

BURIAL PAYMENT REQUEST

COUNTY-DISTRICT	RECIPIENT NO.
RECORD NUMBER/LINE NUMBER	



NAME OF DECEASED	SOCIAL SECURITY NO.	CASE PAYMENT NAME		
ADDRESS		AGE AT DEATH	DATE OF DEATH	DATE OF REQUEST

I. REQUEST FOR BURIAL AND/OR CREMATION PAYMENT: I request the Department of Human Services to pay the burial and/or cremation expenses of:

RELATIONSHIP TO DECEASED: I am a

☐ RELATIVE ☐ Representative of a fraternal society (deceased was a member) or of a charitable or religious organization:

State Relationship (Give Name of Organization)

☐ FRIEND ☐ OTHER If this block is checked, this form must be accompanied by an "unfit certificate" from the Anatomical Board.

PAYMENTS TOWARD BURIAL AND/OR CREMATION EXPENSES:

I will pay \$ toward burial and/or cremation expenses. Payments by others will be as listed here:

NAME	RELATIONSHIP	AMOUNT

ASSETS OF THE DECEASED: The following are all the assets available in the deceased's estate (for example, insurance, savings, etc.)

DESCRIPTION OF ASSET	AMOUNT

SIGNATURE OF PERSON REQUESTING PAYMENT FOR BURIAL AND/OR CREMATION: I certify that to the best of my knowledge and belief the statements above are true and correct and there are no other means available. If additional facts become known to me, I will advise the county assistance office at once.

DATE SIGNED	SIGNATURE
WITNESS	ADDRESS

II. The CAO determined the availability of resources that may reduce DHS payment as noted below. (Check one block opposite each item)

REDUCE DHS PAYMENT	NONE FOUND	DESCRIPTION	REDUCE DPW PAYMENT	NONE FOUND	DESCRIPTION
A. <input type="checkbox"/>	<input type="checkbox"/>	Life insurance or burial benefits.	F. <input type="checkbox"/>	<input type="checkbox"/>	Worker's Compensation.
B. <input type="checkbox"/>	<input type="checkbox"/>	Cash on hand in decedent's estate and other personal property.	G. <input type="checkbox"/>	<input type="checkbox"/>	Burial Reserve.
C. <input type="checkbox"/>	<input type="checkbox"/>	Lump-sum death payment - Railroad Retirement or OASDI.			
D. <input type="checkbox"/>	<input type="checkbox"/>	Contributions from any person(s) or agencies.	YES	NO	
E. <input type="checkbox"/>	<input type="checkbox"/>	Award from accidental death (not Worker's Compensation).	H. <input type="checkbox"/>	<input type="checkbox"/>	Deceased was a UMWA member for whom funeral expenses or burial benefits are available.
			I. <input type="checkbox"/>	<input type="checkbox"/>	Deceased was a veteran.

AA-21 for deceased railroad employee was not forwarded to Division of Assistance payments, because:

☐ The surviving spouse has received the lump-sum death benefit.

☐ The deceased never had railroad employment.

I certify that on the date DHS was requested to pay for the burial and/or cremation of the decedent named above, the Department's regulations were met for payment of the burial and/or cremation of said decedent, and that the county assistance office staff so indicated to the funeral director. I have reviewed the invoice on the reverse of this form and certify that to the best of my knowledge and belief all regulations have been complied with.

SIGNATURE OF EXECUTIVE DIRECTOR OR DELEGATE DATE



INVOICE TO:COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES
OFFICE OF INCOME MAINTENANCE***TO BE COMPLETED BY FUNERAL DIRECTOR**

BURIAL/CREMATION CHARGES FOR		DECEASED
CEMETERY WHERE BURIED	CITY	DATE OF BURIAL



1. Maximum payment allowance requested from DHS for burial and/or cremation (\$750.00 per deceased person).

\$

2. Resources that reduce DHS payment
Resources applicable to cost of burial and/or cremation:

RESOURCE	AMOUNT

Resources that will reduce DHS payment

TOTAL =

\$

3. Contributions that may reduce DHS payment
from friends, relatives, other entities, i.e.
fraternal organizations, etc.

CONTRIBUTOR	AMOUNT
TOTAL CONTRIBUTIONS	

Excess = Total contributions minus \$750.00 per deceased person.

\$

4. Total resources and/or contributions (excess over \$750.00 per deceased person) that will reduce DHS payment. If total is 0 or less, enter 0.

\$

\$

5. DHS payment owing after reduction for resources and/or contributions exceeding \$750.00 per deceased person (\$750.00 per deceased person, minus item 4).

\$

6. Total DHS payment to funeral service provider (item 5 repeated).

\$

CERTIFICATION OF FUNERAL DIRECTOR

I certify that the amount listed in Item 5 constitutes the entire bill incidental to the burial/cremation of the person named above, that no payment has been, or will be, accepted from any other source, and that I will notify the county assistance office promptly of any additional resources that come to my attention. By signing, I certify that I understand that the Department of Human Services can impose penalties such as reimbursement and prosecution for any violations of funeral payment regulations.

SIGNATURE OF FUNERAL DIRECTOR_____
DATE_____
FIRM NAME AND ADDRESS

Provider MA ID Number _____

Provider Address Code _____