## BELL COUNTY INDIGENT CREMATION POLICIES

### Funeral Home Responsibility

General:

1. Pick up & hold.
2. Screen for ability to pay or to apply for County Program.
3. Process all paperwork to include that necessary according to law and as necessary to determine eligibility for Indigent Cremation:
    a. File all required documents.
    b. Request all information necessary to determine whether person meets County Indigent Cremation Program criteria. Information may be gathered on existing Funeral Home form(s) as long as the following information is included:
        i. Demographic data
        ii. Place of death (address/county)
        iii. Veteran status
        iv. Body Donation Qualifications
        v. Next of kin/ responsible party
        vi. Any known income/available resources to the household for anytime during the month of death
            (1) income
            (2) savings accounts
            (3) real estate, vehicle, or other property
            (4) insurance policies-life and burial
        vi. Other outstanding debts of the estate (if known)
        vii. Acknowledgment of county program & acceptance of terms, any necessary release in accordance with State and/or Federal law
4. Complete Referral Form, provide a copy of the death certificate and fax to Bell County for approval.
5. Retain records and make them available to the county as appropriate for audit and accountability purposes.
6. File death certificate & notify the Social Security Administration.
7. Invoice County for approved services.
    a. Itemize invoice to County
8. Accept County Program funds as payment in full.
    a. Do NOT waiver from indigent policies approved by the County
    b. Do NOT accept funds from next of kin, etc. to provide additional services or to supplement county approved package
    c. Reimburse the county in event unforeseen funds received from any other source.

## Cremation

1. The County will assist with cremations or Body Donation in accordance with prevailing law. The County will not provide for any other type of service for deceased indigents.
   a. With the requirement that only those items listed below be provided by the funeral home; and
   b. That no additional amenities will be provided independently by the survivors or via supplemental payment to the funeral home.
   c. Provided as the only option to next of kin/responsible party.
2. County approved cremation package consists of:
   a. Pickup & hold
   b. Cremation
   c. Container
   d. Disposition of remains
      i. Funeral Home is responsible to make arrangements for remains when no responsible party can be identified; and must document in its records action taken.
3. County approved Body Donation to Science package consist of:
   a. Pick up and hold
   b. Submit application to Bell County
   c. The Aeternitas Life rep will contact the family to finalize protocols
   d. A local shipping/transportation partner will come to pick up the unembalmed deceased.
   e. Any fees acquired for the first call or pickup will be billed to Bell County application.

## County Responsibilities

1. Review faxed application and give approval or denial to go forward.
2. Initiate and maintain data base:
   a. To track cremations and body donations
      i. Individual
      ii. Funeral Home
3. The county pays up to $750 directly to the funeral home for a deceased person with no family or assets.
4. The county will consider paying the cost of additional fees up to $300 as deemed necessary on a case-by-case basis. Documentation required prior to approval.
   a. Additional fees
      i. Obese cases (300lb plus)
      ii. Air Tray
      iii. First Call – Two Person
      iv. Death Certificate
      v. COVID Bio-Body Bag
5. Pauper Burial does not include ceremony/memorial services.

## Indigent Cremation
## Eligibility Criteria

Eligibility for the Bell County Indigent Cremation Program is based on county of death and countable assets. In order to determine eligibility, applicants will be asked to complete an application, a checklist of accessible assets, and a budget sheet of allowable expenses for the deceased and/or legally responsible surviving household persons. All completed documents will be faxed to the designated county office, where they will be processed for eligibility determination. The application form will be appropriately noted with eligible or ineligible and faxed back to the funeral home. In the event that no next of kin or other legally responsible person is identified, the funeral home will also assure the appropriate legal documentation is signed by the County Judge.

**COUNTY OF DEATH** - Bell County

**ASSETS**
Countable assessable assets are at or below the maximum amount the county has agreed to pay to the funeral home for Indigent Cremation.

**DEFINITIONS**
Accessible Assets: liquid and non-liquid assets readily and legally available to the deceased or to the survivors who are legally responsible for the deceased upon decedent's death. These include but may not be limited to checking, savings, and other accounts, earned and unearned income, other cash receivables from all sources, cash value on insurance policies, and insurance policy benefits or other death benefits available due to the death of the decedent.
**Countable Accessible Assets:** the difference between the accessible assets of the legally responsible household and the allowable expenses of the household for the month of death.
**Minor child:** A person under age 18 who has not been married or who has not had the disability of minority removed for general purposes.
**Legally Responsible relationship:** An Indigent Cremation legally responsible relationship exists between the deceased and those who have legal obligation to support the persons financial needs. Legal responsibility exists between:

- Persons who are legally married (to include those who hold themselves out to the public to be married in a common-law relationship)
- A legal parent of a minor child, or
- A managing conservator and a minor child

**Allowable household expenses:**

- Rent/Mortgage & associated insurance& property tax
- Energy & Water utilities
- Loan payments or other payments for school, vehicle, bankruptcy resolution, probation, and court fees
- Childcare/Dependent Care
- Out of pocket Medical expenses for deceased or surviving legally responsible person's
- Average monthly cost of transportation to and from work, medical appointments, school, grocery store, and other activities of daily living
- Average cost to purchase and care for clothing to include average cost for cleaner fees, purchase of uniforms, school, and other basic clothing needs
- Out of pocket repairs to home and primary vehicle
- Other expenses such as vehicle registration, out of pocket professional certification fees, death certificates, etc.
- Cost of groceries and household products

# BELL COUNTY, TEXAS

## Indigent Cremation Referral Form DATE

### FUNERAL HOME

| | | | | | |
|---|---|---|---|---|---|
| **Name** | | | | | |
| **Address** | | | | | |
| **Person referring** | | | | | |
| | *Name* | | | *Title* | |
| **Phone** | | **Fax** | | **Email** | |

### IDENTIFICATION OF DECEASED

| | | | | | |
|---|---|---|---|---|---|
| **Full Legal Name** | | | | **Social Security Number** | |
| **Street Address while living** | | | | **Sex** | **Race** |
| **City, State Zip** | | | | **Marital Status** ☐ Married ☐ Single ☐ Widow ☐ Divorced | |
| **DOB** | | **Age** | | **DOD** | |
| **Place of Death** | | | | *Was deceased a veteran?* ☐ Yes ☐ No | |
| | *City within County* | *Location (i.e. home, etc.)* | | | |

### BODY DONATION

| | |
|---|---|
| **Does the deceased weigh more than 230 lbs?** | ☐ **Yes** ☐ **No** |
| **Does the deceased have or is positive for HEP B, C or HIV 1 or 2?** | ☐ **Yes** ☐ **No** |
| **Does the deceased have noticeable decompositions?** | ☐ **Yes** ☐ **No** |
| **Will you honorably donate your loved one to Science to advance Medical research?** | ☐ **Yes** ☐ **No** |

**APPLICANT INFORMATION**

*(person with authority to make arrangements for the deceased or acting on behalf of person with authority)*

| | | | | | |
|---|---|---|---|---|---|
| **Name** | | | | | |
| **Address** | | | | | |
| | *Street & PO Address* | | *City & State* | *Zip* | |
| **PHONE** | | **FAX** | | **EMAIL** | |
| **Relation to deceased** | ☐ ***Surviving Spouse*** ☐ ***Surviving Adult Child*** ☐ ***Surviving Parent(s)*** ☐ ***Adult Sibling*** ☐ ***Other (friend, pastor, etc.)*** | | | | |
| **If acting on behalf of person of authority, who has legal authority?** | | | **Relationship** | | |
| | | | | | |
| | | | | | |
| *Street & PO Address* | | *City & State* | | *Zip* | |
| Total amount/value of countable income/resources available to deceased anytime during month of death | | **$** | | | |

# RESPONSIBLE PARTY/APPLICANT AFFIDAVIT

**AFFIDAVIT OF INDIGENT STATUS AND ACKNOWLEDGMENT OF CONDITIONS OF ELIGIBILITY FOR THE BELL COUNTY INDIGENT CREMATION PROGRAM**

Upon my oath, I swear that there are no resources available from any individual, organization or entity, to include life insurance benefits, real property, cash, bank accounts, etc., to provide for the disposition of the remains of the aforementioned deceased, identified by name as _____ _____. I further attest that I have read and understand the Bell County Indigent Cremation Policies, including the policy that family/survivors or others may not pay for additional services. I understand and agree that in the event any funds become available in the future, I will reimburse Bell County the expense incurred for the funeral arrangements provided for the aforementioned deceased.

_____ _____

**Signature of Responsible Party /Applicant** **Date**

Sworn to and subscribed before, me, the undersigned Notary public, this _____day of _____

_____ 20 .

[seal]

_____

**Notary Public, State of Texas**

My Commission expires_____.

# FUNERAL HOME AFFIDAVIT

***Is there someone to claim the remains?*** ☐ ***Yes*** ☐ ***No***

| | |
|---|---|
| If yes, who? | |
| If no, describe FH plan for remains | |

| | |
|---|---|
| **Amount to be billed to Bell County upon acceptance & approval of this referral for cremation only:** | **$** |

**AFFIDAVIT OF ELIGIBILITY FOR ☐ INDIGENT CREMATION OR ☐ BODY DONATION IN ACCORDANCE WITH BELL COUNTY CRITERIA**

The deceased appears to be eligible for the ☐Bell County Indigent Cremation **OR** ☐ Body Donation Program based on all information & documentation provided by the applicant and other resources pursued as appropriate, such as veterans' benefits, etc. There are no other identified resources for disposition of the decedent's remains and the responsible party and/or other person(s) facilitating arrangements has been informed that upon acceptance of Bell County assistance, no amenities except those specifically authorized by Bell County may be offered by the funeral home or provided by next of kin, other family, friends or unidentified others. Furthermore, this funeral home has not accepted any additional funds to provide for, nor has it provided at no charge, any supplemental provisions/services beyond those approved by the County. We agree that in the event that any funds become available to us by survivors, insurance, veterans benefits, or other resources, that we will reimburse the county for the entire amount originally paid by the County for this decedent's cremation package.

☐All arrangements have been authorized by the appropriate legal party

☐No responsible party has been identified

☐Not eligible for VA Burial Allowance(s)

| | |
|---|---|
| | |
| Signature of Funeral Home Representative | Date Signed |

**For Official Use ONLY**

**Per Texas Health and Safety Code - Chapter 694.002**

_____ funeral home is hereby:

☐ authorized to take charge of the above described body, identified by name as _____ and to inter the same at the expense of Bell County, with said charges being approved for a total of **$750 .**

☐ not authorized. Request for Indigent Cremation is denied.

☐ _____, deceased, is eligible for the Body Donation Program and **no expenses to be paid by Bell County.**

_____ _____

Signature County Judge or Designee Date Signed

_____

Printed name of person authorized to sign

**INSTRUCTIONS FOR USE OF THIS FORM**

1. Funeral Home will submit completed referral form, Pages 4-11 & a working copy of the Death Certificate, by fax to the County Judges Office, 254-933-5179
2. The County Judges Office will request authorization and assure appropriate signature for authorization.
3. Once approved, signed and dated, the form will be returned to the Funeral Home.

# Bell County Indigent Cremation Program
# Countable Asset Worksheet

**Name of Deceased**:_____

***Please list amounts for all legally responsible household members*** *received and expenditures for the same month.*
The following information reflects assets and expenditures for the month of _____, 20_____.

| Asset | Yes | No | Amount |
|---|---|---|---|
| Monthly employment income (includes self employment business, farming or other such as babysitting, housekeeping, Avon, Amway, etc.) | | | |
| Unemployment income | | | |
| Cash gifts/contributions from family, friends, church, etc. to pay for rent/mortgage, utilities, school tuition, etc.) | | | |
| Refunds, insurance payments, Income tax and other to include lump sum payments | | | |
| Social Security or Supplemental Security Income | | | |
| Retirement Income union benefits, and pensions to include Veteran benefits, etc. | | | |
| Child Support, Alimony, and other allotments | | | |
| Public Assistance with cash value (TANF, food stamps & housing) | | | |

| Expense | Yes | No | Amount |
|---|---|---|---|
| Rent, mortgage (actual amount even if someone else is paying or if subsidized through a housing program) | | | |
| Property Tax and Home Insurance (per month average) | | | |
| Energy & water utilities (electricity, gas, water) | | | |
| Telephone (no more than $50 per month allowed as countable expense) | | | |
| Health, Life & Burial insurance premiums | | | |
| Average monthly cost of transportation to and from work, medical appointments, school, grocery store, and other activities of daily living | | | |
| Loan payments or other payments for school, vehicle, bankruptcy resolution, probation and court fees. | | | |
| Average cost to purchase and care for clothing to include average cost for cleaner fees, purchase of uniforms, school and other basic clothing needs. | | | |

| Asset | Yes | No | Amount |
|---|---|---|---|
| Dividends from stocks, bonds, or bank accounts | | | |
| Interest & Royalties from Oil, Gas or Mineral Leases | | | |
| Sale of real or other property | | | |
| Cash on hand in savings or in pocket | | | |
| Education grants/loans | | | |
| **TOTAL COUNTABLE ASSETS** | | | |

| Expense | Yes | No | Amount |
|---|---|---|---|
| Childcare/Dependent Care | | | |
| Out of pocket repairs to home and primary vehicle | | | |
| Out of pocket Medical expenses for deceased or surviving legally responsible person's | | | |
| Other expenses such as vehicle registration, out of pocket professional certification fees, death certificates, etc. | | | |
| Average cost of groceries & household supplies | | | |
| **TOTAL COUNTABLE EXPENDITURES** | | | |

| |
|---|
| Name of Deceased: |
| Signature of Applicant (person providing information for worksheet) |
| Signature of Funeral Home representative |
| Date |

| | | | |
|---|---|---|---|
| Difference between assets & expenditures | | | |
| Is the remaining balance (difference) greater than allowable cost of cremation? | | | |

**Name of Applicant – Family Member**:_____

***Please list amounts for all legally responsible household members*** *received and expenditures for the same month.*

The following information reflects assets and expenditures for the month of _____, 20_____.

| Asset | Yes | No | Amount |
|---|---|---|---|
| Monthly employment income (includes self employment business, farming or other such as babysitting, housekeeping, Avon, Amway, etc.) | | | |
| Unemployment income | | | |
| Cash gifts/contributions from family, friends, church, etc. to pay for rent/mortgage, utilities, school tuition, etc.) | | | |
| Refunds, insurance payments, Income tax and other to include lump sum payments | | | |
| Social Security or Supplemental Security Income | | | |
| Retirement Income union benefits, and pensions to include Veteran benefits, etc. | | | |
| Child Support, Alimony, and other allotments | | | |
| Public Assistance with cash value (TANF, food stamps & housing) | | | |

| Expense | Yes | No | Amount |
|---|---|---|---|
| Rent, mortgage (actual amount even if someone else is paying or if subsidized through a housing program) | | | |
| Property Tax and Home Insurance (per month average) | | | |
| Energy & water utilities (electricity, gas, water) | | | |
| Telephone (no more than $50 per month allowed as countable expense) | | | |
| Health, Life & Burial insurance premiums | | | |
| Average monthly cost of transportation to and from work, medical appointments, school, grocery store, and other activities of daily living | | | |
| Loan payments or other payments for school, vehicle, bankruptcy resolution, probation and court fees. | | | |
| Average cost to purchase and care for clothing to include average cost for cleaner fees, purchase of uniforms, school and other basic clothing needs. | | | |

| Asset | Yes | No | Amount |
|---|---|---|---|
| Dividends from stocks, bonds, or bank accounts | | | |
| Interest & Royalties from Oil, Gas or Mineral Leases | | | |
| Sale of real or other property | | | |
| Cash on hand in savings or in pocket | | | |
| Education grants/loans | | | |
| **TOTAL COUNTABLE ASSETS** | | | |

| Expense | Yes | No | Amount |
|---|---|---|---|
| Childcare/Dependent Care | | | |
| Out of pocket repairs to home and primary vehicle | | | |
| Out of pocket medical expenses for deceased or surviving legally responsible person's | | | |
| Other expenses such as vehicle registration, out of pocket professional certification fees, death certificates, etc. | | | |
| Average cost of groceries & household supplies | | | |
| **TOTAL COUNTABLE EXPENDITURES** | | | |

| |
|---|
| Name of Deceased: |
| Signature of Applicant (person providing information for worksheet) |
| Signature of Funeral Home representative |
| Date |

| | | | |
|---|---|---|---|
| Difference between assets & expenditures | | | |
| Is the remaining balance (difference) greater than allowable cost of cremation? | | | |

**Bell County Indigent Cremation Program Descendent Questionnaire Form**

**Name of Applicant – Family Member:**_____

1. Fill in the chart below about yourself and for everyone who lives in the house with you. If you need additional space please write on the back of this form.

| Name | Date of Birth | Kin | Sex (F/M) |
|---|---|---|---|
| SELF | | | |
| | | | |
| | | | |

2. Marital Status: □ Married □ Single □ Widow □ Divorced

3. Are you - or is anyone in your household - receiving □ TANF □ Food Stamp □ and/or Medicaid benefits?

4. How much money do you have? For example, on your person, in your home, in bank accounts, or other locations?

5. Do you sell, trade, or give away any cash or property? □ Yes□ No

6. Have you - or has anyone in your household - worked in the last three months? □ Yes □ No

| Name of your agency, person, or employer? | Amount Received | How Often Received |
|---|---|---|
| | | |
| | | |
| | | |