

<i>Date</i>	<i>Last Name</i>	<i>IC</i>	<i>New</i>	<i>Case #</i>
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*For office use only*

## Application for County Assistance for Funeral Expense

<b>Name of Applicant (Person completing forms)</b>	<b>Relation to Deceased</b>	<b>Phone #</b>
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Name of Deceased	Sex	BirthDate/ Birth Place	Veteran Status	SS #	Address (prior to hospital/nursing home)	
					Zip	County
			Branch Dates Discharge Type			
<b>Name of Spouse</b>						

### Funeral Arrangements

<b>Funeral Home</b>	<b>Contact Person &amp; Phone</b>	<b>Cemetery</b>	<b>Does the deceased have a plot? Y N</b>	<b>Cremation or Burial: Date of Services:</b>
<b>Cause of death</b>	<b>Place</b>	<b>Date</b>		

### DECEASED'S EMPLOYMENT, INCOME, & ASSETS

Employer	Start Date	End Date	Job Title	Wages	Hours	Why Left
Current						
Previous						

Income Type	Amount per month
SOCIAL SECURITY	
SNAPS (FOOD STAMPS)	
TANF or CHILD SUPPORT	
WORKER'S COMP./UNEMPLOYMENT	
VETERAN'S BENEFITS	
RETIREMENT	
RENTAL/LAND	
OTHER	

Assets	Value/Amount
HOME/BUSINESS	
VEHICLES	
BANK ACCOUNTS	
INHERITANCE/TRUSTS	
401 K PLAN/INVESTMENTS	
LAND OWNED	
LIFE/BURIAL POLICY	
OTHER	

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**FAMILY CONTRIBUTION**

**Please list ALL immediate family members of the deceased**

<b>NAME</b>	<b>RELATIONSHIP</b>	<b>ADDRESS</b>	<b>OCCUPATION</b>	<b>ANNUAL HOUSEHOLD INCOME</b>	<b>NUMBER OF HOUSEHOLD MEMBERS</b>

**How much can the family members contribute to the cost of the funeral? Please explain.**

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**I DECLARE AND AFFIRM, UNDER THE PENALTIES OF PERJURY AND DENIAL OF BENEFITS, THAT THE ABOVE INFORMATION GIVEN IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE AND CORRECT.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**IMMEDIATE FAMILY MEMBER'S EMPLOYMENT, INCOME, & ASSETS**

<b>NAME</b>	<b>RELATIONSHIP TO DECEASED</b>	<b>ADDRESS</b>	<b>OCCUPATION</b>	<b>ANNUAL HOUSEHOLD INCOME</b>	<b>NUMBER OF HOUSEHOLD MEMBERS</b>

<b>Employer</b>	<b>Start Date</b>	<b>End Date</b>	<b>Job Title</b>	<b>Wages</b>	<b>Hours</b>	<b>Why Left</b>
Current						
Previous						

<b>Income Type</b>	<b>Amount per month</b>
<b>SOCIAL SECURITY</b>	
<b>SNAPS (FOOD STAMPS)</b>	
<b>TANF or CHILD SUPPORT</b>	
<b>WORKER'S COMP./UNEMPLOYMENT</b>	
<b>VETERAN'S BENEFITS</b>	
<b>RETIREMENT</b>	
<b>RENTAL/LAND</b>	
<b>OTHER</b>	

<b>Assets</b>	<b>Value/Amount</b>
<b>HOME/BUSINESS</b>	
<b>VEHICLES</b>	
<b>BANK ACCOUNTS</b>	
<b>INHERITANCE/TRUSTS</b>	
<b>401 K PLAN/INVESTMENTS</b>	
<b>LAND OWNED</b>	
<b>LIFE/BURIAL POLICY</b>	
<b>OTHER</b>	

**How much can your household contribute to the cost of the funeral? Please explain.**

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**SDCL 34-26-16. Persons charged with duty of burial--Grave marker. The duty of burying the body of a deceased person and providing the grave with a permanent concrete, metal anchored in concrete, or stone marker devolves upon the persons hereinafter specified: If the decedent was married the duty of burial devolves upon the husband or wife; If the decedent was not married but left any kindred, the duty of burial devolves upon the person or persons in the same degree nearest of kin to the decedent, being of adult age, and within this state and possessed of sufficient means to defray the necessary expenses.**

**Part 1 AUTHORIZATION FOR  
RELEASE OF INFORMATION**

Birth Date \_\_\_\_\_

SS# Number \_\_\_\_\_

\_\_\_\_\_  
Street Address or RFD

\_\_\_\_\_  
City, State & Zip Code

I, \_\_\_\_\_, being an applicant or client for financial assistance from Minnehaha/Lincoln County Department of Human Services and in order for them to develop an adequate record and file pertaining to my eligibility and suitability to qualify for services under the laws, rules, regulations and procedures of such agency, hereby authorize any individual or agency of any nature to release and furnish to the Minnehaha/Lincoln County Department of Human Services any information they have in their files regarding my physical, mental, academic, psychological, drug or alcohol abuse, social and economic condition. This information will be considered confidential information and shared only with institutions and agencies assisting with my financial needs.

This authorization shall be in effect for one year from this date, unless revoked by in writing at any time, except to the extent that action has already been taken to comply with it.

A copy of this release shall be as valid as the original.

Client's Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

Caseworker/Witness \_\_\_\_\_ Date \_\_\_\_\_

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**PART II REQUEST FOR INFORMATION** PHONE: 605-367-4217 FAX: 605-367-4235

Return to \_\_\_\_\_  
Minnehaha/Lincoln County Caseworker

Minnehaha/Lincoln County Department of Human Services  
521 North Main Avenue, Suite 201  
Sioux Falls, SD 57104-5965

## **1. ELIGIBILITY QUALIFICATIONS**

A. Eligibility for county welfare assistance is based on several factors including:

- a. income, including current, past and/or future;
- b. value of personal and real property and other assets;
- c. the number of household members;
- d. proof of Minnehaha or Lincoln County residency;
- e. proof of identification;

B. After you have completed an application for county welfare assistance, you will receive written notice of eligibility within five business days.

## **II. APPLICANT'S RESPONSIBILITIES**

A. Each applicant has the responsibility to accurately report all facts necessary to the determination of eligibility, all sources of income, any other assistance received, the number of household members, all savings and checking accounts, the value of any personal or real property and other assets.

B. Every client must report all changes in facts listed in II above.

C. Applicants must seek out other sources of assistance within one week of applying for county assistance.

## **III. CLIENT'S RIGHTS**

A. If you are not satisfied by the decision made by Minnehaha or Lincoln County Human Services, you have the right to a review by the County Director or his designee.

B. If you are dissatisfied by the decision made by the County Human Services Director or designee, you may petition directly to the County Commission by filing a notice at the County Auditor's office within 10 business days of the issuance of the Notice of Adverse Action from the County Director or his designee.

## **IV. CASEWORKER'S RESPONSIBILITIES**

A. Caseworkers have the responsibility to investigate and verify all statements made at the time of application and thereafter. The investigation may occur at the time of application, while receiving assistance, or after assistance has been received.

B. Caseworkers must explain other possible resources to the applicant.

C. Caseworkers only supplement other forms of assistance in extreme emergencies and only when all other resources have been exhausted.

**V. LIEN/BILL**

A. When Minnehaha or Lincoln County Human Services assistance has been provided to a person, the County has a claim against that person for the value of such assistance. That bill may be enforced as a lien against any property which the recipient and the recipient’s spouse may have at that time or later acquire. This lien remains in effect until paid in full or compromised with the County Commission. This bill follows the person and property owned anywhere.

B. Minnehaha County liens may be paid off in full or in partial payments either at the Human Services Office: 521 North Main Avenue, Suite 201, Sioux Falls, SD 57104 or at the Treasurer’s Office. Lincoln County liens may be paid off in full or in partial payments at the Lincoln County Auditor’s Office: 104 N Main Ave. Ste. 110, Canton, SD 57013. A receipt for the amount paid will be issued to the person upon request.

C. The County may send your bill/lien to a collection agency if it is not paid.

**VI. WORK RELIEF**

In all cases where assistance is requested, the applicant may be required to perform labor or other services of a public nature equal to the amount of aid granted by the Minnehaha or Lincoln County Human Services Office.

**VII. REASONS FOR DISQUALIFICATION**

A. Any person may be denied or terminated from assistance who, by means of an intentionally false statement, misrepresentation, impersonation, or other willfully fraudulent act or device, obtains or attempts to obtain any assistance otherwise merited.

B. Failure of the applicant to responsibly perform the duties set forth in VI above may be grounds for denial or termination of assistance.

I have read the rights and responsibilities that are mine under the County Human Services Program. Questions that I have concerning these rights and responsibilities have been fully explained to me. I understand and accept my rights and responsibilities under this program as set forth in state law and referenced above.

\_\_\_\_\_  
**NAME**                      **DATE**                      **NAME**                      **DATE**

\_\_\_\_\_  
**CASEWORKER NAME**                      **DATE**

The Minnehaha/Lincoln County Human Services Offices shall not discriminate on the basis of race, color, creed, religion, sex, ancestry, national origin, handicap, marital status or affectionate preference when granting assistance.