

**APPLICATION FOR BURIAL BENEFITS**

Section A: Completed by applicant

Name of Deceased		Social Security Number
Date of Death	Place of Death	Case Name if Different
Address		Case Number
who was: <input type="checkbox"/> A recipient of State Supplementary Assistance at the time of death. <input type="checkbox"/> A former recipient of Old Age Assistance, Aid to the Blind, or Aid to the Disabled, in the form of cash assistance or medical institution assistance. <input type="checkbox"/> A child receiving Family Investment Plan or Refugee Cash Assistance at the time of death. <input type="checkbox"/> A child approved for Family Investment Plan or Refugee Cash Assistance, but on whose behalf an assistance check had not yet been issued at the time of death. <input type="checkbox"/> A newborn or stillborn child who would have been eligible for Family Investment Plan or Refugee Cash Assistance, except there was not sufficient time to approve assistance before the child's death.		
Name of Funeral Home	Address	Cost of Burial
There is no limitation on the cost of the burial. Other resources must be applied to the cost of the funeral. The Department will pay a maximum burial benefit of \$400.00. Any death benefits due the decedent must be deducted from the Department's liability. The Department will pay the lessor of its liability or the cost of the funeral after deduction of any available resources. To the best of my knowledge, only the following resources and death benefits are available to the deceased's estate or beneficiary to defray the cost of the deceased's burial:		
<u>AMOUNT</u>	<u>DEATH BENEFITS</u>	<u>AMOUNT</u> <u>OTHER RESOURCES</u>
_____	Life Insurance	_____ Real Estate
_____	Social Security Lump Sum	_____ Personal Property
_____	Railroad Retirement Lump Sum	_____ Burial Contracts
_____	Veteran's Lump Sum	_____ Other (Specify) _____
_____	Other (Specify) _____	_____
_____	_____	_____
_____	TOTAL	_____ TOTAL
COMPARE TO \$400 MAXIMUM		COMPARE TO TOTAL COST OF BURIAL
Applicant's Signature		Relationship to Decedent
Applicant's Address		Date

Section B: Completed by County Human Services Office

Application for Burial Benefits is <input type="checkbox"/> approved this _____ day of _____, 20____ <input type="checkbox"/> denied		
Reason denied:	Manual Reference:	
Income Maintenance Worker	Worker Number	Telephone Number

## APPEAL RIGHTS

If you do not agree with this decision, you may discuss the decision and your situation with the Department of Human Services (DHS) county staff, obtain an explanation of the action, and present information to show that the action is incorrect. You may speak for yourself or be represented by legal counsel or by a friend or other spokesperson. This conference does not in any way diminish your right to a hearing described below.

**If you are dissatisfied with the action or failure to act of any office of (DHS), you may appeal.**

**When to Appeal.** You have the right to appeal: (1) Any adverse action or failure to act with regard to your application for burial benefits; or (2) Any adverse action or failure to act with regard to the benefits you are now receiving; or (3) Because benefits have been cancelled, restricted, reduced or suspended. Your appeal rights and procedures for hearings are explained in the Iowa Administrative Code, 441--Chapter 7. Your county DHS office will assist you in making a request for a hearing.

**How to Appeal.** You must appeal in writing to the DHS county office or the DHS office that took the adverse action. (See Time Limits below.) There is no fee or charge for an appeal.

**Hearing.** If a hearing is granted, you will receive a Notice of Hearing telling you the time and place. However, when changes in state or federal law require automatic adjustments for classes of recipients, a hearing will be scheduled only if you believe an error has been made by DHS in applying the change to you. A hearing will not be scheduled if you only disagree with the change.

**Presenting Your Case.** In an appeal hearing is granted, you may explain your disagreement or have someone else like a relative or friend, explain your disagreement for you. You may be represented by an attorney, but DHS will not pay for the attorney. Your county DHS worker has information about legal services available to you based on your ability to pay. You may also phone Legal Services Corporation of Iowa at 1-800-532-1275. If you live in Polk County, phone 243-1193.

**Time Limits.** To get a hearing you must file your appeal within 30 calendar days or before the effective date of this notice, whichever is longer. When the appeal is later than this but less than 90 calendar days after the date of this notice, the Director of the Iowa Department of Human Services must approve whether a hearing will be held, based on good cause for late filing. If the appeal is filed more than 90 calendar days after the date of this notice, there will be no hearing.

## POLICY ON NONDISCRIMINATION

Federal, state and local laws and regulations prohibit discrimination on the basis of race, color, national origin, sex, religion, creed, age, mental or physical disability and political belief by the Iowa Department of Human Services or any of its vendors supplying goods or services to recipients for which direct payment is made by the Department for furnishing the services.

If you have reason to believe that the Iowa Department of Human Services or any of its contractors, vendors or providers have discriminated against you for any of the reasons stated above, you may file a complaint with the Iowa Department of Human Services by completing a Discrimination Complaint form. The form may be obtained from any of the Department's offices or the Department's Diversity Programs Unit can give you a form. You may also file a complaint with the Iowa Civil Rights Commission. (If you feel you were discriminated against **because of** your race, creed, color, national origin, sex, religion, or disability).

Iowa Department of Human Services  
Diversity Programs Unit 1<sup>st</sup> Fl  
130 S E Walnut  
Des Moines IA 50319-0114

Iowa Civil Rights Commission  
211 Maple St 2nd Fl  
Des Moines IA 50309-1858