

EXHIBIT "A"



CHEROKEE COUNTY INDIGENT BURIAL ASSISTANCE APPLICATION

Applicant's Information

- 1. Name of the Funeral Home (Applicant) _____ 2. Application Date _____
- 3. Address of Applicant _____
- 4. Phone _____ 5. Email Address _____

Deceased Information

- 6. Name of Deceased _____ 7. Date of Birth _____
- 8. Social Security # _____ 9. Date of Death _____
- 10. Location of Death _____ 11. Length of Residency _____
- 12. Location of Remains _____
- 13. Cause of Death _____

The following financial information is used to determine if any, the county can intercept:

- 14. Monthly Income _____
- 15. Source of Income _____
- 16. Any Bank Accounts - *yes or no*
If yes, how much in account _____
Name and Location of Bank _____
- 17. If in a nursing home, how much in Medicaid does deceased have in personal spending account
\$ _____

Eligibility Criteria (circle yes or no)

- 1. Receiving Veteran's Benefit *yes* *no* (if yes, refer to funeral home)
- 2. Victim of a Crime *yes* *no* (if yes, refer to District Attorney's Office)
- 3. Cherokee County Resident *yes* *no*
- 4. State Inmate *yes* *no* (if yes, Department of Corrections may reimburse)
- 5. Any Life Insurance *yes* *no*

Other Pertinent Information:

I _____, hereby certify to the best of my knowledge that the information provided is correct.

Funeral Home _____
(Signature)

Reviewed By _____
County Marshal's Office

Reviewed By _____
Chief Marshal's Signature

Approved By _____
County Manager's Signature

Date _____

Date _____

Motor Vehicles

Year/make/model: _____ What's it worth? \$ _____

Year/make/model: _____ What's it worth? \$ _____

Verification completed by: Deputy Marshal _____ **Date** _____

Eligible Ineligible **Date:** _____

By: _____

County Marshal

Approved for payment in the amount of \$ _____ to _____ Funeral Home

By: _____

County Manager