

Douglas County Human Services  
4400 Castleton Court  
Castle Rock, CO 80109  
303-688-4825

Dear Family or Friend of the Deceased Recipient:

In appropriate circumstances, deceased recipients who were receiving public and/or medical assistance may be eligible for partial or total payment of funeral, burial, and/or cremation expenses. This letter is intended to help you understand the state policy concerning such dispositions. While there are some details not explained in this letter, general rules are that state contribution toward such expenses may be made if: 1) the allowable maximum, combined charges by providers do not exceed \$2,500; and 2) the amount of money available from the recipient's estate (i.e. property owned by the recipient at the time of death) and from persons responsible for the recipient's support (i.e. a spouse, or the parents of a recipient under the age of 18) is insufficient to pay for all or a part of such expenses.

In order to apply for a contribution of state funds for this purpose, a relative or friend of the deceased recipient must contact Douglas County Human Services (DCHS) where the recipient was approved for public/medical assistance. On the basis of information about the amount of money available from the recipient's estate, family, and friends, the county DSS will determine whether and to what extent a state contribution may be made.

The choice of disposition (i.e. burial or cremation) is initially given to the recipient (in their original application) or his/her family. However, if there was no choice made, the decision is left to the County department. Under the revised law, where the recipient's estate and family are unable to pay for the disposition, the maximum state contribution for the disposition of a deceased Old Age Pension (OAP) client can go as high as \$1,500. State contributions for OAP dispositions are paid from the Old Age Pension Fund which does not depend upon the yearly legislative appropriation. Dispositions of deceased clients in the so-called AND (Aid to the Needy Disabled) categories of assistance, however, depend upon a yearly appropriation by the state legislature. A maximum state contribution of only \$1,000 has been established for such cases, in an effort to stretch the available legislative appropriation for AND dispositions. For the dispositions of OAP clients and other categories of recipients other than AND clients, \$1,500 is the maximum state contribution possible.

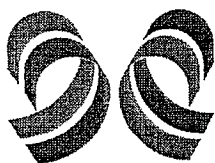
In order to reduce the chances that AND legislative appropriation will be exhausted, we hope you will consider taking the following steps in making arrangements for a disposition of a deceased friend or family member who was in an AND category of assistance.

- 1) Please consider choosing alternative methods of disposition (i.e. cremation or direct burial without a funeral service) so as to minimize the total charges which are incurred.
- 2) Please consider contributing to the cost of the disposition, even if you are not required by law to do so. Encourage other family members and friends to do the same.
- 3) If you are willing to contribute to the expenses of the disposition, but do not have ready cash available, please consider signing a promissory note with the mortuary of cemetery, or borrowing from a financial institution.

Our department is aware that taking the above steps may not be pleasant or easy for you and other family or friends of the recipient. However, please keep in mind that every dollar that is contributed from state funds for this purpose must be raised from Colorado tax revenues. Obviously, the allowable maximum combined charges of \$2,500 will not purchase an elaborate disposition. However, whenever possible, please use the above methods to minimize the total combined charges and state contribution which are approved for the disposition of a deceased AND recipient. Unfortunately, if appropriated state funds for this purpose are exhausted, it appears likely that the burden of disposing of deceased recipients will fall upon county governments.

If you wish to discuss this letter, please contact Douglas County Human Services at 303-688-4825. Thank you for your cooperation and assistance.

Sincerely,



**Douglas County Department of  
Human Services**



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## IM-101 Form - Provider Charges, Authorized State Contribution, and County Authorization for Cremation or Burial

### Purpose of the Form:

This form is used for three (3) purposes:

- 1) To obtain written, signed proposals of the charges for the disposition of the recipient (decedent);
- 2) To authorize the State contribution amount; and
- 3) For the County to authorize the cremation or burial when:
  - a) No written choice of the manner of disposition was made by the decedent; or
  - b) No authorized relative has been located; or
  - c) No authorized relative of the decedent has made a written choice within seven (7) days of the death and the county has determined the most cost-effective option for disposition.

### General Information:

A contribution of state funds is not permitted unless the total, combined, reasonable charges (including those paid by the decedent's estate, family, friends, state funds, or any other source) for services, property, and supplies does not exceed \$2,500. The maximum State contribution cannot exceed \$1,000 or \$1,500 depending on the category of assistance the deceased individual was receiving at the time of death. This provision is in accordance with Colorado Revised Statute 26-2-129. The following steps must take place:

- 1) The county Department of Human/Social Services where the decedent resided will determine the estate's and responsible party's contribution and will determine the amount of the State's contribution and ensure funds are dispersed equitably after the provider(s) submits a bill for the funeral/burial/cremation charges;
- 2) The Mortuary/Crematorium Provider's Information and Charges and the Cemetery Provider's Information and Charges (s) of this form must be completed and signed by the provider(s) as applicable;
  - a) In the event two providers are offering services for the decedent, both must negotiate and agree on the amount of the death benefit payment that will go to each provider by:
    - i) Signing and indicating the negotiated amount on this form; or
    - ii) If a different agreement is reached, a signed copy of that agreement is provided.
  - b) If the providers have not signed and agreed on the amount of payment to each provider, and an alternative signed agreement is not provided, the death benefit payment may be split (60% to the mortuary and 40% to the cemetery or actual cost whichever is less).
- 3) Providers must provide the County Department of Human/Social Services with an active EFT payment number to receive payment.



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# Application for Funeral, Burial and/or Cremation Assistance

Please complete this form as thoroughly as possible. This form will be used to determine the State contribution toward the funeral, burial, and/or cremation expenses.

Name of deceased: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address at time of death: \_\_\_\_\_

Date of death: \_\_\_\_\_ CBMS #: \_\_\_\_\_ State ID: \_\_\_\_\_

Category of assistance received at the time of death:  AND  OAP  Medicaid  Colorado Works

Name of Mortuary or Funeral Home \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Relation to deceased: \_\_\_\_\_

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

*The resources owned by the deceased individual and/or the responsible party(s) may be considered in calculating the State contribution. A responsible party is defined as the spouse of the deceased individual or the parent(s) of a deceased child. Please list all resources and their value as of the date of death in the applicable area below. If additional space is needed, please provide information on a separate page.*

Type of Resource	Decedent	Responsible Party(s)	
<b>Cash</b> (including personal needs, bank accounts, burial funds)			
	\$	\$	
	\$	\$	
	\$	\$	
<b>Vehicles</b> (use current value)			
	\$	\$	
	\$	\$	
	\$	\$	
<b>Property and other resources</b> (describe)			
	\$	\$	
	\$	\$	
	\$	\$	
<b>Life Insurance, funeral or burial plans</b>			
	\$	\$	
	\$	\$	
<b>Burial Plot</b> (please list owner name, date of purchase, and cost at time of purchase)			
<b>Owner Name</b>	<b>Date of Purchase</b>	<b>Cost at time of purchase</b>	
		\$	
		\$	
<b>Voluntary Payments</b> (please list below anyone who is helping with the expenses.)			
<b>Name</b>	<b>Amount</b>	<b>Name</b>	<b>Amount</b>
	\$		\$
	\$		\$

When completing and signing this application, I certify that the information supplied herein is accurate and complete to the best of my knowledge.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**CHOICE OF DISPOSITION BY DECEDENT'S FAMILY MEMBER**

Colorado Revised Statutes, 26-2-129, gives certain relatives (spouse, adult children, parents, siblings) the right to choose the manner of disposition of a deceased recipient of public assistance if the decedent did NOT state their burial or cremation preference. An appropriate family member should complete the statement below indicating a choice for the decedent. The County Department of Human/Social Services must review the application for public assistance to determine if the decedent indicated a preference before honoring any family statement.

I \_\_\_\_\_, state that I am related to \_\_\_\_\_ who was a recipient of public assistance and/or Medicaid through the \_\_\_\_\_ County Department of Human/Social Services. My family relationship to the deceased is (circle one) husband, wife, father, mother, son, daughter, brother, sister, other - describe: \_\_\_\_\_.

I hereby express the following preference for the disposition of the decedent's body:

Burial                       Cremation

Describe additional details, if any:

\_\_\_\_\_  
Signature of Family Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address of Family Member

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

The undersigned hereby affirms that s/he witnessed the signature by the recipient's family member who appeared to be mentally competent to understand and exercise the choice of disposition.

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address of Witness

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



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## Provider Charges, Authorized State Contribution, and County Authorization for Cremation or Burial

Deceased Recipient Information	
Name:	CBMS #:
Date of Birth:	State ID:
Date of Death:	Category: <input type="checkbox"/> AND <input type="checkbox"/> OAP <input type="checkbox"/> Medicaid <input type="checkbox"/> CW

\_\_\_\_\_ County Department of Human/Social Services (*estimates or has verified*) the death reimbursement will be \$ \_\_\_\_\_ providing total costs of the burial, funeral, and/or cremation do not exceed \$2,500. The maximum State contribution cannot exceed \$1,000 or \$1,500 depending on the category of assistance the decedent was receiving at the time of death.

Mortuary/Crematorium Provider's Information and Charges		
Name of Business:		
Address:		
City:	State:	Zip Code:
EFT Provider #:	State Tax ID #	
Total Charges (please attach itemized statement):	\$	
Negotiated/Agreed Amount:	\$	
Signature:	Title:	Date:

Cemetery Provider's Information and Charges		
Name of Business:		
Address:		
City:	State:	Zip Code:
EFT Provider #:	State Tax ID #	
Total Charges (please attach itemized statement):	\$	
Negotiated/Agreed Amount:	\$	
Signature:	Title:	Date:

The above-submitted charges must be negotiated and agreed upon prior to submitting to the county department. If there is no agreement, the county department may pay the mortuary 60% and the cemetery 40% of the death reimbursement benefit or the actual cost, whichever is lower. If a different agreement is reached, please attach the terms to this form.

Sources and Amounts of Payment(s) Toward the Total Charges of Recipient's Disposition	
Estate of the Deceased Recipient	\$
Person(s) Responsible for Recipient's Support	\$
State Contribution	\$
Total (must not exceed \$1,500 for OAP, CW, and Medicaid for families and children or \$1,000 for AND/AB)	\$

The undersigned certifies that the total charges for the recipient's disposition do not exceed \$2,500.00 (taking into account, where applicable, the exceptions in Staff Manual Vol. 3.150.6) and that the county department has thoroughly investigated and determined that, at the time of this authorization, the alternative sources of payment are insufficient to cover the total charges of disposition. Accordingly, the undersigned hereby approves the contribution of state funds to each provider as described.

\_\_\_\_\_  
Signature Title Date

**Authorization of Cremation or Burial by County Department of Human/Social Services**

Authorization is hereby given to \_\_\_\_\_

to cremate the body of \_\_\_\_\_ who is a deceased recipient of public and/or medical assistance. The Undersigned certifies that:

- (1) The \_\_\_\_\_ County Department of Human/Social Services has not discovered any evidence that the recipient made a written choice of the manner of disposition, and
- (2) Reasonable, good faith efforts have been made to contact a relative authorized to make such a choice under 26-2-129 (9) (a) (II), C.R.S. (Check below as appropriate)
  - No authorized relative has been located.
  - No authorized relative of the recipient has made a written choice within seven (7) days of the recipient's death.

In accordance with the Colorado Revised Statutes, the \_\_\_\_\_ County Department of Human/Social Services has chosen  cremation  burial (check one) as the least costly means of disposition.

\_\_\_\_\_  
Name of Authorized County Representative Signature

\_\_\_\_\_  
Title Date

Note: 26-2-129 (11), C.R.S., provides that "Notwithstanding any other provision of the law to the contrary, any person who, in good faith, disposes of a deceased recipient or the remains of a deceased recipient in accordance with this section shall be immune from any civil or criminal liability".