

WINONA COUNTY BURIAL ASSISTANCE FACT SHEET

State law requires counties to pay the “necessary expenses” of a funeral and final disposition when the deceased person or spouse has insufficient resources to pay those expenses. Winona County will provide for cremations or burials of indigent persons who die in Winona County when such persons are the financial responsibility of Winona County in accordance with Minnesota Stat. §256.935, §261.035 and §261.04. **As a county funded service, only the basic expenses associated with the cremation or burial will be paid for by Winona County taxpayers.** As allowed by law, the County will attempt to recover its costs from the estate of the deceased.

Eligibility and approval for a County Burial must be preauthorized

- An application for County Burial must be completed.
- All resources of the deceased will be reviewed and applied toward the cost of a County Burial including resources owned jointly or available through inheritance by a responsible relative.
- **If the deceased died as the result of a crime, please do NOT fill out this application. The Funeral Home can bill the Minnesota Crime Victims Reparation Board.**

No enhancements

If Winona County assumes financial responsibility for final disposition, there cannot be any enhancements. If family and/or friends choose to enhance the funeral, include any accessory services (noted below), or make substitutions, such as a casket of their choice, they will be obligated to pay for the entire cost.

- The County provides for Direct Cremation; or Immediate Burial if cremation is contrary to the beliefs or expressed wishes of the deceased. The County does not bury ashes.
- The County will not pay for accessory services or items such as flowers, honorariums, music, processions, clothes, printed material, food, or other such items.
- The County does not pay for cemetery markers, headstones, or decorative cremation containers.

Allowances

Direct Cremation. Maximum \$1,700

Immediate Burial. Maximum \$1,900

The County will cover the following other Immediate Burial costs as needed & at most reasonable price:

- Vault/Grave Box
- Grave opening and closing: Limited to Monday–Friday with adjustments permitted for winter months.
- Cemetery Lot

WINONA COUNTY HEALTH & HUMAN SERVICES
COUNTY BURIAL ASSISTANCE APPLICATION

County Burials must always be preauthorized. If you have not already done so, please inform the Funeral Director that you are applying for county assistance, as they must adhere to the Burial Allowance Policy approved by the Winona County Board of Commissioners. **All available resources must be applied to the burial expense. The County will reduce its assistance payment by this amount.**

Deceased Name: _____

Last Residence: _____

Surviving Spouse: _____

Date of Birth: _____

Date of Death: _____

City & State of Death: _____

Social Security Number: _____

Name of Funeral Home: _____

Name of Cemetery: _____

Was the individual receiving public assistance? Yes No Unknown

If yes, what program? _____

From what County? _____

Did the individual serve in the Armed Forces or is a Veteran? Yes No

If the individual is a veteran, you must apply for the Veteran's Death Benefit by contacting the Veterans Administration Office.

Family contribution? Yes No If yes, amount: _____

INCOME INFORMATION

Did the individual have any earned or unearned income (EX: unemployment, self-employment, social security, workman's comp, pension, money from a job)? Yes No

	<u>Type of Income</u>	<u>Amount</u>	<u>Frequency Received</u>
1.			
2.			
3.			

ASSET INFORMATION

Does this person have any resources or property (EX: cash, savings, checking, GoFundMe Account, stocks, bonds, certificate of deposit, vehicle, boat, camper, land, house, or mobile home)? Yes No

	<u>Owner</u>	<u>Type of Resource</u>	<u>Value</u>	<u>Amount Owed</u>	<u>Location</u>
1.					
2.					
3.					
4.					
5.					
6.					

Does the individual have any death benefits available from a union or other organization? Yes No

Does the individual have any personal needs funds remaining at a nursing home? Yes No N/A

Prepaid Burial or Life Insurance? Yes No

If yes,

_____	_____	_____
Name of Company	Face Value	Cash Value
_____	_____	_____
Name of Company	Face Value	Cash Value

Burial Account? Yes No

Location of Funds: _____ Amount: _____

Cemetery Lot? Yes No

If yes, Location: _____

At this point the family intends to pursue the following:

**Unless contrary to the religious beliefs or expressed wishes of the deceased, cremation will be selected.*

Direct Cremation or Immediate Burial

RIGHTS AND RESPONSIBILITIES

Please read the following statements. If you do not understand a statement, please ask that it be explained to you. Sign below to indicate that you have read and understood the statements.

- I will provide proof of all income and assets listed above to determine County Burial Assistance eligibility. I understand that eligibility cannot be determined until all assets and income are verified. Verification must be received within 30 days of the date of application and must be verified as of the date of death.
- I allow Winona County to exchange information with the funeral director to determine eligibility for County Burial Assistance for the decedent listed on this application. I also allow Winona County to obtain information about the income and assets of the deceased from their public assistance case, if applicable.
- I declare, under any applicable penalties of criminal liability provided in the laws of the State of Minnesota that all statements contained in this application, to the best of my knowledge and belief, are true, correct, and complete.
- I agree to notify Winona County if any resources not listed in this application are located after I have completed this form. I understand that all resources of the deceased must first be used to defray any burial expenses authorized or paid for by Winona County. The County may present and pursue a claim against the estate of the deceased person for the aid provided herein, upon discovery of any property of the estate previously not reported.
- I understand that if I knowingly provide false information on this application, I may be subject to prosecution for fraud and legal action may be initiated to recover any burial expenses paid by Winona County.

Signature

Date

Information about person completing application: (please print)

Name: _____

Relationship to Deceased: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____