

Was the deceased person receiving DTA benefits at the time of death? Check all that apply:

TAFDC Yes No
EAEDC Yes No
SSI/SSP* Yes No
SNAP Yes No

* Supplemental Security Income benefits and/or State Supplemental Payments.

Do the planned services include a burial? No Yes \$ _____

Did the deceased person have any of the following assets at the time of death? (If Yes, provide value amount.)

Does the deceased have a pre-paid burial plot? No Yes \$ _____

Does the deceased have a funeral trust account? No Yes \$ _____

Has the deceased person been granted any other death benefit, e.g. Veteran's or Social Security? (If Yes, provide value amount.)

No Yes \$ _____

Personal Needs Account(s) No Yes \$ _____

Cash No Yes \$ _____

Bank Account(s) No Yes \$ _____

Other Assets No Yes \$ _____

Other Asset Type: _____

Does the deceased person have a life insurance policy?

No Yes \$ _____

If Yes, provide name of insurance company and policy number:

Have/Will any of the deceased person's assets been/be applied to the funeral bill? No Yes \$ _____

Have or will funds be raised or collected (e.g. family and/or church donation, GoFundMe® or other crowdfunding platform) to satisfy all or a portion of funeral and final disposition expenses?

No Yes \$ _____

Do you (surviving kin) have any assets (bank accounts, cash, life insurance, etc.)? No Yes \$ _____

If Yes, please provide verification _____

Section III (TO BE COMPLETED BY LICENSED FUNERAL ESTABLISHMENT):

Name of Licensed Funeral Establishment:

License No.: _____

Address _____
Street City ZIP Telephone

Is there a pre-need funeral services contract that controls the nature of the goods and services to be provided? (If Yes, please provide value amount.)

No Yes \$ _____

Has/Will the licensed funeral establishment advance(d) monies as an accommodation to the surviving kin or duly authorized representative making funeral arrangements? (If Yes, please provide value amount.)

No Yes \$ _____

