

Joe Lombardo  
Governor

Laura Rich  
Director



**DEPARTMENT OF  
HUMAN SERVICES**  
DIVISION OF SOCIAL SERVICES  
*Helping people. It's who we are and what we do.*



Robert H. Thompson  
Administrator

☐ TANF

☐ MEDICAID

☐ SNAP



Date: \_\_\_\_\_

Case Name: \_\_\_\_\_

Case ID: \_\_\_\_\_

**STATEMENT OF APPLICANT/RECIPIENT DESIGNATING BURIAL FUNDS**

1. In what form are the funds held? (burial contract, bank account, life insurance policy, etc.) \_\_\_\_\_  
\_\_\_\_\_
2. For whose burial are the funds set aside? \_\_\_\_\_  
\_\_\_\_\_
3. Who is the owner of the funds? \_\_\_\_\_  
\_\_\_\_\_
4. What is the current value of this resource? \_\_\_\_\_  
\_\_\_\_\_
5. How long have you held these funds? \_\_\_\_\_  
\_\_\_\_\_
6. Have you needed to use these funds in the past for another reason? ☐ YES ☐ NO  
If YES, when did this occur and why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

_____	_____	_____/_____/_____ Date	_____ Telephone Number
Client Signature	Print Name	Date	Telephone Number

_____	_____	_____/_____/_____ Date	_____ Telephone Number
Case Manager Signature	Print Name	Date	Telephone Number

