

Indigent Cremation Assistance Application

Lee County Human and Veteran Services provides cremations for homeless and low-income citizens who cannot afford for the final disposition of a relative. If you have a family member, who has recently passed and cannot afford cremation, you may qualify to have your relative cremated at no cost. *The Indigent Cremation program does not provide for a funeral, memorial viewing, visitation, or any other services.*

Qualifications for the program include:

- The person must have died in Lee County
- The deceased person must not have any form of life insurance.
- The household income must not exceed 100% of the federal poverty guidelines, and household assets must not exceed the maximum amount. These are listed in the chart below:

2019 Federal Poverty Guidelines and Asset Limits
(Published February 1, 2019 and September 18, 2013)

Number of Persons in Household	Maximum Annual Income	Maximum Assets
1	\$12,490	\$5,000
2	\$16,910	\$6,000
3	\$21,330	\$6,000
4	\$25,750	\$6,500
5	\$30,170	\$7,000
6	\$34,590	\$7,500
7	\$39,010	\$8,000
8	\$43,430	\$8,500

**For households with more than 8 persons, add \$4,420 for each additional person.*

Documentation requirements:

- Social security card or other document verifying deceased person's social security number.
- Photo ID of the deceased person.
- Photo ID of applicant.
- Social Security Card of Applicant.
- Proof of all of household income.

Process:

- Return completed application and income documentation to Lee County Human and Veteran Services.
- Your application will be reviewed and you will be notified regarding your eligibility.
- Staff will authorize the retrieval of the body.
- If you wish to collect the ashes upon completion, you will need to sign paperwork with the assigned funeral home.

Completed application and required documentation must be returned in person or via mail to:

Lee County Human and Veteran Services
Attn: Indigent Cremation
2440 Thompson St.
Fort Myers, FL 33901

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Part 1: Deceased Information

First Name:		Last Name:	
Date of Birth:		Date of Death:	
Social Security Number:			
Does deceased have Insurance Policies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<i>If yes, complete the following:</i>			
Insurance Company	Policy #	Coverage Amount	Phone #
Does deceased have any bank accounts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<i>If yes, complete the following:</i>			
Bank	Account #	Balance	

Part 2: Applicant Household Information

First Name	Middle Initial	Last Name	Date of Birth (Month/Date/Year)	Relationship to Applicant
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	



Human and Veteran Services

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Address:		City:	
State:		Zip:	
Phone Number:		E-mail:	

Part 3: Applicant Financial Information

Income

Source	Gross Monthly Amount	Household Member Receiving this Income
Earned Income (i.e. employment) <i>(attach one month of paystubs)</i>		
Unemployment Insurance <i>(attach award letter or Bank Statement)</i>		
Supplemental Social Security Income (SSI) <i>(attach award letter or Bank Statement)</i>		
Social Security Disability Income (SSDI) <i>(attach award letter or Bank Statement)</i>		
Veterans Disability Payment <i>(attach award letter or Bank Statement)</i>		
Private Disability Insurance <i>(attach insurance statement or Bank Statement)</i>		
Workers Compensation <i>(attach award letter or Bank Statement)</i>		
Temporary Assistance for Needy Families (TANF) <i>(attach award letter or Bank Statement)</i>		
Retirement Income from Social Security <i>(attach award letter or Bank Statement)</i>		
Veterans Pension <i>(attach award letter or Bank Statement)</i>		
Pension from a former job/ Retirement Income <i>(attach award letter or Bank Statement)</i>		
Child support <i>(attach award letter or Bank Statement)</i>		
Alimony <i>(attach award letter or Bank Statement)</i>		
Regular Cash Income <i>(attach self-declaration form)</i>		
Other Source(s): _____ <i>(attach Bank Statement or other proof)</i>		
Total Monthly Income	\$	

Assets

Source	Balance / Amount	Household Member with this Asset
Cash		
Savings Account		
Burial Insurance		
Trust Funds		
Life Insurance		
Stocks/Bonds		
Other: _____		
Total Assets	\$	

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How did you hear about this office?

Funeral Establishment		211/United Way		Housing Authority	
Family/friend		Salvation Army		St. Vincent de Paul	
Church		Dept. of Children and Families		Ruth Cooper Center	
Landlord		Telephone Book		Abuse, Counseling and Treatment (ACT)	
Hospital/Doctor		Red Cross		Neighborhood Resident Coordinator	
Homeless Coalition		Lee County web-site		Other (please specify)	

CLIENT'S RIGHTS:

1. To apply for assistance and to have a determination or eligibility made without discrimination. You have the right to receive timely, respectful, high quality services from the staff without regard to your race, color, sex, religion, age, national origin, disability and familial status.
2. To be referred to other agencies that may be able to provide assistance, as needed.
3. To obtain complete information concerning eligibility requirements. If you are denied services and would like the denial in writing, please ask your Intake Worker for one.
4. To appeal the denial of services.

CLIENT'S RESPONSIBILITIES:

1. To notify the *Lee County Human and Veteran Services* of changes in household status, income, etc., prior to case being approved.
2. To provide the *Lee County Human and Veteran Services* with complete, verifiable and accurate information needed in order to determine eligibility.
3. To provide verification as requested and to possess current identification for all members of the household.
4. To cooperate fully with caseworkers in a respectful and courteous manner.
5. To be free from alcohol and drugs.

DEPARTMENT'S RIGHTS:

1. To request any information needed in order to determine eligibility for assistance.
2. To deny or suspend an interview with any clients under the influence of drugs or alcohol, verbally or physically abusing their children, or failing to cooperate with a caseworker.
3. This department investigates and pursues cases of fraud aggressively. Willingly and knowingly providing false information is considered fraud. If false information is discovered on your application, you will be required to repay funds, become ineligible for future assistance and your file will be referred to the Lee County Sheriff's Department Economic Crimes Unit.

Any employee of the Lee County Human and Veteran Services who knows, or has reasonable cause to suspect, a child, vulnerable adult, and/or elder is being abused, neglected, abandoned, or exploited is mandated to report such knowledge or suspicion to the central abuse hotline (Florida Statute Chapters 39 and 415).

If Lee County Human and Veteran Services staff believe your intent to harm either yourself or someone else is serious, staff are obligated under the law to take action to protect you and/or other people from harm. This may include contacting law enforcement or other means to keep you and others free from harm.

Printed Name	Signature	Date