

Codington County Funeral/Burial Assistance Screening

Date: _____ Name of Deceased: _____

Contact Name: _____ Phone Number: _____

We recognize that this is a difficult time for your family. As you make decisions and sort through options, it is possible that Codington County may be able to provide financial assistance. The screening document is not a final determination if the County will help, but rather will assist you in determining if you should apply for assistance, and if you do apply, what documents you will need, along with your options. The funeral home director will be able to help you clarify or please call Codington County Welfare at 605-882-6286.

- County payment must be authorized prior to the funeral home providing any service.
- When the county provides assistance, the funeral home cannot charge the family the difference. Payment by the county is considered to be "payment in full".
- If deceased or next of kin has resources equal to or in excess of amount the county will pay, request can be denied.
- If assistance is provided by the county, a lien will be placed on assets of the surviving spouse or parent of a minor. If there is no spouse or parent, a lien will be placed on the deceased individual for a period of two years.
- Burial assistance is considered separately from funeral assistance.
- If the deceased does not already have a plot, the city cemetery may be used.
- A final decision will be made within five business days after requested documents are returned to Codington County Welfare.

To apply, immediate family members (a representative if no immediate family exists) will need to bring the following to CCW and complete an application, Mon-Fri, 9am to 4pm. Other documents may be required if needed to make a determination.

For the deceased: ◇ Proof of residency ◇ Proof of income (paystubs, income tax return, employer statement) ◇ Bank Statement ◇ Documentation of other assets (property, licensed vehicles not needed unless outside of SD) ◇ Discharge document if veteran (DD 214) ◇ Obituary as drafted by funeral home

For the family members (spouse, children of adult age, adult siblings, parents, grandparents, grandchildren of adult age): ◇ Proof of income (paystubs, income tax return, employer statement) ◇ Bank statements These documents will assist caseworker in determining family's ability to pay or make payments.

The Codington County income guidelines are based on the federal poverty standard.

Net Income Guidelines (effective 01/19/24): (Based on Federal Poverty Standard and Consistent with SD Poor Relief Statutes)

<u>HH #</u>	<u>Month</u>	<u>Annual</u>
1 Person:	\$1,215	\$14,580
2 People:	\$1,643	\$ 19,720
3 People:	\$2,072	\$ 24,860
4 People:	\$2,500	\$ 30,000
5 People:	\$2,928	\$ 35,140
6 People:	\$3,357	\$ 40,280
7 People:	\$3,785	\$ 45,420
8 People:	\$4,213	\$ 50,560

(For HH with more than 8 persons, add \$5,140/annually for each additional person)

Codington County Welfare shall not discriminate on the basis of race, color, creed, religion, sex, ancestry, national origin, handicap, marital status or affectionate preference when granting assistance

PLEASE COMPLETE AS FULLY AS POSSIBLE

1. Was the Deceased a Veteran? YES NO
2. Was the deceased a resident of Codington County? YES NO
 - Their name was on a lease, property, or driver's license documenting residency
 - Lived in Codington County originally, but had been residing in a long-term care facility, assisted living, halfway house, or other institution.
 - Deceased was homeless or living with friends or family
 - Deceased had lived in another county prior to residing in a long-term care facility, halfway house, or institution in Codington County.

Deceased Income & Assets

3. How many people lived in the deceased's household? _____
4. Was the INCOME OF THE DECEASED at or below the poverty level according to the above guidelines? Yes No
5. HOUSEHOLD ASSETS: (Check all that apply to deceased's household)
 - Property
 - Cash on Hand
 - CD's/Annuities
 - Checking/Savings
 - Life Insurance (check with employer/health insurance)
 - Burial Insurance
 - 401K/403B/457 Retirement Accounts
 - Vehicles/Licensed Items
 - None
 - Unknown
 - Other, Please List: _____

Immediate Family Members

Please list all family members over the age of 18 and contact info. If the deceased was married at the time of death then the spouse must make application. A parent must make application on behalf of a minor. If no relatives, a friend or agency representative may do so.

6. Did the deceased have living IMMEDIATE FAMILY MEMBERS (spouse, children of adult age, adult siblings, parents, grandparents, grandchildren of adult age)? YES NO

Family Member #1 (Primary Contact) _____ Phone _____

Relationship to Deceased _____ What amount can this person contribute? _____

Family Member #2 _____ Phone _____

Relationship to Deceased _____ What amount can this person contribute? _____

Family Member #3 _____ Phone _____

Relationship to Deceased _____ What amount can this person contribute? _____

Family Member #4 _____ Phone _____

Relationship to Deceased _____ What amount can this person contribute? _____

Family Member #5 _____ Phone _____

Relationship to Deceased _____ What amount can this person contribute? _____