

**Broome County Department of Social Services**

36-42 Main St., Binghamton, NY 13905

**Funeral Directors must submit this application for review.****FAX: (607) 778-2740****APPLICATION FOR BROOME COUNTY INDIGENT BURIAL**

This form must be completed in full by the legally responsible relative or other person (hereafter, the Applicant) arranging for the burial of the Decedent. All of the resources listed below will be considered in the eligibility determination process. **ALL INDIGENT BURIALS MUST BE PRIOR APPROVED BY BROOME CO DSS.**

Decedent's Name (L, F, Mi)				Application Date	
Date of Birth		Date of Death		Social Security Number	
Street Address				Apt/FL#	
City		State	Zip	County of Residence	
Decedent's Marital Status: <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated					
Veteran's Status: <input type="checkbox"/> Veteran <input type="checkbox"/> Spouse of Veteran <input type="checkbox"/> Parent of Veteran <input type="checkbox"/> Dependent/Child <input type="checkbox"/> Non-Veteran					
Type of Service Requested: <input type="checkbox"/> Direct Cremation <input type="checkbox"/> Full Service Cremation <input type="checkbox"/> Direct Burial <input type="checkbox"/> Full Service Burial <input type="checkbox"/> Body Donation					
Burial Plot: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Cemetery:					
Please check if the decedent died from any of the following? <input type="checkbox"/> Crime <input type="checkbox"/> Motor Vehicle Accident <input type="checkbox"/> Work Related Accident					
<b>Applicant/Representative of Decedent</b>					
Applicant's Name (L, F, Mi)				Relationship to Decedent	
Applicant's Street Address (incl. Apt/FL)			City	State	Zip
Applicant's SSN		Date of Birth		Telephone Number (include area code)	
<b>List All Remaining Members of the Decedent's Household Below (use reverse side if needed)</b>					
Last Name	First Name	MI	Relationship to Decedent		
Last Name	First Name	MI	Relationship to Decedent		
Last Name	First Name	MI	Relationship to Decedent		
<b>Please list below the resources of the Decedent and Legally Responsible Relatives (spouse or parent for child under 21). Attach additional sheets if needed.</b>					
<b>Earned Income:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes:					
Employer Name	Address	Date Last Employed		Value	
<b>Worker's Comp, Disability, SSI, VA Benefits, Other Unearned Income:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes:					
Source	Amount			Value	
<b>Bank Accounts:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes:					
Bank Name	Account Number	Owner's Name	Balance	Value	
Bank Name	Account Number	Owner's Name	Balance	Value	
<b>Cash on Hand and/or Personal Needs Allowance:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes:					
Source				Value	
Source				Value	

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<b>Burial Trust or Fund:</b>			<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes:
Description	Amount	Value			
<b>Life Insurance:</b>			<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes:
Insurer Name	Account Number	Owner/Beneficiary Name(s)	Value		
Insurer Name	Account Number	Owner/Beneficiary Name(s)	Value		
<b>Motor Vehicles:</b>			<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes:
Year	Make/Model	Title/Registration Name(s)	Lien Holder	Value	
<b>Stocks, Bonds, CD's, Mutual Funds:</b>			<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes:
Description	Amount	Value			
<b>IRA, Keogh, 401-K, Deferred Comp, Pension:</b>			<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes:
Description	Amount	Value			
<b>Annuities, Other Funds:</b>			<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes:
Description	Amount	Value			
<b>Real Estate: Home, Vacation Home, Rental &amp; Other Property:</b>			<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes:
Description	Value				
<b>Trust Funds, Lawsuit Settlements, Inheritance:</b>			<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes:
Description	Value				
<b>Any Other Available Resources:</b>			<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes:
Description	Amount	Value			
<b>Are there any family and/or friends that are willing and able to pay?</b>			<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes:
Relation to Deceased	Amount	Value			
<b>Decedent eligible for Social Security Death Benefit:</b>			<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes:
<b>Decedent was in receipt of assistance with Social Services?</b>			<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, specify below:
<input type="checkbox"/> Medicaid <input type="checkbox"/> Food Stamps <input type="checkbox"/> Cash Assistance <input type="checkbox"/> Other (specify)					
<p>I hereby request an Indigent Burial for the decedent named on this application. I swear or affirm that the information given on this application is true and correct, and that this application was completed by me before being signed. I will give to the Social Services official, or their representative, all information relating to my application. I understand, and agree, that any resources found in the name of the Decedent will be applied towards repayment for funeral expenses incurred by the Department of Social Services, as specified in relevant law. I understand that filing an application for an indigent burial does not guarantee payment by the Broome County Department of Social Services. A determination of eligibility for burial payment will be made after a complete financial investigation has been completed. (initial)_____</p> <p>I understand that the bank accounts and/or the Personal Needs Allowance (PIA) is not to be accessed or withdrawn in any way, as these monies are to be recovered by the Broome County Department of Social Services. Should the monies be withdrawn, I understand that I or anyone that withdrew the monies can be held accountable and legal action may be taken against me to reimburse Social Services. (initial)_____</p>					

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**Penalties:** I understand that my application may be investigated and I agree to cooperate in such an investigation. Federal and State Laws provide for penalties of fine, imprisonment or both, if you do not tell the truth when you apply for burial benefits or at any time when you are questioned about your eligibility, or cause someone else not to tell the truth regarding your application. Penalties also apply if you conceal or fail to disclose facts regarding your initial eligibility for burial benefits. (initial)\_\_\_\_\_

I understand that excessive expenditures incurred by myself/others (i.e. upgrade to casket and/or vault, limousines, extended calling hours, etc.) in connection with this arrangement will be viewed as willingness/ability to pay for these services independent of the Department of Social Services and may result in this application being denied. (initial)\_\_\_\_\_

The Broome County Department of Social Services will notify the prospective funeral director of their decision upon completion of the eligibility process. My signature below allows the Broome County Department of Social Services permission to discuss the information relating to the burial with the prospective funeral director AND that I agree to any investigation made by the Department of Social Services to verify or confirm the information I have given, or any investigation made by them in connection with my request for burial benefits.

\_\_\_\_\_  
Signature of Applicant/Representative of Decedent

\_\_\_\_\_  
Date

Preferred Funeral Home:

Contact:

**DO NOT WRITE BELOW – TO BE COMPLETED BY AGENCY**

Notes:

Funeral Home Name:

Phone #:

Disposition: ☐ Approved ☐ Denied ☐ WD

If DN/WD-Reason:

Funeral Home Notified: ☐ Yes ☐ No and Reason:  
☐ Phone ☐ Fax ☐ Email ☐ Mail

Date:

Available resources/Income to be applied:



State of New York  
County of Broome Government Offices

Broome County Department of Social Services      *Administrative Services*  
Jason T. Garnar, County Executive · Nancy J. Williams, LCSW-R, Commissioner  
Kyle White, Fiscal Services Administrator

## ATTESTATION OF INDIGENT BURIAL FUNERAL EXPENSES

I, \_\_\_\_\_ of the deceased \_\_\_\_\_  
(Name and relationship to the deceased) (Name of deceased )

understand the funeral home, Allen Memorial Home

has agreed to accept Broome County Department of Social Services indigent burial payment rates as payment in full. I acknowledge the following itemized indigent burial allowable costs, not to exceed \$1,000, which are not covered or paid for by Broome County Department of Social Services indigent burial payment rates, were paid to the funeral home, and no other funds have been paid to the funeral home. Obituary flowers, clergy honorarium and prayer cards will not be counted towards the \$1,000 but must be included below if paid to the funeral home.

Payment For	Amount

\_\_\_\_\_  
(Signature of arranging party)

\_\_\_\_\_  
(Signature of Funeral Director)