

APPLICATION FOR CARLTON COUNTY BURIAL FUNDS

- **Eligibility and approval for a Carlton County funded burial must be preauthorized.**

All resources of the deceased will be reviewed and applied toward the county burial including resources owned jointly or available through inheritance by a responsible relative. Any crowdfunding sources such as benefits, fundraisers or GoFundMe accounts solicited to pay for burial expenses will be considered an available asset to offset the disposition costs. Any crowdfunding benefits raised to help pay for medical expenses of a deceased Medical Assistance recipient will be considered available if the Medical Assistance program covered all medical expenses. Any outstanding medical bills of the deceased that are not covered by Medical Assistance may be paid by a crowdfunding source as an allowable expense, however, any remaining balance in the crowdfunding source will be considered an available asset to help offset disposition costs. Any funds raised via crowdfunding are subject to recovery by Carlton County. Any and all death benefits must be applied for to help pay for the cost of disposition. Examples of these types of death benefits include life insurance, social security, and veterans benefits. The MN Crime Victims Reparations Board can provide burial assistance if the death was a homicide.

- **There cannot be any enhancements.**

When the County assumes financial responsibility for final disposition, the cost of the burial cannot exceed the county limits, and there cannot be any enhancements to the services/items allowed in the County's burial policy. The County will not pay for a funeral or memorial service, accessory services or items such as flowers, honorariums, music, processions, clothes, printed material, food, or other such items. The family and funeral home must work closely with the County to ensure the county burial policy is being followed.

Per Minn. Stat. §261.035 When a person dies without apparent means to provide for that person's funeral or final disposition, the county board shall pay for cremation of the person's remains. If it is determined that cremation is not in accordance with the decedent's personal preferences or the known practices of the decedent's faith tradition or the personal preferences of the decedent's spouse or the decedent's next of kin, the county board shall provide for a burial and funeral.

Carlton County will provide for the burial and graveside service or direct cremation for residents of the county who are otherwise unable to pay the cost of disposition of their remains.

Cremation will include the crematory fee, medical examiner fee and standard issue container from the crematory. There is no memorial or funeral service allowed at a funeral home. The family may hold a memorial service at no cost at a location other than a funeral home. The county will not pay for the burial of cremains unless there is no family or next of kin located to take possession of the cremains.

Traditional burial will include a graveside service at the cemetery. There is no memorial or funeral service allowed at a funeral home. Carlton County funded dispositions will not allow funeral homes receiving public funding, to provide public visitations or funeral/memorial events outside of the graveside service.

If any unauthorized services are provided by the funeral home, the funeral home will forfeit any and all payments authorized by the county.

If any unauthorized items/expenses are purchased by the family of the decedent, all county burial funding may be forfeited.

Items the family will be responsible for:

- Expenses related to interment fees, winter burial costs (including snow removal), perpetual care, markers, additional transportation, tent and set-up fees, weekend or holiday charges, minimal obituary (one 24-line obit without picture for a one-day run), clothing. County funds cannot be used to pay for these items.

Authorization and approval of County Burial must be received prior to making funeral plans.

NAME OF DECEASED: _____

ADDRESS OF DECEASED: _____

DOB _____ **SSN** _____ **DATE OF DEATH** _____

FUNERAL HOME CHOSEN: _____

NAME OF SPOUSE OR NEXT OF KIN: _____

ADDRESS: _____

PHONE NUMBER: _____

IS THE DECEASED SURVIVED BY A SPOUSE OR DEPENDENT CHILD (\$255 SSA death benefit)? _____

NAME OF PERSON APPLYING FOR A COUNTY BURIAL: _____

RELATIONSHIP TO DECEASED: _____

ADDRESS: _____

PHONE: _____

IS THERE ANYONE ELSE WHO HAS KNOWLEDGE OR ACCESS TO THE DECEASED PERSON'S ASSETS?

IS THE DECEASED AN AMERICAN INDIAN? _____ IF YES, ENROLLED IN WHAT TRIBE? _____

PLEASE READ THE FOLLOWING STATEMENTS AND INITIAL AFTER READING:

- I UNDERSTAND THAT IF THERE ARE ANY ASSETS OR REMAINING INCOME, SUCH AS SOCIAL SECURITY DEATH BENEFITS, THIS MUST BE APPLIED TOWARD THE COST OF THE BURIAL, OR THE CARLTON COUNTY COLLECTIONS DEPT MAY ASK THAT THESE FUNDS BE TURNED OVER TO THE COUNTY. _____
- I UNDERSTAND THE COST OF THE BURIAL CANNOT EXCEED THE COUNTY BURIAL LIMITS AND THERE CANNOT BE ANY ENHANCEMENTS TO THE STANDARD COUNTY BURIAL. _____
- I UNDERSTAND THAT IF I KNOWINGLY PROVIDE FALSE INFORMATION ON THIS FORM, I WILL BE SUBJECT TO PROSECUTION FOR FRAUD. _____
- I UNDERSTAND THAT ANY INFORMATION PROVIDED ON THIS FORM MAY BE VERIFIED BY THE COUNTY AGENCY. _____
- I UNDERSTAND THAT IF I DISAGREE WITH THE COUNTY'S DECISION I MAY APPEAL WITHIN 72 HOURS OF THE DECISION, TO THE DIRECTOR OF CARLTON COUNTY PUBLIC HEALTH & HUMAN SERVICES. _____
- 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 STATE DEPARTMENT OF HUMAN SERVICES. _____
- I UNDERSTAND THAT ANY UNDISCLOSED ASSETS OF THE DECEASED THAT ARE DISCOVERED AFTER APPROVAL FOR COUNTY FUNDED BURIAL, MUST BE RELEASED TO CARLTON COUNTY. SUCH ASSETS INCLUDE BUT ARE NOT LIMITED TO REAL PROPERTY, MOTORIZED VEHICLES, CHECKING, SAVINGS, MUTUAL FUNDS, LIFE INSURANCE AND OTHER INVESTMENTS. _____
- I UNDERSTAND I SHOULD NOT SPEND ANY OF THE DECEASED PERSON'S INCOME OR ASSETS UNTIL THE COUNTY COLLECTIONS PERSON INSTRUCTS ME TO DO OTHERWISE. _____
- DO YOU HAVE ACCESS TO ANY ACCOUNTS OF THE DECEASED PERSON? YES OR NO

WOULD YOU OR ANY FAMILY MEMBER OF THE DECEASED BE ABLE TO CONTRIBUTE TOWARD THE BURIAL EXPENSE:

DO YOU HAVE RELIGIOUS OR OTHER OBJECTIONS TO CREMATION? YES _____ NO _____

BURIAL BENEFITS & RESOURCES**AMOUNT****LOCATION**

Does the Deceased have a pre-paid burial fund or other burial benefit plan?	Yes/No		
Is the Deceased eligible for Veteran's burial benefits OR SSA death benefit? Surviving spouse or minor children=\$255 SSA death benefit.	Yes/No		
Does the Deceased have a burial plot?	Yes/No		

HAS THE DECEASED TRANSFERRED /GIFTED ANY ASSETS OR INCOME TO ANYONE IN THE LAST 12 MONTHS?

IF YES, WHEN AND WHAT AMOUNT? _____

ASSETS OF DECEASED (INCLUDE SPOUSE OR PARENTS OF DEPENDENT CHILD)

MONTHLY INCOME YES OR NO

Employment	\$	Retirement, Pension	\$
Social Security	\$	Other earned/unearned	\$

LIFE INSURANCE INCLUDING INSURANCE WITH NEXT OF KIN AS BENEFICIARY YES OR NO

Name of Company/Fund	Amount	Beneficiary

SAVINGS YES OR NO

Name of Bank, Address	Account Number	Account Balance

CHECKING YES OR NO

Name of Bank, Address	Account Number	Account Balance

OTHER ASSETS (STOCKS, BONDS, CDS, ETC) YES OR NO

Type of Asset	Amount

REAL ESTATE/PROPERTY YES OR NO

Type of Property	Address/Location	Value
Home/homestead		\$
Rental Property		\$
Other non-homestead property		\$
Vehicles, 4 wheelers, snowmobiles, campers or other motorized vehicles		\$

AS A CONDITION OF ELIGIBILITY FOR A COUNTY BURIAL, THE KEYS AND TITLE OF ANY AND ALL MOTORIZED VEHICLES MUST BE PROVIDED TO CARLTON COUNTY PRIOR TO APPROVAL. _____

In accordance with Minnesota Statute 261.04 Carlton County is permitted to file a claim against the estate of the deceased person who received a county funded burial.

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

I CERTIFY THIS INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE:

NAME (PRINT)

SIGNATURE

DATE

THIS CARLTON COUNTY BURIAL APPLICATION IS FOR CARLTON COUNTY RESIDENTS OR THOSE WHO ARE THE FINANCIAL RESPONSIBILITY OF CARLTON COUNTY. PLEASE SUBMIT COMPLETED APPLICATIONS TO CARLTON COUNTY PUBLIC HEALTH & HUMAN SERVICES 14 N 11 ST CLOQUET MN 55720.

FAX: 218-878-2500

CALL 218-879-4511 WITH QUESTIONS.