneficiary:	
Company:		Beneficiary:	
Value:		Policy Number:	

No Life Insurance policies exist.

Monthly Income

Did the decedent receive any of the following types of income and/or benefits?

Earned Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	How Often?
Unearned Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	How Often?
Retirement Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	How Often?
Pension Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	How Often?
Disability Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	How Often?

Decedent did not receive any earned/unearned income or retirement, pension, or disability benefits.

Bank Accounts, Cash, and Other Resources *(Attach Additional Pages, if Necessary)*

Does the decedent and/or the decedent's Dependent/Responsible Relatives own any of the following assets?

Annuities/Securities	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount(s):	Owner(s): Location(s):
Capital Credits/ Patronage Dividends	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount(s):	Owner(s): Location(s):
Cash	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount(s):	Owner(s): Location(s):
Certificates of Deposit (CDs)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount(s):	Owner(s): Location(s):
Checking Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount(s):	Owner(s): Location(s):
Contract for Deed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount(s):	Owner(s): Location(s):
Crowdfunding/ Fundraisers	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount(s):	Owner(s): Location(s):
Debit Cards	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount(s):	Owner(s): Location(s):
Money Market Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount(s):	Owner(s): Location(s):
Nursing Home/ Resident Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount(s):	Owner(s): Location(s):
Representative Payee Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount(s):	Owner(s): Location(s):
Retirement Funds/ Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount(s):	Owner(s): Location(s):
Savings Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount(s):	Owner(s): Location(s):
Social Welfare Funds/ Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount(s):	Owner(s): Location(s):
Stocks and/or Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount(s):	Owner(s): Location(s):
<input type="checkbox"/> No Bank Accounts, Cash or Other Resources exist.			

Rights, Responsibilities and Authorization to Share Information

By Signing:

- I authorize Clearwater County Department of Human Services to share information about this application with third parties identified within this application and application process, and for the identified third parties to share information with Clearwater County Department of Human Services for the purpose of determining eligibility for assistance with the funeral and final disposition of the decedent (third parties may include but not be limited to mortuaries/crematories, city municipals, financial agencies, insurance agencies, and cooperative developments);
- I understand that this authorization to share information is valid for one year from the Applicant Signature Date, unless revoked by the Applicant in writing prior to the one year expiration;
- I understand that I am responsible to ensure that available assets and resources of the decedent and the decedent's responsible relatives are paid directly to the mortuary/crematory;
- I understand that if other assets and resources are discovered, or become available to the decedent's estate, Clearwater County must be notified immediately by the applicant;
- I understand that the applicant and/or next of kin is required to cooperate with all county collections regarding the decedent's assets and resources, and that failure to cooperate in identifying or turning over the decedent's assets and resources may result in legal actions;
- I acknowledge that in accordance with Minnesota Statutes, section 261.04, Clearwater County shall file a claim against the estate of the decedent who received funeral and final disposition assistance;
- I understand the cost of the funeral and final disposition cannot exceed the allowable expense limits and that there cannot be any substitutions or enhancements to the allowable expenses unless prior approved by Clearwater County;
- I understand that if I disagree with the county's decision I may submit a request for reconsideration to Clearwater County Department of Human Services within 10 days from the date of the notice of decision;
- I understand that if the county affirms their decision after my request for reconsideration, I may submit a written appeal to the Clearwater County Board of Commissioners within 20 days from the county's notice of affirmation;
- I understand that if I feel I am being discriminated against because of my race, color, national origin, sex, sexual orientation, age, creed, religion, political beliefs, disability or public assistance status, I may file a written complaint to the Clearwater County Department of Human Services Director within 180 days of the date the alleged discrimination occurred;
- I declare that 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 that if I knowingly provide false information on this application, I will be subject to prosecution for fraud.

Applicant Signature: _____ **Date:** _____

Decedent's Information *(Person Who Has Died)*

Name:		Date of Birth:	
Address:		Date of Death:	

Office Use Only – Application Determination

Asset Calculation:

Total amount/value of available assets listed on pages 4-6:	
Less value of excluded homestead and/or encumbered real property:	
Less value of excluded vehicle:	
Less FPG amount for HH size of surviving spouse and/or dependent children:	
Amount of assets applied towards the funeral and final disposition:	

Expense and Payment Calculation:

Total amount of funeral and final disposition expenses:	
Less total amount of accessory items/services the family is responsible for:	
Total amount of allowable funeral and final disposition expenses:	
Less amount of assets from the Asset Calculation above:	
Less amount/value of resources/death benefits available to the applicant/family:	
Amount payable by Clearwater County for the funeral and final disposition:	

Determination:

- ✓ Applicant has the legal right to control the services: Yes No
- ✓ Decedent meets Clearwater County Residency: Yes No
- ✓ Allowable expenses and enhancements/modifications have been prior authorized: Yes No
- ✓ Allowable expenses are equal to or less than county maximum amounts payable: Yes No
- ✓ Total amount of available assets and resources are equal to or less than the total amount of allowable expenses: Yes No

- Approved** – Funeral Arrangement:
- Direct Cremation without a Service
 - Direct Cremation with a Service
 - Immediate Earth Burial without a Service
 - Immediate Earth Burial with a Service

- ✓ Notice of Application Approval sent to Applicant on _____
 - ✓ Notice of Decision sent to Mortuary/Crematory on _____
 - ✓ Authorized payment of \$_____ submitted through ISC on _____
 - ✓ Collection/Recovery Needed: Yes No
- If 'Yes', Sent to Accounting for Collection/Recovery on _____

Notes:

- Denied** – Reason: _____
- ✓ Notice of Denied Application sent to Applicant on _____
 - ✓ Denial for Funeral and Final Disposition sent to Mortuary/Crematory on _____

Agency Staff Signature: _____ **Date:** _____