

# City of Biddeford

General Assistance

205 Main Street, Biddeford ME 04005

Phone: (207) 284-9514 Fax: (207) 571-0675

**BURIALS/CREMATIONS:** The city of Biddeford’s General Assistance Program will pay for direct burial and cremation expenses, up to the allowed maximums, for eligible deceased persons who leave no money or assets to pay for the burial/cremation costs **and** who have no legally liable relatives, either individually or as a group, possessing a financial capacity to pay for the costs either in lump sum or by means of a budgeted payment arrangement with the funeral home.

**LEGALLY LIABLE RELATIVES:** Spouse, parents, grandparents, children and grandchildren are legally liable relatives. If the family believes that there is an inability to pay for the burial/cremation expenses, each liable relative must complete and return a signed financial statement along with verification of all income and expenses.

**FINANCIAL RESOURCES AVAILABLE FOR BURIAL/CREMATION EXPENSES:**

* the estate of the deceased—including bank accounts**,** life insurance policies and prepaid burial plans
* financial capacity of legally liable relatives
* program benefits such as Veterans and Social Security death benefits
* financial contributions from any other source, such as friends, community collections, donations, etc.

**DIRECT BURIAL:** payment will be authorized up to the allowed maximum, with additional payments, where there is an actual cost, for the wholesale cost of a liner and the opening and closing of the grave site.

**CREMATION:** payment will be authorized up to the allowed maximum, with additional payments, where there is an actual cost, for the wholesale cost of a liner.

**THE GENERAL ASSISTANCE PROGRAM:** does not allow for more elaborate funerals, including the cost of flowers, memorials, markers, headstones etc. All income, including any income that is available for the above items, must be applied toward the cost of the burial/cremation expenses. Viewing for family members is at the convenience of the funeral home*.*

**TIMELY NOTICE:** funeral directors must notify the administrator prior to the burial or cremation or by the end of three business days following the funeral director’s receipt of the body, whichever is earlier.

**THE CITY MUST BE REIMBURSED FOR THE AMOUNT OF GENERAL ASSISTANCE GRANTED IN THE EVENT OF A LEGALLY LIABLE RELATIVE’S SUBSEQUENT ABILITY TO PAY.**

City of Biddeford

Burial/Cremation Financial Statement

**Each family members who is legally responsible for the burial or cremation must complete and return a signed financial statement for the determination of the amount that the City of Biddeford will be able to assist with. Provide verification of all income and expenses.**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Deceased: Last First Middle | | | | Social Security Number | | | Date of Birth | | Relationship to Deceased | |
| Family Member: Last First Middle | | | | Social Security Number | | | Date of Birth | | Telephone Number | |
| Family Member Spouse: Last First Middle | | | | Social Security Number | | | Date of Birth | | Telephone Number | |
| Current Address: Street Town/City | | | | | | | Zip Code | | | |
| Mailing Address: Street/PO Box Town/City | | | | | | | Zip Code | | | |
| Number in household: | How many are related: | How many are NOT related: | | Number requesting assistance: | | | Number receiving SNAP:  Monthly benefit amount: | | | |
| Is anyone in the household receiving any of the following (circle which one(s) apply): Medicaid Medicare MaineCare Other Health Insurance WIC | | | | | | | Number of household members that are US Citizens: | | | |
| **MEMBERS OF THE HOUSEHOLD: (LIST ALL, EVEN IF YOU ARE NOT REQUESTING ASSISTANCE FOR THEM)** | | | | | | | | | | |
| Name | | | Relationship | | | Social Security Number | | | | Date of Birth |
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| **DO YOU HAVE ANY MINOR CHILDREN WHO ARE NOT LIVING WITH YOU? IF YES,** | | | | | | | | | | |
| Name | | | Date of Birth | | Who does the child live with? | | | Address | | |
|  | | |  | |  | | |  | | |
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**INCOME**

|  |  |  |  |
| --- | --- | --- | --- |
| Type | Amount | Frequency: Weekly, bi-weekly, or monthly | Name of Recipient |
| Employment |  |  |  |
| TANF |  |  |  |
| Social Security |  |  |  |
| SSI |  |  |  |
| SSDI |  |  |  |
| Military/Veteran’s Benefit |  |  |  |
| Retirement/Pension Plan |  |  |  |
| Unemployment Compensation |  |  |  |
| Worker’s Compensation |  |  |  |
| Child Support/Alimony |  |  |  |
| Income from relatives |  |  |  |
| Other (specify): |  |  |  |
| Other (specify): |  |  |  |

**ASSETS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type | Yes ✓ | No✓ | Value | Other |
| Cash on Hand |  |  | $ |  |
| Checking Account |  |  | $ | Bank and Account Number: |
| Saving Account |  |  | $ | Bank and Account Number: |
| Retirement/IRA, 401K, etc. |  |  | $ | Type: |
| Stocks/Bonds/Mutual Funds |  |  | $ |  |
| Home |  |  | $ | How Many? |
| Other Real Estate |  |  | $ | How Many? |
| Vehicle(s) |  |  | $ | How Many?  Year/Make/Model: |
| Recreational Vehicle(s) (Motorcycle, ATV, Snowmobile Camper, Boat) |  |  | $ | How Many?  Type/ Year/Make Model: |
| Life Insurance |  |  | $ | Company/Beneficiary: |
| Other (specify): |  |  | $ |  |

**EXPENSES**

|  |  |  |  |
| --- | --- | --- | --- |
| Type | Amount | Type | Amount |
| Food | $ | Internet | $ |
| Rent | $ | Cable | $ |
| Mortgage | $ | Child Care | $ |
| Electricity | $ | Rent A Center | $ |
| Propane/K-1 | $ | Car Payment | $ |
| Heating Fuel | $ | Car Insurance | $ |
| Household/Personal Supplies | $ | Loan Payments | $ |
| Prescriptions/Medical | $ | Credit Card Payments | $ |
| Water | $ | Credit Card Payments | $ |
| Sewer | $ | Other (specify): | $ |
| Telephone | $ | Other (specify): |  |
| Cell Phone | $ | Other (specify): |  |
| Is someone other than a household member paying any of the above expense? Yes No  If yes, who and what expenses: | | | |
| **Please list the amount you are able to contribute to your family’s burial or cremation $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |

**RIGHTS** **AND RESPONSIBILITIES**

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| **STATEMENT OF APPLICANT:** I hereby affirm that the facts in this application are true, correct, and complete, and that I have not knowingly withheld any information. I understand that the Administrator has the right to verify any information necessary to determine my eligibility and hereby give my consent. I understand if I refuse to give my consent it may result in my not being eligible to receive assistance therefore, I give my express permission for the Administrator to contact such sources or persons necessary, including DHHS, to verify any information relevant to the determination of eligibility.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Applicant Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  General Assistance Administrator Date |