



On the right track ... get on board!

CITY OF FOSTORIA, OHIO

INDIGENT BURIAL APPLICATION

Return this Form, completed and signed to:

City of Fostoria
ATTN: Deb Hellman
213 South Main Street
Fostoria, Ohio 44830
(419) 435-8282

RESIDENCY QUESTIONNAIRE

FOR DETERMINING RESIDENCY FOR PERSONS WHO WERE LIVING IN NURSING HOMES, ASSISTED LIVING AND/OR HOSPITALS

1. Name of facility and address: _____

| | | | |
|--------|------|-------|----------|
| Street | City | State | Zip Code |
|--------|------|-------|----------|

Contact Person: _____

| | |
|------|-------|
| Name | Phone |
|------|-------|

2. How long had the deceased been at the facility? _____

3. Did the deceased get mail at that location? Yes No

4. Did the deceased own a home or other real property? Yes No

If yes, where?

| | | | |
|--------|------|-------|----------|
| Street | City | State | Zip Code |
|--------|------|-------|----------|

5. If the deceased had become well and left the facility, where would the person have lived?

| | | | |
|--------|------|-------|----------|
| Street | City | State | Zip Code |
|--------|------|-------|----------|

6. Did the person have a Patient Care Account? Yes No

If so, what was the balance at the time of death? _____

APPLICATION FOR INDIGENT BURIAL FUNDS

*****Certain information contained in this application is a matter of public record subject to disclosure. Any false statement made or given in this application shall result in denial of payment and could result in criminal prosecution.*****

PAGES 3 THROUGH 8 TO BE COMPLETED BY DECEDENT'S REPRESENTATIVE.

FAILURE TO ANSWER ALL QUESTIONS MAY BE GROUNDS FOR DENIAL.

Deceased Person's Information:

Full Name of
Deceased: _____ D.O.B. ____/____/____

Last Known Address: _____
Street

City State Zip Code

Social Security Number: _____ Sex: _____ Age: _____

Date of Death: _____ Place of Death: _____

1. At the time of death, was the deceased a resident of the City of Fostoria?

Yes No If yes, *please provide proof of residency.*

2. Did the deceased receive benefits from Job & Family Services, such as Ohio Work First, Medicaid/Medicare, Healthy Start, Food Stamps, SSI, SSD or other program?

Yes No

If yes, please indicate which program(s) and amount: _____

3. Who claimed the body of the deceased?

Name: _____

Address: _____
Street City State Zip Code

When? _____ Where? _____

4. Did the deceased have a court appointed guardian? Yes No

If yes, list name and phone number of guardian:

Name Phone Number

5. Did the deceased have a patient care account at an extended care facility at the time of death?

Yes No

If yes, list name of facility and amount in the account:

Name Amount in Account

6. Was the deceased a veteran? Yes No

If yes, has or will someone be applying for burial funds from the County Veteran's Administration?

Yes No

If no, why not? _____

7. Will the body of the deceased be delivered for the purpose of medical or surgical study or dissection in accordance with Section 1713.34 of the Ohio Revised Code?

Yes No

8. Was the deceased receiving Social Security retirement benefits at the time of death?

Yes No If yes, indicate monthly amount: \$ _____

9. Is/was there any life insurance policies for the deceased?

Yes No If yes, in what amount? \$ _____

10. Did the deceased participate in any type of prepaid burial fund?

Yes No If yes, in what amount? \$ _____

11. Did the deceased leave a will or trust fund?

Yes No If yes, in what amount? \$ _____

12. Did the deceased, or does the surviving spouse of the deceased, own real property?

Yes No

If yes, list address of property or properties and value: (attach additional sheet if necessary)

Address Value

Address Value

Address Value

Address Value

13. Did the deceased, or does the surviving spouse of the deceased own personal property, (i.e., vehicles, furniture, appliances, etc.)?

Yes No

If yes, please type of property and value: (attach additional sheet if necessary)

Type Value

Type Value

Type Value

Type Value

Type Value

14. Did the deceased have a checking or savings account at the time of death or within the last twelve (12) months prior to death?

Yes

No

If yes, please list name of financial institution and amount in account(s):
(attach additional sheet if necessary)

Name Amount

Name Amount

Name Amount

Name Amount

15. Does the surviving spouse of the deceased have a checking or savings account or did the spouse have a checking or savings account within the last twelve (12) months prior to this application?

Yes

No

If yes, please list name of financial institution and amount in account(s):
(attach additional sheet if necessary)

Name Amount

Name Amount

Name Amount

Name Amount

16. Will the funeral home or the estate of the deceased be receiving benefits or donations from friends, family, coworkers, businesses, non-profit organizations or any other burial funds?

Yes

No

If yes, please list all sources: _____

****If you have claimed the body of the deceased, you must fill out all of the questions below****

Applicant's Information:

Name: _____

Address: _____
Street City State Zip Code

Phone: _____

Relationship to Deceased: _____

Social Security Number: _____ D.O.B.: _____

1. Residential Status:

Do you: Own? Yes No Appraised value of home \$ _____

Amount of equity in home \$ _____

Rent? Yes No Monthly Rent amount \$ _____

Other? _____

2. Do you own other real property? Yes No

If yes, list address of property or properties and value: (attach additional sheet if necessary)

_____ Address Value

_____ Address Value

_____ Address Value

3. Do you own a car, truck, or other vehicle? Yes No

For each vehicle, list: (attach additional sheet if necessary)

Type/Model: _____

Are you making payments on this vehicle? Yes No

If no, vehicle value: \$ _____

If yes: Monthly Payments \$ _____

Amount still owed \$ _____ Delinquent? Yes No

Type/Model: _____

Are you making payments on this vehicle? Yes No

If no, vehicle value: \$ _____

If yes: Monthly Payment \$ _____ Amount still owed \$ _____

Are you delinquent on payments? Yes No

4. Do you own other personal property? (e.g. boat, motorcycle, etc.) Yes No

If yes, please type of property and value: (attach additional sheet if necessary)

Type Value

Type Value

Type Value

Type Value

Type Value

5. Do you own Stocks, Bonds, CDs, Insurance, etc.? Yes No

If yes, please list type and value of each: (attach additional sheet if necessary)

Type: _____ Value: \$ _____

Type: _____ Value: \$ _____

Type: _____ Value: \$ _____

6. Have Money/Accounts? (e.g., savings, checking, etc.) Yes No

If yes, please list financial institution and amount: (attach additional sheet if necessary)

Where: _____ Amount \$ _____

Where: _____ Amount \$ _____

Where: _____ Amount \$ _____

Where: _____ Amount \$ _____

7. Family--Marital status: Single Married Widowed Divorced

If Married:

Spouse's name _____

Address _____

8. Employment Status:

Are you:

RETIRED Date Retired: _____

EMPLOYED (If employed, fill out below)

Employer: _____

Address: _____

Phone: _____

Date Hired: _____

If the hire date is six months or less from the date of this application, please provide the Name, Address, and Phone Number of your prior employers on a separate sheet and attach to this Application.

UNEMPLOYED Since when?: _____

Are you receiving unemployment benefits? Yes No

If yes, in what monthly amount? \$ _____

Do you have a job waiting? (e.g., recall, new hire, etc) Yes No

If yes, where? _____

Are you unemployed because of a disability? Yes No

If yes, do you receive disability, SSI, or SSD? Yes No

If yes, in what monthly amount? \$ _____

A FULL-TIME STUDENT Yes No

If yes, where? _____

Since when? _____ When will you receive your degree? _____

Is your Spouse:

RETIRED Date Retired: _____

EMPLOYED (If employed, fill out below)

Employer: _____

Address: _____

Phone: _____

Date Hired: _____

If the hire date is six months or less from the date of this application, please provide the Name, Address, and Phone Number of your prior employers on a separate sheet and attach to this Application.

UNEMPLOYED Since when?: _____

Is he or she receiving unemployment benefits? Yes No

If yes, in what monthly amount? \$ _____

Does he or she have a job waiting? (e.g., recall, new hire, etc) Yes No

If yes, where? _____

Is he or she unemployed because of a disability? Yes No

If yes, does he or she receive disability, SSI, or SSD? Yes No

If yes, in what monthly amount? \$ _____

A FULL-TIME STUDENT Yes No

If yes, where? _____

Since when? _____ When will he or she receive degree? _____

9. Do you or your spouse receive welfare assistance? Yes No

If yes, please list type and monthly amount received: (attach additional sheet if necessary)

Type: _____ Amount: \$ _____

Type: _____ Amount: \$ _____

Type: _____ Amount: \$ _____

Name of Caseworker: _____

Phone: _____

10. Your Monthly Income:

(List all sources of income, e.g., wages, pensions, social security, rental income, interest, etc. Attach additional sheet if necessary)

Source: _____ Amount: \$ _____

Source: _____ Amount: \$ _____

Source: _____ Amount: \$ _____

Source: _____ Amount: \$ _____

Source: _____ Amount: \$ _____

Source: _____ Amount: \$ _____

TOTAL MONTHLY INCOME: \$ _____

11. Your Monthly Expenses: (attach additional sheet if necessary)

Water & Sewer \$ _____ Gas \$ _____

Electric \$ _____ Cable \$ _____

Home Phone \$ _____ Cell Phone \$ _____

Mortgage \$ _____ Property Tax \$ _____

Home Insurance \$ _____ Car Insurance \$ _____

Health Insurance \$ _____ Groceries: \$ _____

Credit Cards:

Company: _____ Amount \$ _____

Company: _____ Amount \$ _____

Company: _____ Amount \$ _____

Company: _____ Amount \$ _____

Company: _____ Amount \$ _____

Other Monthly Expense:

Type: _____ Amount \$ _____

Type: _____ Amount \$ _____

Type: _____ Amount \$ _____

Type: _____ Amount \$ _____

Type: _____ Amount \$ _____

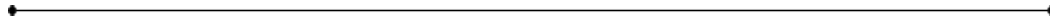
TOTAL MONTHLY EXPENSES: \$ _____

12. Do you have dependent children? Yes No

If yes, how many? _____ Age(s) _____

Do you support these children? Yes No

If yes, monthly amount \$ _____



AUTHORIZATION:

I, the undersigned, authorize the disclosure of the above information to all persons as may be deemed proper for the purpose of reaching a proper decision on the question of my indigence.

Date: _____

Signature

Acknowledgement

State of Ohio, County of Seneca, Hancock, Wood (circle one):

I, _____, being duly sworn, depose and say that I am the individual making the forgoing application; and that the answers to the foregoing questions and other statements and authorizations contained herein are true to the best of my knowledge.

Applicant's Signature

Sworn before me and subscribed in my presence this ___ day of _____, 20___.

Notary Public

