

Massachusetts Department of Transitional Assistance Application for Funeral and Final Disposition Benefit

The Department may pay a licensed funeral establishment up to \$1,100 of the outstanding balance of funeral and final disposition expenses if the total cost and expense does not exceed \$3,500.

This application must be completed by the deceased person's surviving kin or their authorized legal representative. If there is no surviving kin or authorized representative, this application may be completed by a licensed funeral establishment.

A copy of the signed funeral services contract and/or itemized statement must be submitted with this application.

Return this form by mail to:		Department of Transitional Assistance P.O. Box 4406 Taunton, MA 02780-9975 Or by fax to: (617) 887-8765						
Section I:								
Deceased Person's Name		First		Middle	Last			
Address								
	Street		City			ZIP		
SSN	· · · · · · · · · · · · · · · · · · ·	Date of Birth	Da	ate of Death				
Gender 🗌 Male	E Female							
Marital Status	☐ Never Mar ☐ Divorced	ried	☐ Married (Nar	ne of Spouse)				
Applicant's Name	9							
First		Middle		Last	Relation	nship		
Address								
Street		City	ZIP		Telephone			
Applicant's Email Address								
Check here if	there is no survi	ving kin or duly a	uthorized legal re	presentative.				
Was the deceased person receiving the following benefits at the time of death? Check all that apply: TAFDC Yes No SSI/SSP SNAP Yes No EAEDC Yes No								
Does the deceased have a pre-paid burial plot or funeral trust account?								
Is the deceased person eligible for a government death benefit, e.g. Veteran's or Social Security? 🗌 No 🔲 Yes Value: \$								
Did the deceased Personal Needs	-		y of the following a \$	assets at the time	of death?			
Cash 🗌 No 🔲 `	Yes Value: \$		Bank Account(s) 🗌 No	☐ Yes Value: \$			

Other Assets	🗌 No 🗌 Yes Value	: \$ Other	Asset Type	
Life insurance p	olicy?	lo 🔲 Yes Value: \$		
If Yes, provide r	name of insurance com	pany and policy number	:	
<u>Section II</u> (TO E	BE COMPLETED BY L	ICENSED FUNERAL E	STABLISHMENT):	
Name of License	ed Funeral Establishm	ent:		
Address Street	City	ZIP	Telephone	
Is there a pre-ne	eed funeral services co	ntract that controls the r	nature of the goods and services t	o be provided?
🗌 No 🗌 Yes \$	S			
Has/Will the lice arrangements?	ensed funeral establish	ment advance(d) monies	s to the surviving kin or authorized	I representative making funeral
□ No □ Yes	\$			
		CERTI	FICATION	
To be signed b	y funeral establishme		r duly authorized representative	e, if applicable.
•	-		a documentation including but no	•••

- I have attached a true and accurate copy of supporting documentation, including but not limited to, funeral services contract, death certificate, and itemized bills, statements, and invoices reflecting all funeral and final disposition services provided or services that will be provided, receipts, pre-need funeral services contract, life insurance policy, and bank statements.
- I certify, under penalty of perjury, that the information, including the information contained in any supporting
 documentation, I have given in connection with this Application for Funeral and Final Disposition Benefit is true and
 accurate to the best of my knowledge.
- I understand the Department may recover from the estate of the deceased person any funeral and final disposition benefit paid.

SURVIVING KIN OR DULY AUTHORIZED REPRESENTATIVE:

 Printed Name of Applicant

 Signature of Applicant
 Date

 LICENSED FUNERAL ESTABLISHMENT:

 Printed Name of Authorized Official
 Title

Signature of Authorized Official Date