



COUNTY OF ONONDAGA

**Department of Social Services-Economic Security**

Child Support ● Day Care ● Fair Hearings ● Fraud ● HEAP ● Medicaid ● SNAP ●

Temporary Assistance

JOHN H. MULROY CIVIC CENTER

421 MONTGOMERY STREET

SYRACUSE, NY 13202

(315) 435-2397

**J. Ryan McMahon, II**

County Executive

**Sarah G. Merrick**

Commissioner

**INFORMATION REGARDING INDIGENT BURIAL ASSISTANCE**

The Applicant has a right, under Social Services Law §141, to apply for indigent burial assistance for the decedent you name on this application.

The Applicant may choose any funeral home of his or her desire.

The Applicant may apply for this assistance using the below application, and forwarding it and the required documentation to the funeral home of choice, by mail, fax, e-mail, or in person to the Department of Social Services – Economic Security (DSS-ES) at the following address:

Yevette Mercer

Onondaga County Department of Social Services – Economic Security

421 Montgomery Street, 12<sup>th</sup> Floor

Syracuse, NY 13202

Office Telephone: (315) 435-2397

Fax: (315) 435-2113

Email: [Yevette.Mercer@dfa.state.ny.us](mailto:Yevette.Mercer@dfa.state.ny.us)

Office hours for Indigent Burial Assistance are as follows:

Monday – Friday (except for County Holidays) 8:30 AM – 3:00 PM

**In order to be eligible** for indigent burial assistance, DSS-ES considers a number of factors including, but not **limited to, the below:**

- (1) DSS-ES **must be** provided with a signed application before it is able to determine eligibility.
- (2) **An application will** be denied if it is submitted after funeral services have already been performed.
- (3) **Incomplete applications** cannot be processed and you may be contacted for more information.
- (4) **Documentation needed** to complete the application may include, but is not limited to, the following:
  - **Bank statements** from the prior 30 days, or the most recent bank statement;
  - Most recent pay stubs;
  - Copies of any life insurance policies;
  - Copies of deeds to cemetery lots;
  - Copies of deeds to real property;
  - Funeral home itemization statements (outlining allocation of expenses); and/or
  - Proof of payment to funeral home
- (5) The application is generally denied if the decedent has more money than DSS-ES is being requested to pay for the funeral services.
- (6) The application is generally denied if the decedent has a life insurance policy, the beneficiary of that policy is a responsible party of the decedent, and the value of the policy is greater than DSS-ES is being requested to pay for the funeral services.
- (7) An application is denied if a burial plot was purchased by the decedent, or a responsible party, within 6 months from the date of the decedent's death.
- (8) The following are parties legally responsible for payment of funeral expenses:
  - The decedent's estate,
  - The spouse of the decedent,
  - The parents of minors,
  - Parties who are fiscal agents (guardians, representative payees, or agents under a power of attorney) are responsible for applying the decedent's resources to the payment of funeral expenses.
  - If the responsible parties do not have income or resources sufficient to cover funeral costs they may be eligible for an indigent burial grant.

**PLEASE BE ADVISED THAT ANY FRAUDULENT AND/OR MATERIAL MISREPRESENTATION ON THIS APPLICATION WILL BE PURSUED AS A WELFARE FRAUD OFFENSE AND THE DEPARTMENT WILL SEEK CIVIL AND CRIMINAL REMEDIES TO OBTAIN REPAYMENT OF ANY FUNDS OBTAINED BY FALSE PRETENSES.**

## OTHER POLICY CONSIDERATIONS

- (1) This application is not specific to, nor does it commit the services of, any funeral home. The choice of funeral home is that of the person authorized to dispose of the decedent's remains under Public Health Law.
- (2) When there is no person who is willing and authorized under Public Health Law to direct the funeral arrangements, the Public Administrator's Office directs and authorizes the procedures for burial or cremation.
- (3) DSS-ES is not responsible for the reimbursement of furnishing necessary professional services and equipment, including cemetery devices.
- (4) The funeral home sets aside 30 minutes for visitation.
- (5) DSS-ES reimburses \$2.00 per mile, one way and only beyond a 10 mile radius from the funeral home, for removal or transfer of a body in preparation for a burial.
- (6) DSS-ES makes reimbursement payment for an indigent burial directly to the funeral homes. This is consistent with the Department's "indirect – third party vendor" payments.
- (7) If the decedent died as a result of a crime, the funeral costs may be covered by NY Crime Victim's Board, who can be reached at (315) 435-2470. If the decedent died as a result of a motor vehicle accident, please provide automobile insurance information for all parties involved in the motor vehicle accident. If the decedent died as a result of a work related accident, please provide Worker's Compensation information including, but not limited to, the Compensation Carrier's name
- (8) DSS-ES evaluates each indigent burial application under NY Social Services Law § 141 and regulations under Title 18 of the New York Code of Rules and Regulations pertaining to public assistance. Such law and regulations require this Department to consider whether relatives, friends, or personal representatives are liable or willing to become responsible for burial expenses of the decedent, among other factors.

## REIMBURSEMENT RATES

Adult Burial	\$2,220.00
Birth to 7 Years	\$1,275.00
Stillborn Child	\$500.00
Concrete Chest	Actual cost, not to exceed \$750.00
Adult Cremation, including Crematory Fee, with or without Services	\$2,220.00
Anatomical Donations	\$1,495.00
Oversize Caskets	Actual cost, not to exceed \$500.00
Clothing	Actual cost, not to exceed \$75.00

## REIMBURSEMENT RATE CONSIDERATIONS

- (1) Under DSS-ES policy, the price reimbursement rates are complete and understandable.

**ONONDAGA COUNTY DEPARTMENT OF SOCIAL SERVICES-ECONOMIC SECURITY  
BURIAL ASSISTANCE APPLICATION**

(To be completed by the person requesting services)

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

**DECEDENT'S INFORMATION:**

Name of Deceased: \_\_\_\_\_ Social Security# \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Veteran/Widow? Yes / No

Please indicate (with a checkmark) if the decedent died as a result of any of the following:

Crime \_\_\_\_\_ Motor Vehicle Accident \_\_\_\_\_ Work Related Accident \_\_\_\_\_

**APPLICANT'S & FUNERAL HOME'S INFORMATION:**

Applicant Name: \_\_\_\_\_ Relationship to Deceased: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Funeral Home: \_\_\_\_\_ Director/Phone number \_\_\_\_\_

**SERVICE INFORMATION:**

Type of Service: Earth Burial \_\_\_\_\_ Name of Cemetery \_\_\_\_\_

Cremation \_\_\_\_\_ Cremation with Services \_\_\_\_\_ Anatomical Donation \_\_\_\_\_

**DECEDENT'S INCOME & RESOURCE INFORMATION:**

All Source(s) of Income \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_

Bank Name / Account # \_\_\_\_\_ Direct Deposit? Yes / No

Available Cash amount \$ \_\_\_\_\_ Burial Fund amount \$ \_\_\_\_\_

Burial Plot: Yes / No If yes, Date Purchased: \_\_\_\_\_

Did Decedent Own Real Estate: Yes / No

If Yes, Address: \_\_\_\_\_

**OTHER EXPENSES:**

1.) Will other people contribute funds towards the decedent's service? Yes / No

2.) If Yes, what is the total dollar amount of contribution? \$ \_\_\_\_\_

3.) If Yes, please explain how the funds will be used to contribute towards the service:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*IF A DEATH CERTIFICATE IS NEEDED, PLEASE CONTACT THE DSS BURIAL DESK IMMEDIATELY\*\***

**ONONDAGA COUNTY DEPARTMENT OF SOCIAL SERVICES-ECONOMIC SECURITY  
BURIAL ASSISTANCE APPLICATION**

(To be completed by the person requesting services)

**I swear or affirm that the information given on this application is true and correct. I understand that by signing this application form, I consent to any investigation made by the Department of Social Services - Economic Security to verify or substantiate the information I have given, or any other investigation made by them in connection with this request for burial assistance. I understand that all income and assets of the deceased must be applied towards burial expenses incurred by the Department of Social Services – Economic Security. I understand that any request for a certified death certificate for this decedent will be viewed as a presumption that the undersigned is seeking to recover undisclosed assets and will be investigated by the Department of Social Services – Economic Security.**

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**

**\*PLEASE ATTACH A PICTURE ID OF THE APPLICANT**