Pine County Health & Human Services

Pine County Courthouse, 635 Northridge Dr NW Ste 220, Pine City MN 55063 (HHS)
P:320-591-1570/800-450-7463; F: 320-591-1601; Financial Assistance Email Only: income.proof@co.pine.mn.us

North Pine Government Center 1602 Hwy 23 N, Sandstone MN 55072(HHS)
P:320-216-4100/800-450-7263; F:320-216-4101; Financial Assistance Email Only: income.proof@co.pine.mn.us

Application for Pine County Burial Assistance

Office Use Only:
Maxis/Mets:
Active Programs:
Associated Claims:

Application Process

- The application for Pine County Burial Assistance **must be completed and returned immediately and within five days of the deceased's date of death**. If the application is received on weekends, holidays, or after hours, the date of application will be the next business day. Please contact our agency and leave a detailed phone message if you returned this application outside of our normal business hours.
    - An interview will be scheduled immediately upon receiving your application. Please be sure to provide us a working phone number to reach you. If you do not have a phone, other arrangements can be made.
    - Verifications must be included or submitted immediately with the application.
- A determination for Pine County Burial Assistance can only be determined after a completed application is submitted to Pine County Health & Human Services (HHS). Determination of eligibility for Pine County Burial Assistance will be made after the receipt all the required information.
  Required Information includes:
    - A completed and signed application form;
    - Verification of income/assets/resources by the deceased and responsible relatives as of the date of death. For purposes of this application, a responsible relative is defined as a surviving spouse, parent(s) if the deceased is a minor child, and/or next of kin if available;
    - An interview must be completed with a Financial Worker;
    - Any other requested verifications needed to determine eligibility.
- If all required verifications are not received within 5 days of the date of death; the application will be denied unless there are extenuating circumstances.
- By signing our application, it does act as a release for us to speak to the funeral home. We do request the Funeral Home provides us an invoice of services and a copy of the death certificate. Please inform the Funeral Home you are applying for Pine County Burial Assistance. If the total cost of the burial/cremation/funeral expenses exceeds our county limit, you would be responsible to pay the funeral home the difference.

Submitting your application

- Submit your completed application and verifications to Pine County HHS by fax, email, and/or in person at either of our office locations as shown above. Due to the short timelines for processing, we prefer you to not mail in paperwork.
- If you have questions, please contact Pine County HHS right away.

Information of Deceased		
Name of Deceased	Date of Birth	Social Security Number
Address Prior to Death	Date of Death	Cause of Death
Marital Status:	☐ Married ☐ Divorced ☐ Widowed	
Did the deceased die as the result of a crime?		☐ Yes ☐ No
Was the deceased, spouse, or parent a Military Veteran? If yes, name of Veteran: Name of Military Branch:		☐ Yes ☐ No
Was the deceased a member of a Native American Tribe? If yes, name of Native American Tribe:		☐ Yes ☐ No
Did the deceased have a prepaid burial or cemetery lot prior to death? If yes, Name of Funeral Home: Address of Funeral Home:		☐ Yes ☐ No ☐ Unknown

Funeral Arrangements	
Funeral Home	Address of Funeral Home
Phone Number of Funeral Home	Fax Number of Funeral Home
Requested Final Arrangement	
☐ Burial or ☐ Cremation	

Information of Next of Kin (Spouse, Minor Children, Parents of a Minor Child)			
Name of Spouse		Date of Birth of Spouse	
Address of Spouse			
Email Address of Spouse		Phone Number of Spouse	
Check here to confirm that deceased individual was not married ☐ Not Married			
Name of Next of Kin		Date of Birth of Next of Kin	
Relationship to Deceased		Phone Number of Next of Kin	
Address of Next of Kin			
Name of Next of Kin		Date of Birth of Next of Kin	
Relationship to Deceased		Phone Number of Next of Kin	
Address of Next of Kin			
***If more space is needed to list additional next of kin information, please list at the end of the application.*			
Check here to confirm that deceased individual had no next of kin ☐ No Next of Kin			

Check here to confirm here to confirm that Nex of Kin is unknown ☐ Unknown
Check here to confirm that deceased individual is survived by a minor child(ren) under the age of 18. ☐ Yes
Check here to confirm: Is there anyone else who has knowledge or access to the deceased individual's assets? ☐ Yes ☐ No

Resource Information of Deceased or Next of Kin (*Spouse of Deceased and/or Parent of a deceased minor child)		
	Location	Amount/Value
Does the deceased have a pre-paid burial fund or other burial benefit plan?		
Is the deceased eligible for Veteran's or Tribal burial benefits or Social Security death benefits?		
Does the deceased have a burial plot?		
Check here to confirm no burial or death benefits exist		No burial or death benefits exist
	Name	Amount per month
Does the Next of Kin* have rent or mortgage monthly expenses?		
Does the Next of Kin* have monthly utility expenses?		
Check here to confirm no monthly shelter/utility expenses exist		☐ No monthly expenses exist

Monthly Gross Income of the Deceased or Next of Kin (*Spouse of Deceased and/or Parent of a deceased minor child)			
Wages, Self-Employment, Rental Income:	$	Social Security, Pension, IRA, Retirement Income:	$
Child Support, Spousal Support, Unemployment, Workers Comp Income:	$	Veterans Benefits, Tribal Payments:	$
Public Assistance Cash Benefits: DWP, MFIP, GA, MSA, etc.	$	Other Income:	$
Check here to confirm the deceased had no income source. ☐ No income known.			

Assets of the Deceased or Next of Kin (*Spouse of Deceased and/or Parent of a deceased minor child)				
Life Insurance				
Owner	Company	Policy Number	Value	Beneficiary
Check here to confirm that no life insurance is owned. ☐ No life insurance owned.				
Bank Account, Cash, and Other Resources				
Type of Property – Bank and Account Number			Owner(s) Name	Total Value
Cash				

Accounts such as checking, savings, debit cards, money market, retirement funds, burial funds, CDs, trust funds, stocks, bonds, contract for deed, other, etc.	Type(s):		
Voluntary Contributions, Cash, Gift Cards, Crowdfunding (example: GoFundMe, Facebook, etc.)			
Check here to confirm that no cash or financial accounts or resources exist for the Deceased or Next of Kin* ☐ No financial account/resources exist			

Real Estate and Vehicles			
Type of property – Address or Location		Owner(s) Name	Total Value
Property – such as a home, mobile home, vacation home, land, etc.	Type(s):		
Vehicles – such as cars, trucks, vans, ice castle/campers, motorcycles, boats, ATV, snowmobile, trailers, etc. (make/model/year):			
Other:			
Check here to confirm no real estate or vehicles are owned by the Deceased or Next of Kin* ☐ No real estate or vehicles exist			

Transferred Assets			
Has the Deceased or Next of Kin transferred, given away, donated, or otherwise disposed of any assets or income within the 30 days prior to death? ☐ Yes ☐ No If yes, complete:			
Property or Income	Amount	Date	Recipient

Additional Space: For additional information as pertains to the county burial request

Information of the Applicant	
Name of Applicant	
Relationship to Deceased	Phone Number
Email Address	Address

The person filling out this application is responsible for providing verification of income, assets, and resources owned by the deceased and their next of kin. Resources include those currently available and those that were available during the 30 day period prior to the death of the deceased.

☐ Check here to confirm that you will provide verifications to the best of your ability.

By signing:

 I declare that this application has been examined by me and to the best of my knowledge is a true and correct statement of every material point.

 I understand that I am responsible to ensure that available resources of the decedent and responsible relative are paid directly to the burial provider.

 I understand that if other resources are discovered, or become available to the deceased's estate, the county must be notified immediately by the applicant.

 I understand that the applicant and/or next of kin is required to cooperate with all county collections regarding the decedent's resources. Failure to cooperate in identifying or turning over the decedent's resources may result in legal actions.

 I understand that if I knowingly provide false information on this form, I will be subject to prosecution for fraud.

 I acknowledge that in accordance with Minnesota Statute §261.04, Pine County shall file a claim against the estate of the deceased person who received burial assistance.

 I understand the cost of the burial cannot exceed the burial assistance limits and any excess amount will be between the responsible relatives and the funeral home.

 I understand that if I disagree with the county's decision, I may appeal within 30 days of the decision by completing a Request for Appeal of County Burial with the agency.

 I understand that if I feel I am discriminated against because of race, color, national origin, religion, gender, age, marital status or because of physical, mental, or emotional disability, I may appeal to the Minnesota Department of Human Services and/or U.S. Department of Health and Human Services.

 I give permission for Pine County to exchange Burial Assistance eligibility information, including but not limited to, information about the decedent's income and assets with the funeral home and next of kin listed on this application.

Signature of Applicant:		**Date:**	

Applicant Checklist & Reminder

Reminder for the next of kin or person applying:

☐ You must submit the application within 5 days of the date of death of the deceased to Pine County Human Services.

☐ You must complete an interview with a Financial Worker at Pine County Human Services.

☐ You must verify gross income and assets for the deceased, surviving spouse and/or children.

☐ You must report and/or verify no other services or resources are available to contribute to the burial.

☐ You must be available for the Financial Worker to contact you with any follow up questions or verifications needed.

☐ You must be in contact with the Funeral Home for funeral arrangements, services, invoices, status updates, etc.

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Financial Worker Check List

☐ Application has been submitted within 5 days of the date of death for deceased.
☐ Interview has been completed between the applicant and the Financial Worker.
☐ Verification of income and assets provided by the applicant for the Deceased and Next of Kin*.
☐ Verified no other services or resources available to contribute to the burial/cremation.
☐ Contact with the applicant by phone or email about any follow up questions or verifications needed.
☐ Contact with the Funeral Home for funeral arrangements, services, invoices, etc.
☐ Any additional notes:

County Burial Assistance Determination

☐ Denied	
☐ Approved	☐ Cremation for $ ☐ Burial for $ *The difference between the amount paid by the county and the applicable county funeral allowance, if any, from total funeral costs is the responsibility between the responsible relatives and/or next of kin and the designated funeral home.
Deceased (Full name):	

Financial Worker Signature:		**Date:**	

The Financial Worker will:

- *Call the applicant with the determination.*
- *Mail/Email/Send a copy of the determination (pages 5 & 6 of the application) to the applicant and the designated funeral home.*
- *Save and maintain this document in the county's electronic case file.*
- *Notify Pine County's Financial Assistance Supervisor and the Accounting Department of any county burial approvals.*