

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 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.*** 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 solely-owned assets and this will be investigated by the Department of Social Services. I agree that by signing this application I am requesting the Schoharie County Department of Social Services to pay for burial expenses.

SIGNATURE OF APPLICANT

DATE

PLEASE BE ADVISED THAT IF YOUR APPLICATION IS DENIED, YOU WILL BE PROVIDED WITH INFORMATION REGARDING YOUR RIGHT TO A FAIR HEARING. PAYMENT TO A FUNERAL HOME MAY NOT BE PROCESSED ON A DENIED APPLICATION UNLESS AND UNTIL YOUR FAIR HEARING APPEAL IS SUCCESSFUL.

<p>FUNERAL HOME USE:</p> <p>Name of person Funeral Director spoke with at the Department of Social Services: _____</p> <p>_____ Date: _____</p>
<p>AGENCY USE:</p> <p>Date faxed application received in county office: _____</p> <p>Approved: <input type="checkbox"/> Denied: <input type="checkbox"/> Agency response date: _____</p> <p>Worker's Signature: _____</p>