



Jefferson County Cremation/Burial Assistance Application

210 Courthouse Way Suite 110 Rigby, ID 83442
Phone: (208) 745-9223 Fax: (208) 745-5757

You will be required to **reimburse Jefferson County** for any funds expended on your behalf.

Date: _____ Social Security #: _____
Name of Deceased: _____ Date of Birth: _____
Address: _____ Date of Death: _____

How long in Jefferson County: _____

List everyone in the home	Date of birth	Social Security #	Relationship to you
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List ALL sources of income

This includes: Wages, unemployment, social security, food stamps, child supports, retirement, etc.

Source of Income	Amount
_____	_____
_____	_____
_____	_____
_____	_____

List Monthly Expenses

This includes: Rent/mortgage, heat, phone, water, food, child care, loans, insurance, child support, etc.

Type of expense	Monthly Amount	Total owed
Rent/Mortgage		
Food		
Non-food		
Insurance		
Child Support		
Child Care		
Gasoline		
Utilities/Gas		
Auto Payment		
Cable TV		
Credit Cards		
Internet		
Phone		

List Assets and Property

This includes: Home, land, checking account, vehicles, savings account, life insurance, etc.

Description of asset	Market Value	Amount Owed

Does the deceased person have a will?

If yes, who is named as the personal representative for the estate?

Yes No Name of Representative: _____

Was the deceased person a veteran?

Yes No

Did the deceased person have life insurance?

Yes No

Are there Social Security Death Benefits?

Yes No

Are there death benefits through the deceased's employer?

Yes No

Are there any family members who can help with burial or cremation costs?

Yes No Who: _____

Has the deceased sold, traded, given away, or put into a trust money or other resources within the last year?

Yes No

Does any member of the household have actions pending from which they may receive money?

Such as, lawsuits, inheritance, accident claim, divorce, insurance settlement, etc.

Yes No

Is money owed to any member of the household?

Yes No Who: _____

Any other pertinent information or comments?

I (we) certify that the information provided in this application is true and accurate. I give my permission to the county to verify and / or release this information to any appropriate organization necessary to provide my household with assistance.

Applicant Signature

Spouse's Signature

Date

Interviewer's Signature

Date

REIMBURSEMENT AGREEMENT

I/We understand I/we will be required to reimburse Jefferson County, State of Idaho for any expense for assistance which I/we have requested or which has been requested on my/our behalf and received, if at any time I/we have the ability to do so, including but not limited to my/our estate.

I/We agree to notify representatives of the Board of Jefferson County Commissioners when I/we come into possession of any income, resources, property, or information concerning my/our circumstances which I/we do not now possess. I/We accept the responsibility to immediately notify a representative of Jefferson County of any subsequent change in my/our circumstances relative to this application and request.

I/We agree to increase the rate of reimbursement or make lump sum payments consistent with any ability to pay when additional resources become available.

Signature of Applicant/Patient

Signature of Spouse

Date: _____

STATE OF IDAHO)

)SS:

COUNTY OF JEFFERSON)

SUBSCRIBED AND SWORN before me this _____ day of _____, _____.

S
E
A
L

Notary Public

Residing at: _____

My Commission Expires: _____