Cassia County Assistance Application for Disposition of the Indigent Deceased

General Information:

- In accordance with IC 31-3412, and County Resolutions 2012-022 and 2024-003, Cassia County will consider applications for financial assistance for the disposition of the indigent deceased.
- The County will consider such applications only when **NO** other resource is available.
- Applicants who have divested their assets or resources within three (3) months prior to applying for county assistance, in order to become eligible, shall be denied assistance.
- Any person who withholds information, or gives false or incomplete information for the purposes of obtaining county aid to which they are not otherwise entitled, shall be guilty of a misdemeanor.
- The Applicant will be required to provide photo identification and evidence of need, indigency, and residence.
- State law requires that the application must be filed **PRIOR** to the disposition of the deceased.
- Upon timely filing of the application, if the requirements of indigency and residency are met, Cassia County will pay an amount established by the Board of County Commissioners for cremation of the deceased, absent a compelling reason to do otherwise.
- A copy of a valid death certificate must accompany the application at the time of filing.
- Cassia County will encourage relatives to keep or dispose of the cremated remains in a manner acceptable to them.
- Cassia County will not pay for the transporting of human remains either into or out of Cassia County.
- Cassia County will not pay to exhume a deceased body.
- Cassia County is not financially responsible for the disposition of a deceased person who at the time of their death was in the custody of the State of Idaho Department of Correction either in Cassia County or elsewhere.
- Cassia County shall be free from any liability for the disposition of the deceased. [§31-3412 Idaho Code]

To Apply: Complete the attached application and submit to:
Cassia County Social Services
1459 Overland Ave, Room #105,
Burley, Idaho 83318
Phone: 208-878-5240 Fax: 208-878-8825
Email: socialservices@cassia.gov

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Clear Form

Deceased's Information					
First Name:		M.I. :	Last Name:		
Birthdate:	Marital Status:		Date of Death:		
Cause of Death:					
Name of Mortuary:					
Physical Address:	City:	State:	County:	Zip:	
U.S. Citizen: Yes No	Legal Alien: Yes No	Other:	Veteran: Yes No	Type of Discharge:	
If legal Alien, please provide Alien registration number:					
Name of Sponsor:					
Registered to vote? Yes No	If Yes, what state/county?				
Licensed to drive? Yes No	If Yes, what state?				

Spouse (Applicant) Information					
First Name:	M.I. :	Last Name:			
Birthdate:	Marital Status:	Phone Number:			
Physical Address:	City:	State:	County:	Zip:	
U.S. Citizen: Yes No	Legal Alien: Yes No	Other:	Veteran: Yes No	Type of Discharge:	
If legal Alien, please provide Alien registration number:					
Name of Sponsor:					
Are you registered to vote? Yes No	If Yes, what state/county?				
Are you licensed to drive? Yes No	If Yes, what state?				

List the name, address, phone number of a person OUTSIDE your household who is aware of your circumstances:			
Name:		Relationship:	
Address:		Phone Number:	

Household Members: Complete the following for all persons residing in your home, including applicant and deceased. (Attach additional pages if needed)					
Name	Relationship to Applicant	Date of Birth Mo/Day/Yr	Sex	Marial Status	Social Security# or Alien#

Office Notes

Other Assistance		
1. Are you or anyone in your household an enrolled member of a Native American Tribe?	Yes	No
If YES who:	Name of Tribe:	
If YES, Phone number of Tribal Council/BIA offices for this tribe:		
2. Have you or anyone in your household ever been disqualified from an assistance program? If YES, list the names of persons disqualified from an assistance program.	Yes	No
3. Do you or anyone in your household have actions pending from which money may be received such as lawsuits, inheritance, accident claim, insurance settlement, etc.?	Yes	No
4. Have you or anyone in your household ever been approved for county assistance in Idaho? If YES, which county and when?	Yes	No
5. Have you or anyone in your household applied for Medicaid, SSI, or Crime Victims? If YES, name of program and date filed.	Yes	No

Residency: Please list your place of residence for the past 5 years. (Attach additional pages if needed)							
Physical Address				Dates of Residence		Landlord	
Street:				From:		Name:	
City:		State:		To:		Phone #	
Street:				From:		Name:	
City:		State:		To:		Phone #	
Street:				From:		Name:	
City:		State:		To:		Phone #	
Street:				From:		Name:	
City:		State:		To:		Phone #	
Street:				From:		Name:	
City:		State:		To:		Phone #	
Street:				From:		Name:	
City:		State:		To:		Phone #	

Earned Income: Employment Information (Attach additional pages if needed)							
Applicant				**Spouse/Significant other**			
Current Employer:		Phone:		Current Employer:		Phone:	
Address:	City:	State:	Zip:	Address:	City:	State:	Zip:
Hours/Weeks	Hourly Rate	Monthly Gross		Hours/Weeks	Hourly Rate	Monthly Gross	
Dates of Employment:				Dates of Employment:			
Current Employer:		Phone:		Current Employer:		Phone:	
Address:	City:	State:	Zip:	Address:	City:	State:	Zip:
Hours/Weeks	Hourly Rate	Monthly Gross		Hours/Weeks	Hourly Rate	Monthly Gross	
Dates of Employment:				Dates of Employment:			
Current Employer:		Phone:		Current Employer:		Phone:	
Address:	City:	State:	Zip:	Address:	City:	State:	Zip:
Hours/Weeks	Hourly Rate	Monthly Gross		Hours/Weeks	Hourly Rate	Monthly Gross	
Dates of Employment:				Dates of Employment:			

Unearned Income: Are you or anyone in your household receiving income from any of the following sources?								
	Y	N		Y	N		Y	N
Social Security			Workers Compensation			Unemployment		
SSI			Veteran's Benefits			Retirement		
Child Support/Alimony			Tribal/Commodities			Gifts/Loans		
Interest/Dividends			Insurance Settlements			Contributions		
Rental/Escrow			State Cash Assistance			Church		
Income Tax Refunds			Inheritance/Trust			Energy Assistance		
Food Stamp			Other					

If you selected Yes to any of the above, please complete the information below.

Source of Unearned Income	Person Receiving Income	Amount Received

Financial Assets: Complete the following information regarding any items that you or your spouse/significant other own, or on which either of your names appear.						
Description	Y	N	Names on Account	Bank Name/Location	Account Number	Amount/Value
Cash						
Checking Account						
Other Checking						
Line of Credit						
Savings Account						
Certificates of Deposit						
Stocks/Bonds						
Mutual Funds						
Trusts/Annuities						
Retirement: IRA 401K etc						
Credit cards						
Other						

Real/Personal Property						
Real/Personal Property	Y	N	Description	Market Value	Amount Owed	Equity
Home Residence						
Manufactured Home: Year/Make/Model						
Land						
Rental Property						
Vehicle:						
Is It Licensed:						
Used for Business:						
Other Vehicle						
Is It Licensed:						
Used for Business:						
Recreation Vehicle/ Trailer/Camper/Other						
Livestock						
Tools of Trade						
Pending Claims						
Burial Plots						
Life Insurance						
Other						

Have you or your spouse/Significant other sold, traded, given away, or put into a trust, money or any resources within the last year? Yes No

If YES, Complete the information below. (Attach additional pages if needed)

Description	Where Sold	Amount Received

Monthly Expenses				
Description		Monthly Expense	Amount Past Due	Vendor/Company (Paid To)
Rent/Mortgage: Subsidized? Yes No				
Space Rent:				
Food:				
Non-Food:				
Utilities	Heat Source:			
	Electricity:			
	Water:			
	Sewer/Trash:			
	Telephone:			
	Other:			
Insurance:	Health/Accident:			
	Home:			
	Life:			
	Auto:			
Transportation:	Car Payment:			
	Fuel:			
	Maintenance:			
	Alternate (i.e., bus, taxi etc.			
Previous Medical:	Doctors:			
	Hospitals:			
	Medications:			
	Other:			
Taxes:	Payroll:			
	Property:			
Educational Expenses:				
Child Care: Subsidized Yes No				
Duties and Tithing:				
Court Ordered:	Child Support:			
	Garnishment:			
	Fines:			
Contract/Credit Card Payments				
Other:				
Other:				
Other:				
Other:				
Other:				
Other:				
Additional Expenses:				
Additional Expenses:				

Stop! This page must be signed in front of a Notary!

Name of Applicant: (Print) _____

RELEASE OF INFORMATION NON-MEDICAL COUNTY ASSISTANCE

In order to cooperate fully with the investigation and determination of my application for county non-medical assistance, I hereby authorize representatives from Cassia County Assistance to discuss my application with and to secure information, data, copies and records from my relatives, bankers, credit unions, physicians, hospitals, creditors and any other persons or organizations including, but not limited to the State Department of Health and Welfare, Social Security Administration, all branches of the United States Military, Tribal Records, law enforcement agencies, courts, Idaho Department of Labor, or employers having any information concerning me or my circumstances that said county representative feels is pertinent to the investigation of my application.

I hereby authorize Cassia County to release to and exchange pertinent information regarding this application, the contents thereof and action taken thereof with all parties of interest, including but not limited to those listed herein. I acknowledge that my application for assistance waives any and all confidentiality granted by state or federal law to the extent necessary to carry out the intent of Idaho Code Title 31, Chapter 34 regarding my application. I hereby authorize a copy of this agreement to be used when necessary and give it full force as the original.

I understand that I may revoke this consent at any time by submitting to the Cassia County Assistance Department a written document signed by me and notarized except to the extent that action has been taken in reliance on it, and that unless consent is sooner revoke, this release is valid as long as it is pertinent to this application. I also understand that if I revoke this consent, to the extent it prevents or substantially interferes with the completion of the investigation of my application, it may result in my application being denied.

I understand that by accepting assistance from the county, I agree to repay the county for all or any portion of expenses paid on my behalf as determined by the Board of County Commissioners.

By my signature, I apply for county assistance and I hereby certify under penalty of perjury that the information contained in my application for county assistance is true and correct to the best of my knowledge.

Dated this _____ day of _____ 20 _____

_____
Signature of Applicant

NOTARY

Dated this _____ day of _____ 20 _____

_____ personally, appeared before me and proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is(are) subscribed to this instrument and acknowledged to me that he/she (they) executed the same.

_____
Notary Public for Idaho
Residing at:
My Commission Expires:

SEAL