

## Des Moines Valley Health and Human Services Final Disposition/Funeral Payment Policy Policy DV 9000

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### **Purpose:**

Des Moines Valley Health and Human Services (DVHHS), joint powers of Cottonwood and Jackson Counties, provides financial assistance for eligible recipient's funeral or final disposition as required by Minnesota Statutes M.S. 261.035.

### **Policy:**

The funeral home has the responsibility to contact Des Moines Valley Health and Human Services after meeting with the family, or responsible person(s), of the deceased, whenever there is reason to believe a county paid burial/disposition may be necessary. DVHHS is not responsible for making any burial/disposition arrangements. **All county paid dispositions will require prior approval. Applications must be completed and an authorization given to the funeral director to render services prior to services being provided.**

**Cremation services will be the method of disposition.** <sup>(1)</sup>

At no time will the county provide funeral assistance if the cost of the funeral/disposition exceeds the maximum cost allowed in this policy.

A claim will be filed against the estate of the deceased for any funds expended by the county.

### **Procedure:**

A request for county disposition assistance must be made upon death and prior to funeral/disposition arrangements. If extenuating circumstances occur which do not allow prior approval, the agency must be contacted on the first working day following the arrangements.

An application for county funeral assistance will be completed by a family member or other interested party. The financial assistance supervisor or eligibility lead worker will provide verification by phone, fax, or email to the funeral director of the determination of the county funeral assistance up to the established guidelines for payment. The

eligibility worker will complete the estates form and forward it to the DVHHS collections unit, who may collect from all bank accounts and/or other available assets. The funeral home will provide DVHHS with a detailed funeral invoice for any approved services within 5 business days of the funeral.

The financial assistance supervisor will review and authorize the invoice and forward it to the accounting department for payment to the funeral home.

- (1) Exceptions to the cremation requirement may be granted based on religious or cultural beliefs and approval of written request.**

### **DVHHS Limits for Final Disposition:**

#### **Direct Cremation:**

- Amount not to exceed \$3,800.00 for professional services which may include:
  - Memorial service at a location customary to the family
- Allowable additional expenses include:
  - Interment of cremains only if family does not want to take possession
  - Minimum value urn at cost + 5%
  - Mileage @ \$2.50 per loaded mile
- Non-allowable expenses include:
  - Embalming
  - Upgrade in Urn
  - Weekend or holiday service
  - Flowers, memorial cards, honorariums, obituary notices, church/facility rentals, or other items

#### **Traditional Burial:**

- Amount not to exceed \$3,800 for professional services which may include:
  - Memorial service at a location customary to the family
- Allowable additional expenses include:
  - Minimum value casket at cost + 5%
  - Minimum value vault at cost + 5%
  - Actual cost of opening and closing of grave site
  - Actual cost of burial plot
  - Mileage @ \$2.50 per loaded mile
- Non-allowable expenses include:
  - Weekend or holiday service
  - Upgrade in casket or vault
  - Flowers, memorial cards, honorariums, obituary notices, church/facility rentals, or other items

**DVHHS COUNTY BURIAL APPLICATION**

<b>Name of Deceased</b>	
<b>DOB:</b>	
<b>Date of Death:</b>	
<b>SSN:</b>	
<b>Name of Applicant</b>	
<b>Address of Deceased prior to death.</b>	
<b>Place of death:</b>	
<b>Funeral Home Name and Address</b>	
<b>Name, Phone Number and Address of living spouse and or responsible relative</b>	
<b>Was the deceased receiving public assistance benefits and if Yes, Which programs:</b>	
<b>Does the deceased have a pre-paid burial fund or other burial benefit plan?</b>	
<b>Does the deceased have a burial plot and if so where?</b>	

<b>Is the deceased eligible for Veteran's burial benefits?</b>	
<b>Does the deceased have access to insurance or other burial benefits through any organizations such as the VFW, American Legion, Moose, Elks, etc.? If so, please list:</b>	
<b>Monthly Income of the Deceased: Please list monthly amount.</b>	Wages:  Social Security:  Retirement/Pension:  Other Earned/Unearned Income:
<b>Life Insurance: Name of Company, Amount and Beneficiary</b>	
<b>Savings Account: Name and Address of Bank, Account Number and Account Balance</b>	
<b>Checking Account: Name and Address of Bank, Account Number and Account Balance</b>	
<b>Other Assets: (Stocks, Bonds, CD's, Etc.)</b>	
<b>Real Estate/Property</b> Address and Location of Properties  Year, Make and Model of Vehicles	Home/Homestead:  Rental Property:  Non-Homestead Property:  Vehicles:

Signing this form gives DVHHS permission to share information about eligibility for publicly funded burial with the funeral provider listed.

I agree that the assets determined available towards payment for funeral/burial costs will be paid promptly to DVHHS.

To the best of my knowledge all the above statements are true and correct. Any information supplied on this application can be verified.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Deceased Name: \_\_\_\_\_

Eligibility Worker: \_\_\_\_\_

County Decision: \_\_\_\_\_ Approved \_\_\_\_\_ Denied

Type: \_\_\_\_\_ Cremation \_\_\_\_\_ Traditional

Reason for Denial:

\_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Date Funeral Home Notified: \_\_\_\_\_

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