



COLUMBIA COUNTY
DEPARTMENT OF SOCIAL
SERVICES

25 RAILROAD AVE., P.O. BOX 458
HUDSON, NEW YORK 12534

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Application for Burial Assistance

Applicant's Information

Name _____ Phone Number _____

Address _____

Applicant's relationship to deceased [] Legal Spouse [] Significant other [] Child [] Friend
[] Funeral Home [] Other (please specify) _____

Are you the next of kin? [] Yes [] No, if no, list next of kin _____

Next of kin relationship to the deceased _____ Phone Number _____

Decedent's Information

Name _____ Date of Birth ____ / ____ / ____

Address _____ Date of Death ____ / ____ / ____

Social Security Number ____ / ____ / ____

Did the deceased have a will? [] Yes [] No Did the deceased leave an estate? [] Yes [] No
If yes, please provide details _____

Was the deceased a Veteran? [] Yes [] No Spouse of a Veteran [] Yes [] No

If yes, contact Columbia County Veteran's Affairs at (518)828-3610

Was the deceased receiving (check all that apply) [] Temporary Assistance [] SNAP [] Medicaid [] HEAP [] SSI/SSD
If yes to any, what county? _____

Did the deceased have any of the following at the time of death?

Cash on hand Yes \$ _____ No

Bank or Credit Union Accounts Yes If yes, 30 day printout required No

Bank Name _____ Account Type _____ Balance \$ _____

Bank Name _____ Account Type _____ Balance \$ _____

Bank Name _____ Account Type _____ Balance \$ _____

Life Insurance Policy(ies) Yes No

If yes, name of Life Insurance Company _____

Mobile Payment Apps: i.e., Venmo, PayPal, Cash Apps Yes \$ _____ No

If yes, name of Account _____

Nursing Home Account – PNA Yes \$ _____ No

If yes, name of Nursing Home _____

Stocks/Bonds/certificates or Mutual Funds? Yes \$ _____ No

If yes, Type & Name _____

IRA, Keogh, Annuity, 401(K) or Deferred Compensation? Yes \$ _____ No

If yes, Type & Name _____

Did the deceased own a home or other property? Yes No

If yes, address of home: _____

Burial Acct/Trust/Prepaid Burial Yes \$ _____ No

If yes, Type, Bank or Funeral Home Name _____

Burial space/plot Yes No

If yes, location and Plot number _____

Any resources other than those listed above: Yes \$ _____ No

If yes, type of resource _____

Legally Responsible Relative Information

A parent of a deceased child or a spouse is considered a Legally Responsible Relative (LRR). If the deceased is survived by a Legally Responsible Relative, provide the name(s), address, date of birth and social security number of the Legally Responsible Relative, as well as the relationship to the deceased.

Social Services Law 141 Burial of the Dead

1. (a) If a recipient of public assistance or care or other person dies leaving no funds or insurance sufficient to pay the expense of his burial, the relatives who survive him who were or would have been responsible for his support, pursuant to section one hundred one of this chapter shall be responsible for such expense to the extent that they are able to pay the same in whole or in part; and the public welfare official paying such expense or any part thereof may recover all or part of the amounts expended by him from such relatives, who shall be severally and jointly liable therefor in accordance with their respective abilities.

Social Services Law 101 Liability of relatives to support

1. Except as otherwise provided by law, the spouse or parent of a recipient of public assistance or care or of a person liable to become in need thereof shall, if of sufficient ability, be responsible for the support of such person, provided that a parent shall be responsible only for the support of a child under the age of twenty-one years.

No Legally Responsible Relative

If there is a Legally Responsible Relative, please provide the following information:

Parent Spouse Other

Name _____ Date of Birth ____ - ____ - ____

Social Security Number ____ / ____ / ____ Phone Number _____

Address _____

The above Legally Responsible Relative is currently receiving the following public benefits from the Department of Social Services and/or the Social Security Administration: Temporary Assistance SNAP

Medicaid SSI/SSD Other _____

Case Number(s) _____

If there is a Second Legally Responsible Relative, please provide the following information:

Parent Spouse Other

Name _____ Date of Birth ____ - ____ - ____

Social Security Number ____ / ____ / ____ Phone Number _____

Address _____

The above Legally Responsible Relative is currently receiving the following public benefits from the Department of Social Services and/or the Social Security Administration: Temporary Assistance SNAP Medicaid SSI/SSD

Other _____

Case Number(s) _____

Does the Legally Responsible Relative have any of the following:

Cash on hand Yes \$ _____ No

Bank or Credit Union Accounts Yes No

Bank Name _____ Account Type _____ Balance \$ _____

Bank Name _____ Account Type _____ Balance \$ _____

Bank Name _____ Account Type _____ Balance \$ _____

Mobile Payment Apps: i.e., Venmo, PayPal, Cash Apps Yes \$ _____ No

If yes, name of Account _____

Stocks/Bonds/certificates or Mutual Funds? Yes \$ _____ No

If yes, Type & Name _____

IRA, Keogh, Annuity, 401(K) or Deferred Compensation? Yes \$ _____ No

If yes, Type & Name _____

Home or other property? Yes No

If yes, address of home or property _____

Any resources other than those listed above? Yes \$ _____ No

Type of resource _____

Disclosures and Authorizations

I, the undersigned, authorize the Commissioner of Columbia County Department of Social Services (CCDSS) or his/her authorized representative to make all inquiries necessary in relation to this application and give full permission to have any or all information in this application verified. I also agree to complete bank search for the deceased and all LRRs.

Appearance

I understand I may be required to report in person to the Department of Social Services to provide further information concerning this application and my failure to comply with this provision may result in the denial of this application.

Penalties

I understand that my application may be investigated, and I agree to cooperate in such an investigation. Federal and State laws provide for penalties of fine, imprisonment or both, if you do not tell the truth when you apply for Burial benefits or at any time when you are questioned about your eligibility, or cause someone else not to tell the truth regarding your application. Penalties also apply if you conceal or fail to disclose facts regarding your initial eligibility for Burial benefits. I also understand that the Department of Social Services reserves the right to recover expenses.

Consent

I understand that by signing this application form that I agree to any investigation made by the Department of Social Services to verify or confirm the information I have given, or any other investigation made by them in connection with my request for Burial benefits. If additional information is requested, I will provide it. I will also cooperate fully with State and Federal personnel in a Quality Control Review.

Certification

I swear and/or affirm under the penalty of perjury that the information I have given or will give to the Department of Social Services is correct.

Signature of Applicant _____ **Date** _____

Relationship to Deceased _____

To be completed by the Funeral Home

Funeral Home Name _____

Funeral Home Address _____ Funeral Home Phone # _____

Funeral Home Contact Person _____

Burial Cremation Total bill \$ _____ Please attach the itemized bill

Was any part of the bill paid by someone other than DSS? Yes \$ _____ No
If so, please indicate what part _____

Funeral Home Representative Signature _____ Date _____

Sent to the Resource Department at the Columbia County Department of Social Services on ___ / ___ / ___
by Fax E-mail Hand delivered USPS

- Burial – Please attach plot receipt
- Cremation – Please attach crematory receipt

To Be Completed By DSS

Comments

Application Date ___ / ___ / _____

Case Number _____

Approved Denied

Worker _____

Date _____

Supervisor _____

Date _____