

**A HENRY COUNTY GENERAL ASSISTANCE APPLICATION FOR DIRECT CREMATION ASSISTANCE SHALL BE MADE WITHIN THREE BUSINESS DAYS FROM THE DATE OF DEATH AND PRIOR TO FORMALIZING OR FINALIZING ANY ARRANGEMENTS WITH THE FUNERAL HOME.**

**If an arrangement is reached and signed before general assistance is secured and the costs of those services exceeds the allowable amounts, the application for benefits will be denied.**

**An appointment with the Henry County General Assistance Director is required when making an application for direct cremation assistance.**

**DOCUMENTATION OF THE FOLLOWING IS REQUIRED TO PROCESS YOUR GENERAL ASSISTANCE APPLICATION FOR A COUNTY PAID DIRECT CREMATION:**

- 1. A COMPLETED GENERAL ASSISTANCE APPLICATION.**
- 2. VERIFICATION OF THE HOUSEHOLD INCOME OF THE DECEASED FOR THE LAST 30 DAYS.**
- 3. VERIFICATION OF RESOURCES.**

Direct cremation costs only may be paid to a funeral home when:

- a. Payment will only be made for an indigent person who had established legal residence in Henry County, additionally any person who arrives in Henry County to live in a staff supported residential or acute care setting or academic residential setting does not gain legal residence in the county.
- b. The deceased person would have been eligible to receive assistance under the provisions of this policy in the month of death.
- c. Application for direct cremation assistance requires an appointment with the General Assistance Director and shall be made within three (3) business days of the date of death and prior to formalizing or finalizing any arrangements with the funeral home. If an arrangement with the funeral home is reached and signed by the responsible party before general assistance is secured and the costs of those services exceeds the allowable amount, the application for benefits will be denied.
- d. Payment for out of state funerals will not be provided.
- e. Application for direct cremation assistance may be made within thirty (30) business days of the death by a funeral home director in the absence of any other responsible party.
- f. All of the deceased assets must be applied toward direct cremation expenses if there is no surviving spouse, including cash on hand and funds in checking and savings accounts, or savings certificates.
- g. Eligibility for direct cremation benefits will exist only when the deceased person's estate, or surviving spouse, does not have at least one thousand dollars (\$1,000) from all countable resources, both liquid and non-liquid, which can be applied toward the direct cremation expense.
- h. Death benefits may be available from employment, railroad retirement, pension plans, VA benefits, life insurance policy, prepaid burial agreements or social security. The family of the deceased must apply for these benefits and apply them to the direct cremation.
- i. No more than one thousand dollars (\$1,000.00) will be paid by Henry County per direct cremation, an exception may be made when the deceased is considered an overweight person, Henry County may authorize additional funds when there is a surcharge for an oversize cremation, and the county shall not provide for partial costs if arrangements exceed the established limit. If the responsible party making application for a direct cremation establishes a memorial to help with funeral costs or states in the obituary of the deceased a memorial has been established to help with the costs of the funeral Henry County will deny payment for the direct cremation.
- j. Costs towards which the one thousand dollars (\$1,000.00) may be applied include:
  1. Professional services of the funeral director
  2. Transportation costs incurred by the funeral home in transporting the body from the place of death to the funeral home
  3. Transportation costs incurred by the funeral home in transporting the body to and from the crematory
  4. Crematory Fee
  5. Basic cremation container
  6. Medical examiner cremation permit

Costs paid by Henry County pursuant to this subsection shall not include funeral or memorial services, or the costs attendant thereto.

g. For Henry County to issue payment to the funeral home for the direct cremation cost an itemized invoice must be submitted to the county no later than sixty (60) business days after the county approved the direct cremation.

h. 2500.00 will be available for the direct cremation of those deceased persons deemed non-resident transients.

# HENRY COUNTY GENERAL ASSISTANCE APPLICATION DIRECT CREMATION

106 N Jackson St., Mt. Pleasant, IA 52641  
Phone: 319-385-0779 Fax: 319-385-1802

Deceased Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birth date: \_\_\_\_\_

Military Service: Yes \_\_\_\_\_ No \_\_\_\_\_ Service Branch: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

U.S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_

How long did deceased live in Henry County? \_\_\_\_\_

Where was residence before? \_\_\_\_\_ How long? \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

List EVERYONE in household:

Name	Birth date	Relationship
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Marital Status: Married \_\_\_\_\_ Single \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Medical Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_ Company: \_\_\_\_\_

Life Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_ Company: \_\_\_\_\_ Title

XIX? Yes \_\_\_\_\_ No \_\_\_\_\_

**INCOME:**

Has the deceased or anyone in your home received any of the following income in the last 30 days?

<b>Source of Income</b>	<b>Amount</b>	<b>How often Received</b>	<b>Person receiving income</b>
Self Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Unemployment Benefit	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Workman's Comp.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No		
SSI	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Pension	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Disability Payment	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Veteran's Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Regular Cash			
From Relatives	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Room & Board Pmts.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
F.I.P.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Food Stamps	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Other \_\_\_\_\_ Yes \_\_\_ No

Every source must be checked above.

RESOURCES: (deceased)

- Cash: \$ \_\_\_\_\_
- Checking \$ \_\_\_\_\_
- Savings \$ \_\_\_\_\_
- Time Certificates \$ \_\_\_\_\_
- Stocks, Bonds, Etc. \$ \_\_\_\_\_
- Other (specify) \$ \_\_\_\_\_

Real Estate Location: \_\_\_\_\_  
 Value \$ \_\_\_\_\_ - Owe \$ \_\_\_\_\_ = Equity \$ \_\_\_\_\_

Vehicles:  
 Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Value \$ \_\_\_\_\_ Year \_\_\_\_\_  
 \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Value \$ \_\_\_\_\_

By my signature, I understand, as family/representative of the below named deceased individual, I agree to the requirements and restrictions contained within the Henry County General Assistance Ordinance and request Henry County to pay for the expense. If I elect to pursue other options for burial other than those explained in the Policy, I understand there will be no County payment made.

I am aware that this general assistance information may be verified and investigated. I hereby authorize all persons to release any information to document the information given in this application. I also authorize the General Assistance office to release pertinent information while seeking to determine benefit eligibility. The release will be effective for sixty days from the date of the application.

\_\_\_\_\_  
 Signature of family/representative Date

\_\_\_\_\_  
 Name of Deceased Date of Death

**SECTION 13-APPEALS**

1. Right to a Hearing:
- a. applicants are entitled to a hearing if assistance is denied; or
  - b. failure to determine applicant's eligibility, and if found eligible, grant assistance within ten (10) days of the of the application; or
  - c. amount of assistance granted.

2. Informing of Decision and Right to Appeal:

- a. applicants shall be informed in writing of the decision and basis for the decision relating to their application on the date the application is initially reviewed; and
- b. notice to appeal the decision will be in the form of written communication on the Notice of Decision provided regarding the approval or denial of their general assistance application; and
- c. the applicant may be represented by themselves or a representative of their choice;
- d. if the applicant represents themselves by attorney, attorney fees shall be the responsibility of the applicant;

3. Appeal Request:

- a. applicants must provide written notice within ten (10) days of the date on the Notice of Decision to the Director of General Assistance requesting an appeal of the determination; and
- b. the applicants written request for an appeal must provide the applicants current address and telephone number and state the reason(s) for the appeal; and
- c. the written request for an appeal may be delivered in person to the General Assistance office or by regular mail, if delivered by regular mail the cancellation date on the envelope must be within ten (10) days of the date on the general assistance Notice of Decision; and
- d. an appeal request cannot be denied except where the applicant has abandoned or withdrawn the request in writing on or prior to the day of the appeal hearing; and
- e. an applicant's failure to show for the appeal hearing shall be considered an abandoned appeal and the Notice of Decision will remain in effect; and
- f. an applicant withdraws or abandons an appeal they have no further standing to have the original decision reconsidered.

4. Appeals Hearing:

- a. upon receipt of a properly submitted appeal request the Director shall forward the appeal to the Board of Supervisors; and
- b. the Board of Supervisors shall place the matter on the agenda, in accordance with Chapter 21, Code of Iowa, for the next regularly scheduled board meeting, provided that such appeal shall not be heard sooner than five (5) days after the appeal request has been submitted; and
- c. the applicant shall be informed immediately, by telephone and ordinary mail, of the date and time of the hearing before the Board of Supervisors; and
- d. the applicant and his or her representative, upon written authorization, shall be granted access by the Director or designee access to their general assistance file if a request is made; and
- e. the Board of Supervisors shall hear the appeal de novo at the time scheduled in the agenda unless continuance is requested by the applicant; and
- f. the board may set reasonable time limits for the present action of the parties at any appeal; and
- g. the applicant shall be permitted to submit whatever evidence desired in support of the appeal including testifying, having other witnesses testify, offering documentary evidence and reasonable cross examination of other witnesses, if present (the technical rules of evidence shall not apply); and
- h. the applicants general assistance file shall be admitted into evidence; and
- i. the Board may question the applicant and the Director shall present the Board with reasons for the determination; and
- j. the appeal will be tape recorded and will not be an open meeting under Chapter 21, Code of Iowa, since confidential files will be in evidence; and
- k. when the Board deliberates the appeal, no parties shall be present; and
- l. the Board shall make a decision on the appeal within five (5) working days; and
- m. the decision shall be only on the basis of the evidence submitted before the Board; and
- n. the applicant shall be informed in writing by regular mail to the last known address of the applicant within five (5) working days after the Board's decision; and

- o. the Board's decision shall state the reasons for the action, together with any statute or ordinance applied; and
- p. the decision shall state that an appeal may be taken from the Board's determination and the method by which such appeal may be taken; and
- q. any appeal to the district court shall be allowed by the applicant from the Board's decision within the time and by the manner and procedures established under the Iowa Administrative Procedures Act, Chapter 17A , Code of Iowa.

## Your Information. Your Rights. Our Responsibilities.

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This notice describes Henry County may use or disclose protected health information or personally identifiable information about you and how you can get access to this information. **Please review it carefully.**

### Your Rights

You have the right to:

- Get a copy of your paper or electronic medical information
- Correct your paper or electronic medical information
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

### Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Provide mental health care

### Our Uses and Disclosures

We may use and share your information as we:

- Authorize funding for you
- Run our organization
- Help with public health and safety issues
- Comply with the law
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

### Your Rights

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

#### Get an electronic or paper copy of your information

- You can ask to see or get an electronic or paper copy of your medical information and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### Ask us to correct your information

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may deny your request if we did not create the information you want changed.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

### **Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.

### **Get a list of those with whom we’ve shared information**

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### **Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly. **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

### **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

### **Your Choices**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

### **Our Uses and Disclosures**

**How do we typically use or share your health information?** We typically use or share your health information in the following ways.

#### **Run our organization**

We can use and share your health information to authorize funding, improve your access to services, and contact you when necessary.

*Example: We use health information about you to manage your treatment and services.*

#### **How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

### **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

### **Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

### **Work with a medical examiner or funeral director**

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

### **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

### **Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

### **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

### **Other Instructions for Notice**

- This notice became effective January 1, 2013
- Contact the Henry County CPC by calling 319-385-4050 or email [sberndt@henrycountyiowa.us](mailto:sberndt@henrycountyiowa.us).
- You can view our complete HIPAA Policy by going to <http://henrycountyiowa.us/offices/cpc/index.htm> • We never market or sell personal information.
- We will never share any mental health or substance abuse treatment information without your written permission.

