CITY OF FOSTORIA, OHIO

INDIGENT BURIAL APPLICATION

Return this Form, completed and signed to:

City of Fostoria
ATTN: Eric Keckler
213 South Main Street
Fostoria, Ohio 44830
(419) 435-8282

RESIDENCY QUESTIONNAIRE

FOR DETERMINING RESIDENCY FOR PERSONS WHO WERE **LIVING IN NURSING HOMES, ASSISTED LIVING AND/OR HOSPITALS**

1. Name of facility and address:_____

_____
Street City State Zip Code

Contact Person: _____
Name Phone

2. How long had the deceased been at the facility? _____

3. Did the deceased get mail at that location? ☐ Yes ☐ No

4. Did the deceased own a home or other real property? ☐ Yes ☐ No

If yes, where?

_____
Street City State Zip Code

5. If the deceased had become well and left the facility, where would the person have lived?

_____
Street City State Zip Code

6. Did the person have a Patient Care Account? ☐ Yes ☐ No

If so, what was the balance at the time of death? _____

APPLICATION FOR INDIGENT BURIAL FUNDS

*****Certain information contained in this application is a matter of public record subject to disclosure. Any false statement made or given in this application shall result in denial of payment and *could result in criminal prosecution*.*****

PAGES 3 THROUGH 8 TO BE COMPLETED BY DECEDENT'S REPRESENTATIVE.

FAILURE TO ANSWER ALL QUESTIONS MAY BE GROUNDS FOR DENIAL.

Deceased Person's Information:

Full Name of
Deceased:_____D.O.B._____/____/_____

Last Known Address: _____
Street

_____
City State Zip Code

Social Security Number:_____Sex:_____Age:_____

Date of Death:_____Place of Death:_____

1. At the time of death, was the deceased a resident of the City of Fostoria?

   ☐ Yes ☐ No If yes, ***please provide proof of residency.***

2. Did the deceased receive benefits from Job & Family Services, such as Ohio Work First, Medicaid/Medicare, Healthy Start, Food Stamps, SSI, SSD or other program?

   ☐ Yes ☐ No

   If yes, please indicate which program(s) and amount: _____

   _____

3. Who claimed the body of the deceased?

   Name: _____

   Address: _____
   Street City State Zip Code

   When?_____Where? _____

4. Did the deceased have a court appointed guardian? ☐ Yes ☐ No

   If yes, list name and phone number of guardian:

   _____
   Name Phone Number

5. Did the deceased have a patient care account at an extended care facility at the time of death?

   ☐ Yes ☐ No

   If yes, list name of facility and amount in the account:

   _____
   Name Amount in Account

6. Was the deceased a veteran? ☐ Yes ☐ No

   If yes, has or will someone be applying for burial funds from the County Veteran's Administration?
   ☐ Yes ☐ No

   If no, why not? _____

7. Will the body of the deceased be delivered for the purpose of medical or surgical study or dissection in accordance with Section 1713.34 of the Ohio Revised Code?

   ☐ Yes ☐ No

8. Was the deceased receiving Social Security retirement benefits at the time of death?

   ☐ Yes ☐ No If yes, indicate monthly amount: $_____

9. Is/was there any life insurance policies for the deceased?

   ☐ Yes ☐ No If yes, in what amount? $_____

10. Did the deceased participate in any type of prepaid burial fund?

    ☐ Yes ☐ No If yes, in what amount? $_____

11. Did the deceased leave a will or trust fund?

    ☐ Yes ☐ No If yes, in what amount? $_____

12. Did the deceased, or does the surviving spouse of the deceased, own real property?

☐ Yes ☐ No

If yes, list address of property or properties and value: (attach additional sheet if necessary)

_____
Address Value

_____
Address Value

_____
Address Value

_____
Address Value

13. Did the deceased, or does the surviving spouse of the deceased own personal property, (i.e., vehicles, furniture, appliances, etc.)?

☐ Yes ☐ No

If yes, please type of property and value: (attach additional sheet if necessary)

_____
Type Value

_____
Type Value

_____
Type Value

_____
Type Value

_____
Type Value

14. Did the deceased have a checking or savings account at the time of death or within the last twelve (12) months prior to death?

☐ Yes ☐ No

If yes, please list name of financial institution and amount in account(s):
(attach additional sheet if necessary)

Name Amount

Name Amount

Name Amount

Name Amount

15. Does the surviving spouse of the deceased have a checking or savings account or did the spouse have a checking or savings account within the last twelve (12) months prior to this application?

☐ Yes ☐ No

If yes, please list name of financial institution and amount in account(s):
(attach additional sheet if necessary)

Name Amount

Name Amount

Name Amount

Name Amount

16. Will the funeral home or the estate of the deceased be receiving benefits or donations from friends, family, coworkers, businesses, non-profit organizations or any other burial funds?

☐ Yes ☐ No

If yes, please list all sources:_____

If you have claimed the body of the deceased, you must fill out all of the questions below*

Applicant's Information:

Name: _____

Address: _____
Street City State Zip Code

Phone: _____

Relationship to Deceased: _____

Social Security Number:_____D.O.B.:_____

1. Residential Status:

Do you: Own? ☐ Yes ☐ No Appraised value of home $_____

Amount of equity in home $_____

Rent? ☐ Yes ☐ No Monthly Rent amount $_____

Other? _____

2. Do you own other real property? ☐ Yes ☐ No

If yes, list address of property or properties and value: (attach additional sheet if necessary)

_____
Address Value

_____
Address Value

_____
Address Value

3. Do you own a car, truck, or other vehicle? ☐ Yes ☐ No

For each vehicle, list: (attach additional sheet if necessary)

Type/Model: _____

Are you making payments on this vehicle? ☐ Yes ☐ No

If no, vehicle value: $_____

If yes: Monthly Payments $_____

Amount still owed $_____Delinquent? ☐ Yes ☐ No

Type/Model:_____

Are you making payments on this vehicle? ☐ Yes ☐ No

If no, vehicle value: $_____

If yes: Monthly Payment $_____ Amount still owed $_____

Are you delinquent on payments? ☐ Yes ☐ No

4. Do you own other personal property? (e.g. boat, motorcycle, etc.) ☐ Yes ☐ No

If yes, please type of property and value: (attach additional sheet if necessary)

_____
Type Value

_____
Type Value

_____
Type Value

_____
Type Value

_____
Type Value

5. Do you own Stocks, Bonds, CDs, Insurance, etc.? ☐ Yes ☐ No

If yes, please list type and value of each: (attach additional sheet if necessary)

Type:_____Value: $_____

Type:_____Value: $_____

Type:_____Value: $_____

6. Have Money/Accounts? (e.g., savings, checking, etc.) ☐ Yes ☐ No

If yes, please list financial institution and amount: (attach additional sheet if necessary)

Where:_____Amount $_____

Where:_____Amount $_____

Where:_____Amount $_____

Where:_____Amount $_____

7. Family--Marital status: ☐ Single ☐ Married ☐ Widowed ☐ Divorced

If Married:

Spouse's name _____

Address _____

8. Employment Status:

Are you:

☐ RETIRED Date Retired: _____

☐ EMPLOYED (If employed, fill out below)

Employer: _____

Address: _____

Phone: _____

Date Hired: _____
If the hire date is six months or less from the date of this application, please provide the Name, Address, and Phone Number of your prior employers on a separate sheet and attach to this Application.

☐ UNEMPLOYED Since when?: _____

Are you receiving unemployment benefits? ☐ Yes ☐ No

If yes, in what monthly amount? $_____

Do you have a job waiting? (e.g., recall, new hire, etc) ☐ Yes ☐ No

If yes, where? _____

Are you unemployed because of a disability? ☐ Yes ☐ No

If yes, do you receive disability, SSI, or SSD? ☐ Yes ☐ No

If yes, in what monthly amount? $_____

☐ A FULL-TIME STUDENT ☐ Yes ☐ No

If yes, where? _____

Since when? _____ When will you receive your degree? _____

Is your Spouse:

☐ RETIRED Date Retired: _____

☐ EMPLOYED (If employed, fill out below)

Employer: _____

Address: _____

Phone: _____

Date Hired: _____
If the hire date is six months or less from the date of this application, please provide the Name, Address, and Phone Number of your prior employers on a separate sheet and attach to this Application.

☐ UNEMPLOYED Since when?: _____

Is he or she receiving unemployment benefits? ☐ Yes ☐ No

If yes, in what monthly amount? $_____

Does he or she have a job waiting? (e.g., recall, new hire, etc) ☐ Yes ☐ No

If yes, where? _____

Is he or she unemployed because of a disability? ☐ Yes ☐ No

If yes, does he or she receive disability, SSI, or SSD? ☐ Yes ☐ No

If yes, in what monthly amount? $_____

☐ A FULL-TIME STUDENT ☐ Yes ☐ No

If yes, where? _____

Since when? _____ When will he or she receive degree? _____

9. Do you or your spouse receive welfare assistance? ☐ Yes ☐ No

If yes, please list type and monthly amount received: (attach additional sheet if necessary)

Type: _____ Amount: $_____

Type: _____ Amount: $_____

Type: _____ Amount: $_____

Name of Caseworker: _____

Phone: _____

10. Your Monthly Income:
(List all sources of income, e.g., wages, pensions, social security, rental income, interest, etc. Attach additional sheet if necessary)

Source:_____ Amount: $_____

Source:_____ Amount: $_____

Source:_____ Amount: $_____

Source:_____ Amount: $_____

Source:_____ Amount: $_____

Source:_____ Amount: $_____

TOTAL MONTHLY INCOME: $_____

11. Your Monthly Expenses: (attach additional sheet if necessary)

Water & Sewer	$_____	Gas	$_____
Electric	$_____	Cable	$_____
Home Phone	$_____	Cell Phone	$_____
Mortgage	$_____	Property Tax	$_____
Home Insurance	$_____	Car Insurance	$_____
Health Insurance	$_____	Groceries:	$_____

Credit Cards:

Company: _____		Amount	$_____
Company: _____		Amount	$_____
Company: _____		Amount	$_____
Company: _____		Amount	$_____
Company: _____		Amount	$_____

Other Monthly Expense:

Type: _____ Amount $_____

Type: _____ Amount $_____

Type: _____ Amount $_____

Type: _____ Amount $_____

Type: _____ Amount $_____

TOTAL MONTHLY EXPENSES: $_____

12. Do you have dependent children? ☐ Yes ☐ No

If yes, how many?_____ Age(s)_____

Do you support these children? ☐ Yes ☐ No

If yes, monthly amount $_____

AUTHORIZATION:

I, the undersigned, authorize the disclosure of the above information to all persons as may be deemed proper for the purpose of reaching a proper decision on the question of my indigence.

Date: _____ _____

Signature

Acknowledgement

State of Ohio, County of Seneca, Hancock, Wood (circle one):

I, _____, being duly sworn, depose and say that I am the individual making the forgoing application; and that the answers to the foregoing questions and other statements and authorizations contained herein are true to the best of my knowledge.

_____

Applicant's Signature

Sworn before me and subscribed in my presence this____ day of_____, 20___.

_____

Notary Public

This page is to be completed by Funeral Home Representative.

Funeral Director's Information:

Name of Funeral Home: _____

Address: _____
Street City State Zip Code

Name of Representative: _____

Phone Number: _____

Federal ID #: _____

You must include a copy of the death certificate, an itemized statement of the burial expenses for the deceased and a copy of the obituary, if any, along with this application.

Funeral Director's Statement

Payment of funeral expenses shall not exceed $500.00 and shall include crematory charges, less the amount of any contributions, insurance or property, real or personal, or of any other thing of value which may be applied toward the burial expenses. Accepting any additional payment for burial expenses not disclosed may be grounds for prosecution. I understand I must disclose, and have submitted a statement attached hereto, of the amount of any contributions received from friends, relatives or others, of insurance or property, real or personal, or of any other thing of value which may be applied to the burial expenses of the deceased, or of the absence of any such things of value which may be so applied.

I, _____, acknowledge that I have read and understand this statement and its requirements and that by signing below, I agree to comply with all requirements set forth herein.

_____
Signature

Sworn before me and subscribed in my presence this_____day of_____, 20___.

_____
Notary Public