RESET

APPLICATION FOR CONTRA COSTA COUNTY INTERMENT SERVICES

NEXT OF KIN ELIGIBILITY DETERMINATION FORM

SECTION 1. DECEDENT INFORMATION

Name of Decedent _____ Social Security # _____

Date of Birth _____ Place of Birth _____ Date of Death _____

Date admitted to the facility where the decedent passed away (Hospital, Nursing Home, etc) _____ (approximate, if not known)

Place of Death (City and County) _____

Decedent's address at the time of Death _____

Was the decedent a resident of Contra Costa County? ☐ Yes ☐ No If no, County of Residence? _____

If not a Contra Costa resident, have you contacted that County for information about their services? ☐ Yes ☐ No

Results of your inquiry to that County: _____

_____

Was the decedent a US Veteran? ☐ Yes ☐ No. Military Branch _____

Marital Status ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widow/wer ☐ Domestic Partner ☐ Unknown

Employer _____ Address _____

Does the decedent have an Agent with Power of Attorney for Health Care or an advanced Healthcare Directive that includes power to control the disposition of remains? ☐ Yes ☐ No ☐ Unknown

If yes, Agent's name _____ Agent's Phone _____

SECTION 2. APPLICANT'S STATEMENT ABOUT THE FINANCIAL STATUS OF THE DECEDENT

Did the decedent own, (or was paying a mortgage for) a house, apartment, etc.?_____ Was the decedent the only resident in the dwelling? ☐ Yes ☐ No List other residents _____

Decedent's monthly income $_____ Source (s) _____

Name of payee, or representative payee, receiving monthly income _____

Address of payee _____ Phone _____

Did the decedent have a Will? ☐ Yes ☐ No ☐ Unknown Trust Account? ☐ Yes ☐ No. If Yes, balance $_____

The assets that belonged to the decedent_____

Financial Institution(s) name(s) and branch _____ Account # _____

Initials _____ I do not know the amount of the decedent's assets, or the financial institutions that may have decedent's assets.

SECTION 3. NEXT OF KIN INFORMATION (APPLICANT)

Pursuant to the California Health and Safety Code § 7100, the Next of Kin of the decedent has the following rights and responsibilities: the right to control the disposition of the remains of the decedent; the duty of disposition and the liability for the reasonable cost of the disposition, unless other directions have been given by the decedent. Only the Next of Kin(s) may apply and receive the County Interment services, if financially eligible.

Order of the Next of Kin for County Interment:

1. An agent under Power of Attorney for Health Care with the Right and Duty of Disposition of the Remains. The agent is liable for the costs of disposition incurred as a result of the agent's decisions, to the extent that the decedent's estate or other appropriate fund is insufficient.
2. The spouse/ Registered Domestic Partner
3. The only adult child, or if more than one, all the adult children
4. The parent (s)
5. The only adult sibling, or if more than one, all the adult siblings
6. The grandparent (s)
7. The only adult niece/nephew, or if more than one, all the adult nieces/nephews
8. The only adult aunt/uncle, or if more than one, all the adult aunts/uncle
9. The only adult cousin, or if more than one, all the adult cousins

When there are multiple Next of Kin (i.e. several children or several siblings of the Decedent) one Next of Kin may apply for the county interment, however, the financial responsibility of the interment costs resides in all the Next of Kin.

Applicant's Name_____ Last 4 digits of applicant's Social Security # _____

Date of Birth _____Relationship to Decedent _____

Phone: Home _____ Cell _____

Address_____

SECTION 4. LIST ALL THE MULTIPLE NEXT OF KIN

Each Next of Kin listed must complete the Financial Statement if they claim to be financially unable to pay the cost of the disposition. The interment application will not be complete until all the Next of Kin complete the Financial Statement.

1. Name_____ Relationship to decedent _____

Address _____Phone Number_____

2. Name_____ Relationship to decedent _____

Address _____Phone Number_____

3. Name_____ Relationship to decedent _____

Address _____Phone Number_____

4. Name_____ Relationship to decedent _____

Address _____Phone Number_____

5. Name_____ Relationship to decedent _____

Address _____ Phone Number _____

SECTION 5. FINANCIAL STATEMENT OF THE NEXT OF KIN APPLYING FOR THE SERVICE

Next of Kin's Name _____ Relationship to Decedent _____

Next of Kin's Date of Birth _____ Phone Numbers: Home _____ Cell _____

Next of Kin's Address _____

I, _____ (Next of Kin's name), certify the following to be a correct statement of my financial status at present and within the foreseeable future.

A. Initials _____ I am receiving assistance under one or more of the following programs:

Must check at least one box and must attach a copy of the most recent check or other form of proof of assistance:

- ☐ SSI / SSP (Supplemental Security Income / State Supplemental Payment)
- ☐ CalWORKs
- ☐ General Assistance/General Relief
- ☐ CAPI (Cash Assistance Program for Immigrants)
- ☐ RCA (Refugee Cash Assistance)

B. Are you the beneficiary of a Life Insurance Policy on the Decedent? ☐ Yes ☐ No

- If you are receiving assistance under any of the programs listed in question **A** above, and if you answered **No** to question **B,** then sign at the bottom of this page and do not fill out the Complete Financial Disclosure of the Next of Kin form.
- If you are receiving assistance under any of the programs in question **A** above, and if you answered **Yes** to question **B,** then you must fill out the Complete Financial Disclosure of the Next of Kin form.

C. What is the gross monthly income of you and your spouse? $ _____ You must include recent pay stubs or other proof of income, such as Unemployment Insurance Benefits, State Disability Benefits, Social Security Benefits, etc.

D. Number of people in the family (Include self, spouse and children under 18 years of age) _____

E. Initials: _____ My net income is not enough to pay for the common necessities of life for me and the people in my family that I support and in addition to pay for the cost of interment of my relative – **You must fill out the Complete Financial Disclosure of the Next of Kin.**

F. Initials: _____ I have no income at this time. I am supported by _____

SECTION 6. APPLICANT'S DECLARATION UNDER PENALTY OF PERJURY

As next of kin to the Decedent, I understand that the laws of the State of California hold me responsible for the duty of interment of the Decedent and the costs of interment if I am financially able. I further understand that the County of Contra Costa will investigate and verify my financial status, and if the County determines that I can afford the cost of the interment but have failed to perform this duty in a reasonable period of time, misdemeanor charges may be filed by the District Attorney pursuant to the Health & Safety Code §7103, and I may be liable to pay three (3) times the County's cost of performing the interment.

I declare under Penalty of Perjury under the laws of the State of California that the foregoing is true and correct.

Print Name _____ Executed in _____
(City and State)

Signature _____ Date _____

COMPLETE FINANCIAL DISCLOSURE OF THE NEXT OF KIN

(If several Next of Kin, each must complete a separate statement)

1. MONTHLY HOUSEHOLD INCOME (Average, if it varies)		**2. PROPERTY: I own the following property and liquid assets**	
a.	**$**_____	a. Cash in hand	**$**_____
b.	**$**_____	b. Checking, savings, any other cash account	**$**_____
Other money received periodically (describe below)		c. Insurance Policies	**$**_____
c.	**$**_____	d. Other _____	**$**_____
d.	**$**_____	**I own these vehicles and boats (make and year)**	**$ VALUE**
Total monthly income (add 1.a. through 1.d.)	**$**_____	e.	**$**_____
I am receiving assistance under one or more of the following programs – You must attach verification of receiving assistance. ☐ SSI/SSP (Supplemental Security Income / State Supplemental Payment) ☐ CalWORKs ☐ General Assistance/General Relief ☐ CAPI (Cash Assistance Program for Immigrants) ☐ RCA (Refugee Cash Assistance)		f.	**$**_____
		g.	**$**_____
		h.	**$**_____
		List all valuable personal property (jewelry, art pieces, etc)	
		i.	**$**_____
OTHER FACTS THAT SUPPORT THIS APPLICATION: **(Describe uncovered medical costs, recent family emergencies, or other unusual expenses to help the County understand your budget. Use additional paper if needed)**		j.	**$**_____
		k.	**$**_____
		l.	**$**_____
		m.	**$**_____
		Total Property (add 2.a. through 2.m.)	**$**_____

NEXT OF KIN DECLARATION UNDER PENALTY OF PERJURY

As next of kin to the Decedent, I understand that the laws of the State of California hold me responsible for the duty of interment of the Decedent and costs of interment if I am financially able. I further understand that the County of Contra Costa will investigate and verify my financial status, and if the County determines that I can afford the cost of interment but have failed to perform this duty in a reasonable period of time, misdemeanor charges may be filed by the District Attorney pursuant to Health & Safety Code 7103 and I may be liable to pay three (3) times the County's cost of performing the interment.

I declare under Penalty of Perjury under the laws of the State of California that the foregoing is true and correct.

Print Name _____ Executed in _____
(City and State)

Signature _____ Date _____

COUNTY AGENCY DETERMINING ELIGIBILITY

☐ **Employment and Human Services Department** – **Finance:** 40 Douglas Dr**.** Martinez, CA 94553.

☐ **Employment and Human Services Department/Sheriff Department Pilot Program: Finance:** 40 Douglas Dr**.** Martinez, CA 94553 (NEW)

☐ **Public Administrator**: P.O. Box 2276. Martinez, CA 94553.

☐ **Health Services Department** – **Finance:** 50 Douglas Dr. Suite 310 C. Martinez, CA 94553

FOR COUNTY USE ONLY

TOTAL Number of people in all households _____

TOTAL Liquid Assets in all households $ _____

TOTAL Monthly Gross Income (non-excluded) for all households $ _____

No. in household	1	2	3	4	5	6	7	8	For each additional person add **$435** gross mo. income
Gross mo. income	$1,354	$1,820	$2,290	$2,757	$3,227	$3,694	$4,164	$4,628	

❑ **REFERRED TO PUBLIC ADMINISTRATOR**
REASON FOR REFERRAL: _____

❑ **ELIGIBLE. LIST THE VERIFICATIONS PROVIDED:** _____

❑ **NOT ELIGIBLE, REASON:** _____

COMPLETED BY:_____**PCN:** _____ **DATE:** _____

PROCESSING TIME SPENT: _____

Comments

_____

_____

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