

CHISAGO COUNTY **PROCEDURES & POLICY MANUAL**

HEALTH & HUMAN SERVICES Policy #500 Page 1 of 5

TOPIC: COUNTY DISPOSITION POLICY

I. PURPOSE.

In accordance with MN Statute §261.035, Chisago County will provide for the immediate disposition or direct cremation for residents of the county who are otherwise unable to pay the cost of disposition of their remains.

II. GENERAL POLICY

When a person dies without apparent means to provide for final disposition, the county board or its designee shall first investigate to determine whether that individual had contracted for any prepaid funeral arrangements. If it is determined that the person did not leave means to bare the necessary expenses of a final disposition, nor is there any responsible relative of means to procure the disposition, the county board shall pay for immediate disposition or direct cremation. If neither the wishes of the decedent or the practices of the decedent's faith tradition are known, nor the county has information about the existence or location of any next of kin, the county may authorize and provide for cremation of the person's remains and interment.

If an application is approved, all resources of decedent shall be remitted to the funeral home to offset the expense of the disposition. Chisago County will then pay the balance due (up to the approved limit) to the funeral home. After approximately thirty (30) days, the county will close out any accounts held by the decedent if the responsible relative is not able to access the funds. In addition, where applicable, any death benefit available must be applied for and shall be turned over to the county. If other resources become available to the deceased estate the county will be notified immediately.

III. AUTHORITY:

Minnesota Statute §261.035; 261.04, 256.935, 524.3-805
Chisago County Board Resolutions

A. Prior Authorization:

All county dispositions must be prior authorized. See procedure attached hereto and made a part hereof. A written application for County Disposition must be filed prior to the disposition by any person lawfully authorized to make arrangements for disposition of deceased. If arrangements must be made during a period that the office is closed, contact must be made the next working day.

B. County Disposition Costs:

1. Direct Cremation (within 72 hours of death) total costs not to exceed \$1,500
2. Immediate Earth Disposition (within 72 hours of death) total costs not to exceed \$2,500
3. Chisago County will not pay for additional costs associated with the disposition above the approved amount. An invoice for services must be submitted to Chisago County by the funeral home.
4. County payment must be accepted as payment in full for a county funded disposition. County funded disposition is not intended to supplement other monies available for disposition services. A responsible relative or other person cannot pay privately above the county approved amount and would instead pay the entire cost of the disposition.

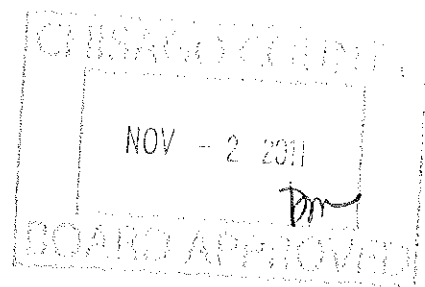
C. Income Standards:

1. Eligibility for partial or total county payment of disposition expenses will be determined by first deducting all liquid resources of the deceased and those of responsible relatives from the county allowance for disposition. The definition of responsible relative is a spouse or parents of minors. Liquid resources are defined as cash, savings, checking, and certificate of deposits.
2. After determination of liquid resources, all other assets and income will be reviewed for availability and marketability. In the events assets exist which are not readily marketable, a preferred claim will be filed against the deceased's estate to reimburse for the cost of the county disposition. Request for County payment will be denied when there is real property, either homesteaded or non-homesteaded with value and / or equity sufficient to cover cost of disposition.
3. Earned and unearned income will be reduced by allowable expenses prior to being applied to disposition cost. Allowable expenses are current child support obligation, current rent due and current utilities owed.
4. The responsible relative must apply for any available death benefits including but not limited to Life Insurance, Social Security (available only to surviving spouse) and Veteran's Benefits. Any death benefits available shall be reimbursed to the county

which paid the funeral expenses or paid directly to the funeral home. The County's payment will be reduced by any benefits paid to the funeral home.

D. Residence - Funerals at expense of County Minnesota Statute § 261.035

The County where the person is residing at the time of death is responsible for the arrangements and eligible disposition allowance will be used to pay the funeral home. Reimbursement to said County by the financially responsible County is subject to any and all residency rules that exist governing counties responsibility.



REVIEWED BY:

Janet Reit
Chisago County Attorney

Date 10/25/04

COUNTY DISPOSITION PROCEDURE

IV. PROCEDURE:

- A. An applicant or responsible relative applying for county disposition funds must complete the following requirements prior to disposition:
 1. A written application or an application completed by phone including verification of assets and resources.
 2. A release of information signed for any bank statements received that are more than sixty (60) days old.
 3. A copy of documents provided by the funeral home, if a funeral home was contacted prior to application.
- B. The County will receive the completed application and determine the eligibility for disposition funds.
 1. The County will determine available assets, resources and death benefits of the decedent to pay for disposition.
 2. The County will determine if available resources including cash, savings, checking, certificates of deposit or resident account funds (if long term care) are immediately available to be paid to the funeral home. Death benefits can include Life Insurance, Social Security Death Benefit, Veterans Benefits or Prepaid or Prearranged Disposition Plans. Any death benefits immediately available shall also be paid directly to the funeral home.
 3. The County will determine that if assets, resources or death benefits are immediately available to be paid directly to the funeral home and the eligibility for County disposition funds is reduced by those dollar amounts. The application for County disposition will be denied if available assets, resources and death benefits of the decedent exceed the allowable county disposition fund amount.
 4. The County will determine that earned and unearned income is considered available. The only allowable expenses include current child support obligations (not withheld from income), current rent (not mortgage payments) and current utilities.
 5. County disposition funds will be denied if there is real property homesteaded or non-homesteaded with value and / or equity sufficient to cover the cost of disposition unless it is determined by the County that accessing property funds would create a hardship for a surviving spouse.

6. Upon approval, the County will contact the selected funeral with the eligible County disposition fund amount and payment arrangements.
- C. The County will refer the application information to the County Collections Officer to pursue reimbursement for county disposition funds paid.
1. If County disposition funds have already be paid, but the decedent's assets, resources or benefits were unavailable; the County would pursue reimbursement for the County funds expended.
 2. The Collections Officer will obtain a certified copy of the death certificate from the funeral home upon approval of disposition funds. At least thirty (30) days after the decedent's death, an Affidavit of Collection will be filed by the Collections Officer to close out accounts held by decedent, but not accessible by the responsible relative.

Chisago County Health and Human Services
313 N Main Street Rm 239
Center City, MN 55012
Phone 651 213-5600 Fax 651 213-5685

APPLICATION FOR COUNTY DISPOSITION

Name of Person Filing Application:	
Address:	
Phone Number:	
Relationship to the Deceased	

Name of Deceased:	
Date of Birth of Deceased:	
Social Security Number of Deceased:	
Date of Death:	
Place of Death:	
Home Address prior to death:	
Marital Status (circle one)	Single Married Divorced Widowed
- If married name of spouse	

Circle One

Was the deceased receiving public assistance at the time of his/ her death?	Yes	No	Type:
What arrangements had the deceased made for burial prior to his/ her death?	None	Prepaid Burial or Trust	Mortuary Name: _____ Bank Name: _____ Account Number: _____ Amount: _____
Life Insurance	Yes	No	Company Name: _____ Address: _____ _____ Policy Number: _____ Date Issued: _____ Current Value: _____ Beneficiary: _____
Owned Cemetery Lot	Yes	No	Cemetery Name: _____ Lot Number: _____

To the best of your knowledge, please list all known assets of the deceased; cash, bank accounts, nursing home account, burial funds, trusts, life insurance, stocks, bonds, securities, social security benefits, Veteran's benefits, and other real or personal property.

	Yes	No	Location	Last Known Balance
Cash				
Checking Account				
Savings Account				
Nursing Home				
Certificate of Deposit				
Annuity				
Life Insurance				
Burial Trust				
VA Benefit				
Social Security Death Benefit				
Real Estate Equity				
Other				

Name of Funeral Home:	Address:
Phone number:	Contact:

I do hereby declare that the information I have provided is true and accurate to the best of my knowledge. All assets owned by the decedent have been disclosed to the county and are listed above. I allow Chisago County to exchange information with the Funeral Director to decide if I may receive help with funeral payment.

Your Signature:	Date:
Address:	Phone number:

If phone application name and date of person answering questions:	
Name:	Date:
County Worker Signature that took application:	Date:

Additional Information Needed to Determine Eligibility for Chisago County Payment:

A. Family/ Representative contact with Funeral Home/ Cemetery and with County Agency:

1. When was Funeral Home Contact Made? _____

2. Was a contract or agreement signed? Yes or No

When: _____

By Whom: _____

3. Were Specific items agreed to that would be covered by the family:

B. County Decision

By: _____

Basis/ Reason for Decision:

Date: _____

County Funds: \$ _____