

CITY OF FRANKLIN, OHIO

**INDIGENT BURIAL APPLICATION**

Return this Form, completed and signed to:

City of Franklin  
1 Benjamin Franklin Way  
Franklin, OH 45005  
Attn: Jane McGee

(937) 746-9921

## RESIDENCY QUESTIONNAIRE

### FOR DETERMINING RESIDENCY FOR PERSONS WHO WERE **LIVING IN NURSING HOMES, ASSISTED LIVING AND/OR HOSPITALS**

1. Name of facility and address: \_\_\_\_\_

\_\_\_\_\_

Street	City	State	Zip Code
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Contact Person: \_\_\_\_\_

Name	Phone
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2. How long had the deceased been at the facility? \_\_\_\_\_

3. Did the deceased get mail at that location?  Yes  No

4. Did the deceased own a home or other real property?  Yes  No

If yes, where?

\_\_\_\_\_

Street	City	State	Zip Code
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5. If the deceased had become well and left the facility, where would the person have lived?

\_\_\_\_\_

Street	City	State	Zip Code
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6. Did the person have a Patient Care Account?  Yes  No

**APPLICATION FOR INDIGENT BURIAL FUNDS**

**\*\*\*Certain information contained in this application is a matter of public record subject to disclosure. Any false statement made or given in this application shall result in denial of payment and could result in criminal prosecution.\*\*\***

PAGES 3 THROUGH 8 TO BE COMPLETED BY DECEDENT'S REPRESENTATIVE.

**FAILURE TO ANSWER ALL QUESTIONS MAY BE GROUNDS FOR DENIAL.**

**Deceased Person's Information:**

Full Name of Deceased: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Known Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip Code

Social Security Number: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Place of Death: \_\_\_\_\_

1. At the time of death, was the deceased a resident of the City of Franklin?  
 Yes  No If yes, *please provide proof of residency.*
2. Did the deceased receive benefits from Job & Family Services, such as Ohio Work First, Medicaid/Medicare, Healthy Start, Food Stamps, SSI, SSD or other program?  
 Yes  No

If yes, please indicate which program(s): \_\_\_\_\_  
\_\_\_\_\_

3. Who claimed the body of the deceased?

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

Address: \_\_\_\_\_  
Street City State Zip Code

When? \_\_\_\_\_ Where? \_\_\_\_\_

4. Did the deceased have a court appointed guardian?  Yes  No

If yes, list name and phone number of guardian:

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

5. Did the deceased have a patient care account at an extended care facility at the time of death?  
 Yes  No

If yes, list name of facility and amount in the account:

\_\_\_\_\_  
Name Amount in Account

6. Was the deceased a veteran?  Yes  No

If yes, has or will someone be applying for burial funds from the Warren County Veteran's Administration?

Yes  No

If no, why not? \_\_\_\_\_

7. Will the body of the deceased be delivered for the purpose of medical or surgical study or dissection in accordance with Section 1713.34 of the Ohio Revised Code?  
 Yes  No

8. Was the deceased receiving Social Security retirement benefits at the time of death?  
 Yes  No If yes, indicate monthly amount: \$\_\_\_\_\_

9. Is/was there any life insurance policies for the deceased?  
 Yes  No If yes, in what amount? \$\_\_\_\_\_

10. Did the deceased participate in any type of prepaid burial Fund?  
 Yes  No If yes, in what amount? \$\_\_\_\_\_

11. Did the deceased leave a will or trust fund?  
 Yes  No If yes, in what amount? \$\_\_\_\_\_

12. Did the deceased, or does the surviving spouse of the deceased, own real property?

Yes  No

If yes, list address of property or properties and value: (attach additional sheet if necessary)

\_\_\_\_\_  
Address Value

\_\_\_\_\_  
Address Value

\_\_\_\_\_  
Address Value

\_\_\_\_\_  
Address Value

13. Did the deceased, or does the surviving spouse of the deceased own personal property, (i.e., vehicles, furniture, appliances, etc.)?

Yes  No

If yes, please type of property and value: (attach additional sheet if necessary)

\_\_\_\_\_  
Type Value

14. Did the deceased have a checking or savings account at the time of death or within the last twelve (12) months prior to death?

Yes

No

If yes, please list name of financial institution and amount in account(s):  
(attach additional sheet if necessary)

\_\_\_\_\_  
Name Amount

\_\_\_\_\_  
Name Amount

\_\_\_\_\_  
Name Amount

\_\_\_\_\_  
Name Amount

15. Does the surviving spouse of the deceased have a checking or savings account or did the spouse have a checking or savings account within the last twelve (12) months prior to this application?

Yes

No

If yes, please list name of financial institution and amount in account(s):  
(attach additional sheet if necessary)

\_\_\_\_\_  
Name Amount

\_\_\_\_\_  
Name Amount

\_\_\_\_\_  
Name Amount

\_\_\_\_\_  
Name Amount

16. Will the funeral home or the estate of the deceased be receiving benefits or donations from friends, family, coworkers, businesses, non-profit organizations or any other burial funds?

Yes

No

If yes, please list all sources: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**\*\*If you have claimed the body of the deceased, you must fill out all of the questions below\*\***

**Applicant's Information:**

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

Address: \_\_\_\_\_  
Street City State Zip Code

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

Relationship to Deceased: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

1. Residential Status:

Do you: Own?  Yes  No Appraised value of home \$ \_\_\_\_\_

Amount of equity in home \$ \_\_\_\_\_

Rent?  Yes  No Monthly Rent amount \$ \_\_\_\_\_

Other? \_\_\_\_\_

2. Do you own other real property?  Yes  No

If yes, list address of property or properties and value: (attach additional sheet if necessary)

\_\_\_\_\_ Value

\_\_\_\_\_ Value

\_\_\_\_\_ Value

3. Do you own a car, truck, or other vehicle?  Yes  No

For each vehicle, list: (attach additional sheet if necessary)

Type/Model: \_\_\_\_\_

Are you making payments on this vehicle?  Yes  No

If no, vehicle value: \$ \_\_\_\_\_

If yes: Monthly Payments \$ \_\_\_\_\_

Amount still owed \$ \_\_\_\_\_ Delinquent?  Yes  No

Type/Model: \_\_\_\_\_

Are you making payments on this vehicle?  Yes  No

If no, vehicle value: \$ \_\_\_\_\_

If yes: Monthly Payment \$ \_\_\_\_\_ Amount still owed \$ \_\_\_\_\_

Are you delinquent on payments?  Yes  No

4. Do you own other personal property? (e.g. boat, motorcycle, etc.)  Yes  No

If yes, please type of property and value: (attach additional sheet if necessary)

\_\_\_\_\_  
Type Value

5. Do you own Stocks, Bonds, CDs, Insurance, etc.?  Yes  No

If yes, please list type and value of each: (attach additional sheet if necessary)

Type: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Type: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Type: \_\_\_\_\_ Value: \$ \_\_\_\_\_

6. Have Money/Accounts? (e.g., savings, checking, etc.)  Yes  No

If yes, please list financial institution and amount: (attach additional sheet if necessary)

Where: \_\_\_\_\_ Amount \$ \_\_\_\_\_

7. Family--Marital status:  Single  Married  Widowed  Divorced

If Married:

Spouse's name \_\_\_\_\_

Address \_\_\_\_\_

8. Employment Status:

Are you:

RETIRED Date Retired: \_\_\_\_\_

EMPLOYED (If employed, fill out below)

Employer: \_\_\_\_\_

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

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

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

If the hire date is six months or less from the date of this application, please provide the Name, Address, and Phone Number of your prior employers on a separate sheet and attach to this Application.

UNEMPLOYED Since when? \_\_\_\_\_

Are you receiving unemployment benefits?  Yes  No

If yes, in what monthly amount? \$ \_\_\_\_\_

Do you have a job waiting? (e.g., recall, new hire, etc)  Yes  No

If yes, where? \_\_\_\_\_

Are you unemployed because of a disability?  Yes  No

If yes, do you receive disability, SSI, or SSD?  Yes  No

If yes, in what monthly amount? \$ \_\_\_\_\_

A FULL-TIME STUDENT  Yes  No

If yes, where? \_\_\_\_\_

Since when? \_\_\_\_\_ When will you receive your degree? \_\_\_\_\_

Is your Spouse:

RETIRED Date Retired: \_\_\_\_\_

EMPLOYED (If employed, fill out below)

Employer: \_\_\_\_\_

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

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

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

If the hire date is six months or less from the date of this application, please provide the Name, Address, and Phone Number of your prior employers on a separate sheet and attach to this Application.

UNEMPLOYED Since when? \_\_\_\_\_

Is he or she receiving unemployment benefits?  Yes  No

If yes, in what monthly amount? \$ \_\_\_\_\_

Does he or she have a job waiting? (e.g., recall, new hire, etc)  Yes  No

If yes, where? \_\_\_\_\_

Is he or she unemployed because of a disability?  Yes  No

If yes, does he or she receive disability, SSI, or SSD?  Yes  No

If yes, in what monthly amount? \$ \_\_\_\_\_

A FULL-TIME STUDENT  Yes  No

If yes, where? \_\_\_\_\_

Since when? \_\_\_\_\_ When will he or she receive degree? \_\_\_\_\_

9. Do you or your spouse receive welfare assistance?  Yes  No

If yes, please list type and monthly amount received: (attach additional sheet if necessary)

Type: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Type: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Type: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Name of Caseworker: \_\_\_\_\_

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

10. Your Monthly Income:

(List all sources of income, e.g., wages, pensions, social security, rental income, interest, etc. Attach additional sheet if necessary)

Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

TOTAL MONTHLY INCOME: \$ \_\_\_\_\_

11. Your Monthly Expenses: (attach additional sheet if necessary)

Water & Sewer \$ \_\_\_\_\_ Gas \$ \_\_\_\_\_

Electric \$ \_\_\_\_\_ Cable \$ \_\_\_\_\_

Home Phone \$ \_\_\_\_\_ Cell Phone \$ \_\_\_\_\_

Mortgage \$ \_\_\_\_\_ Property Tax \$ \_\_\_\_\_

Home Insurance \$ \_\_\_\_\_ Car Insurance \$ \_\_\_\_\_

Health Insurance \$ \_\_\_\_\_ Groceries: \$ \_\_\_\_\_

Credit Cards:

Company: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Other Monthly Expense:

Type: \_\_\_\_\_ Amount \$ \_\_\_\_\_

TOTAL MONTHLY EXPENSES: \$ \_\_\_\_\_

12. Do you have dependent children?  Yes  No

If yes, how many? \_\_\_\_\_ Age(s) \_\_\_\_\_

Do you support these children?  Yes  No

If yes, monthly amount \$ \_\_\_\_\_

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**AUTHORIZATION:**

I, the undersigned, authorize the disclosure of the above information to all persons as may be deemed proper for the purpose of reaching a proper decision on the question of my indigence.

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

\_\_\_\_\_  
Signature

**Acknowledgement**

State of Ohio  
County of Warren:

I, \_\_\_\_\_, being duly sworn, depose and say that I am the individual making the forgoing application; and that the answers to the foregoing questions and other statements and authorizations contained herein are true to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

Sworn before me and subscribed in my presence this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

