

CROW WING COUNTY - FUNDED BURIAL INFORMATION

State law requires counties to pay the “necessary expenses” of a funeral and final disposition when the deceased person or spouse has insufficient resources to pay those expenses. Crow Wing County will provide for cremations or burials of indigent persons who die in Crow Wing County when such persons are the financial responsibility of Crow Wing County in accordance with Minnesota Stat. §256.935, §261.035 and §261.04. As a county funded service, only the basic expenses associated with the cremation or burial will be paid for by Crow Wing County. As allowed by law, the County will attempt to recover its costs from the estate of the deceased.

Eligibility and approval for a County Burial must be preauthorized

- An application and interview for County Burial must be completed.
- All resources of the deceased will be reviewed, verified and applied toward the cost of a County Burial including resources owned jointly.
- If deceased has real property and no surviving spouses or dependent children, county burial will be denied. If a financially responsible relative owns their home they are not eligible for a county burial.

No enhancements

If Crow Wing County assumes financial responsibility for final disposition, there cannot be any enhancements or additional services. If family and/or friends choose to enhance the funeral, or make substitutions, such as a casket of their choice, they will be obligated to pay for the entire cost. If County Burial is approved and funded and it’s discovered that there was a 3rd party funded funeral or services, Crow Wing County will take all necessary legal steps to recover the County’s expended costs from the County paid burial.

- The County provides for Direct Cremation; or Immediate Burial if cremation is contrary to the beliefs or expressed wishes of the deceased.
- The County will not pay for accessory services or items such as flowers, honorariums, music, processions, clothes, printed material, food or other such items.
- The County does not pay for cemetery markers, headstones, or decorative cremation containers.

Allowances

Crow Wing County Burial Expense Structure 1/1/2020	
Expenses may be used for the following and not to exceed the maximum limit.	
Immediate earth burial	Immediate cremation
Professional Services	Professional Services
Removal/Transfer	Removal/Transfer
Graveside Service	Graveside Service
Hearse	Cremation container
Casket	Cremation Fee
Grave liner	Cemetery Lot
Cemetery Lot	
Immediate Earth Burial Max \$3900.00 plus transportation costs. (\$2.00 a loaded mile outside a 20 mile radius)	Cremation with Burial Max \$2900.00 plus transportation costs. (\$2.00 a loaded mile outside a 20 mile radius)

**CROW WING COUNTY COMMUNITY SERVICES
COUNTY BURIAL ASSISTANCE APPLICATION**

County Burials must always be pre authorized. If you have not already done so, please inform the Funeral Director that you are applying for county assistance, as they must adhere to the Burial Allowance Policy approved by the Crow Wing County Board of Commissioners. **All available resources must be applied to the burial expense. The County will reduce its assistance payment by this amount.**

Deceased Name: _____
Last Residence: _____
Surviving Spouse/Parent: _____
Surviving Children: _____
Date of Birth: _____
Date of Death: _____
City & State of Death: _____
Social Security Number: _____
Name of Funeral Home: _____
Name of Cemetery: _____

Was the individual receiving public assistance? Yes No
If yes, what program? _____
From what County? _____

Did the individual serve in the Armed Forces or is a Veteran? Yes No
If the individual is a veteran, you must apply for the Veteran's Death Benefit by contacting the Veterans Administration Office.

Family contribution? Yes No If yes, amount: _____

INCOME INFORMATION

Did the individual have any earned or unearned income (EX: unemployment, self-employment, social security, workman's comp, pension, money from a job)? Yes No

	<u>Type of Income</u>	<u>Amount</u>	<u>Frequency Received</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

ASSET INFORMATION

Does this person have any resources or property (EX: cash, savings, checking, stocks, bonds, certificate of deposit, vehicle, boat, camper, land, house, or mobile home)? Yes No

	<u>Owner</u>	<u>Type of Resource</u>	<u>Value</u>	<u>Amount Owed</u>	<u>Location</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

Does the individual have any death benefits available from a union or other organization? Yes No

Does the individual have any personal needs funds remaining at a nursing home? Yes No N/A

Prepaid Burial or Life Insurance? Yes No

If yes,

_____	_____	_____
Name of Company	Face Value	Cash Value
_____	_____	_____
Name of Company	Face Value	Cash Value

Burial Account? Yes No

Location of Funds: _____ Amount: _____

Cemetery Lot? Yes No

If yes, Location: _____

At this point the family intends to pursue the following:

**Unless contrary to the religious beliefs or expressed wishes of the deceased, cremation will be selected.*

Direct Cremation or Immediate Burial

RIGHTS AND RESPONSIBILITIES

Please Read the following statements. If you do not understand a statement, please ask that it be explained to you. Sign below to indicate that you have read and understood the statements.

- I will provide proof of all income and assets listed above in order to determine County Burial Assistance eligibility. I understand that eligibility cannot be determined until all assets and income are verified. Verification must be received within 30 days of the date of application and must be verified as of the date of death.
- I allow Crow Wing County to exchange information with the funeral director to determine eligibility for County Burial Assistance for the decedent listed on this application. I also allow Crow Wing County to obtain information about the income and assets of the deceased from their public assistance case, if applicable.
- I declare, under any applicable penalties of criminal liability provided in the laws of the State of Minnesota that all statements contained in this application, to the best of my knowledge and belief, are true, correct and complete.
- I agree to notify Crow Wing County if any resources not listed in this application are located after I have completed this form. I understand that all resources of the deceased must first be used to defray any burial expenses authorized or paid for by Crow Wing County. The County may present and pursue a claim against the estate of the deceased person for the aid provided herein, upon discovery of any property of the estate previously not reported.
- I understand that if I knowingly provide false information on this application, I may be subject to prosecution for fraud and legal action may be initiated to recover any burial expenses paid by Crow Wing County.

Signature

Date

Information about person completing application: (please print)

Name: _____

Relationship to Deceased: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____