

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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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