



**MONTGOMERY
COUNTY**

Made of Something Stronger

BURIAL POLICY

Allowances

Burials:

Adult & Child Direct Burial*:	1900.00
Stillborn Burial	600.00
Plot Allowance (not to exceed):	600.00
Grave Opening/Closing (not to exceed):	900.00
Cemetery Equipment Fee (required):	210.00
Vault Liner:	700.00
Winter Storage (if required):	150.00
Transportation Fee (outside Mont Co)	2.00 per loaded mile

Cremations:

Adult & Child Direct Cremation	1200.00
Stillborn Cremation	600.00
Cremation Fee (max):	350.00

*Direct Burial includes: removal (transfer) of remains; basic arrangements; obtaining necessary permits and similar basic services; casket and local transportation. The following are not included: embalming, viewing or visitation, death notices, funeral service, graveside service, memorial service, prayer service, clergy honorium, flowers, vehicle, limo, Hair styling, registry book, prayer cards, church or mass, organist, funeral procession, spring burial service, weekend service, or urn for cremations. The Department of Health & Human Services will not provide reimbursement for these items. If these items are provided or requested by the person making the arrangements, the cost of said item(s) is the responsibility of the requestor.

If the person making the Funeral Arrangements believes that the deceased is eligible for payment of County Funds under this policy and allowance schedule, the Funeral Director must contact Montgomery County Department of Health & Human Services to receive advance approval prior to the services being performed. If death occurs on Saturday, Sunday, or holiday, approval must be sought the next business day. Eligibility under this policy and allowance schedule is dependent on the deceased qualifying according to program eligibility criteria.

- Department of Health & Human Services will authorize payment directly to the Funeral Home providing the service.
- In the even that the deceased is found to be a Veteran, all charges of the funeral service received will be referred to Veteran Services for payment.
- Certificate of Death must be provided at the time of application to Montgomery County Health & Human Services.

- Cemetery Costs incurred may be billed to either to Health & Human Services directly, or to the Funeral Home. If to the Funeral Home, this may be added to the total invoice submitted.
- Caskets may be standard minimum cloth covered cardboard flattop or an approved plastic/fiberglass enclosure. If an oversized casket is necessary, the cost of the basic casket will be deducted from the basic allowance and the actual wholesale cost to be paid in full. A copy of the invoice will be submitted to Health & Human Services for verification.
- Should a cemetery require a grave liner, Department of Health & Human Services will reimburse the Funeral Director the full wholesale cost of the least expensive concrete Mincrypt or equivalent liner available, including an oversized concrete liner or equivalent, if required. A copy of this invoice must be submitted to Health & Human Services for payment.
- Burial shall be in a cemetery of the choice of the deceased or survivor, so far as it is cost effective, if there is a paid-in-full gravesite.
- Montgomery County Health & Human Services will not transfer remains to another county, state, or other location.
- If Cremation arrangements are made, Department of Health & Human Services will pay crematory charges in addition to any mileage allowances, if applicable. A copy of the invoice will be submitted to Health & Human Services for verification.
- Maximum allowances shall be paid only upon receipt of invoice from the Funeral Director, per county policy. The invoice must be submitted with the itemization of services and any applicable receipts, as required by NYS Department of Health regulations and/or fiscal auditors. Payment shall be made to the Funeral Home within thirty (30) days, regardless of cemetery/crematory bills pending.

This policy is effective from April 1, 2024 to March 31, 2029.



APPLICATION FOR BURIAL ASSISTANCE

Information about the decedent (person that died)

Name of Decedent: _____ Date of Birth: _____
 Social Security Number: _____ Date of Death: _____
 Last Known Address: _____
 Cause of Death (if known): _____ Place of Death: _____

Has the deceased been buried? No Yes Has the deceased been cremated? No Yes
 Was the decedent married? No Yes If yes, spouse's name & address: _____
 Was the decedent under 21? No Yes If yes, parent's name & address: _____

Decedent Veteran's status

Was the decedent a Veteran? No Yes If yes, what branch of service? _____
 Was the decedent's spouse a veteran? No Yes Minor child of a veteran? No Yes
 Have Veteran Burial or Death Benefits been paid? No Yes If yes, how much? _____
 Did the decedent receive any Veteran's benefits? No Yes If yes, how much? _____
 Have you applied for assistance with Veteran's Services? No Yes

Decedent Financial History

Describe how the decedent was financially supported: _____
 Was the decedent employed at time of death? No Yes Duration of employment: _____
 Name & Address of Employer: _____
 Were death benefits paid? No Yes If yes, how much? _____
 Did the decedent receive any assistance from Montgomery County? No Yes
 If yes, Public Assistance? No Yes Case numbers, if known: _____
 SNAP? No Yes
 Medicaid? No Yes
 Did the decedent receive benefits from Social Security? No Yes SSI amount: _____
 SSD amount: _____
 SS Other amount: _____

Decedent Estate Information

Did the decedent have a will? No Yes Did the decedent have an estate? No Yes
 If yes, please describe: _____
 Is there any court case concerning the decedent? No Yes Please describe: _____



MONTGOMERY
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Department of Social Services

Matthew Beck
Commissioner
Health and Human Services

Decedent Resources

If the decedent had any assets or personal property at the time of death, check all that apply with value:

Cash?	No	Yes	_____	Vehicle(s)?	No	Yes	_____
Real Property?	No	Yes	_____	Life Insurance?	No	Yes	_____
Burial Funds?	No	Yes	_____	Stocks?	No	Yes	_____
Bank Account?	No	Yes	_____	Other?	No	Yes	_____
Union Benefits?	No	Yes	_____				

*\$200.00 of net resources of the decedent is allowed to be used by the family. Anything over \$200.00 will be used towards the burial by Montgomery County.

Applicant information

Please indicate: Relative? Friend? Organizational friend? Authorized Representative?

Name & Address: _____

Legally Responsible Relative Information

Important: A legally Responsible Relative (LRR) is a person who is legally married to the decedent or the parent or legal guardian of the decedent who is under the age of 21 and lived in the same household with the decedent at the time of death.

Are you a legally Responsible Relative? No Yes

Are you financially able to pay the burial cost? No Yes

If No, please complete: Name & Address: _____
Phone Number: _____ Social Security Number: _____

Burial Arrangements

Funeral home & Address: _____

Burial? No Yes Cremation? No Yes

Total Cost of Burial Expense: _____

The person signing this form authorizes the Commissioner of Health & Human Services of Montgomery County, or the authorized representative of Montgomery County, to make all inquiries necessary in relation to this application and gives full permission to have any or all information in this application verified.

Applicant Name (printed) Applicant Signature Date

Authorized Representative (printed) Authorized Representative Signature Date