

**IN THE COMMISSIONERS COURT
OF
WISE COUNTY
ORDER SETTING THE POLICY FOR PAUPER BURIALS**

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED that the Commissioners Court of Wise County, Texas, hereby establishes and creates a policy for Pauper burials within Wise County through this order.

THEREFORE, the purpose of this order is to outline procedures to provide indigent burials to Wise County residents according to the Texas Health and Safety Code Section 694.002-- DUTY OF COMMISSIONERS COURT CONCERNING DISPOSITION OF BODY OF DECEASED PAUPERS--- The Commissioners Court of each county shall provide for the disposition of the body of a deceased pauper.

FURTHER, the Texas Health and Safety Code in Sec. 711.002 provides for the priority of individuals that have the duty to inter and are liable for the reasonable cost of interment:

- (1) the person designated in a written instrument signed by the decedent;
- (2) the decedent's surviving spouse;
- (3) any one of the decedent's surviving adult children;
- (4) either one of the decedent's surviving parents;
- (5) any one of the decedent's surviving adult siblings; or
- (6) any adult person in the next degree of kinship in the order named by law to inherit the estate of the decedent .

Wise County only has a duty to inter if no one meets the priorities in the list above.

However, a person that is liable to inter may apply for assistance for a Pauper Burial from Wise County. A person whose death occurs in Wise County maybe certified as a pauper if after a reasonable investigation by Wise County Indigent Health it is determined that (1) the estate does not have any resources or (2) the decedents' family does not have adequate resources or (3) their identities are unknown.

PROCEDURE

1. **Referral**--Pauper burials must first be referred by the funeral home to the County. This is accomplished by filling out a Request for Information Form, which will be sent to Wise County Indigent Health. **Refusal to fill out the form or any part thereof will be cause for an automatic denial. NO referral will be accepted from families or friends.**
2. If the referral meets prequalification screening, the Indigent Health director will contact and meet with the family/ representative of the deceased. The following criteria will be considered:
 - a. **Residents**--The deceased individuals must have been residents of Wise County for at least ninety (90) days prior to death to be considered for burial assistance.

- b. **Financial Screening**-To be completed by the Wise County Indigent Health Office by providing the Information Requested by Indigent Health. Indigent Health will use the information provided to determine if an individual applying for assistance has been 21% below the National Minimum Income Standard for the last ninety (90) days or if other means are available for assistance. (i.e. Veteran Services, Red cross, Social Security Administration etc.)

-It is the Policy of Wise County to contact the Wise County Veteran's Services Office and the Wise County Veteran's Group if the deceased is found to be a Veteran.

-Any assets/ benefits/ income /funds due the deceased person must be applied to the funeral expense. If assets/benefits/ income/ funds are available and are more than Wise County allows for a burial, the county will deny the application.

- c. **Qualification**--If an individual, family member or designee meets the criteria of being a Pauper by using the above mentioned criteria, Wise County will approve the burial or cremation. Wise County will contact the funeral home and confirm the approval.
- d. **Forms and Billing**—the County Judge may implement and/or modify forms as necessary to allow the furtherance of this policy. Invoices should be sent to the Wise County Auditor's Office.

In the event that any personal funds of the deceased become available after Wise County has paid the expense herein: The Funeral Home shall promptly reimburse Wise County upon receipt of said personal funds in the amount of monies received.

THE COUNTY MAY REQUEST REIMBURSEMENT OR FILE SUIT SEEKING RECOVERY FOR INTERMENT IF RECOURCES OR FAMILY MEMBERS ARE NOT REPORTED AT THE TIME OF THE APPLICATION.

Read and adopted this ___ day of _____, 2015

County Judge

Commissioner, Precinct 1

Commissioner, Precinct 2

Commissioner, Precinct 3

Commissioner, Precinct 4

ATTEST:

County Clerk

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WISE COUNTY INDIGENT BURIALS/CREMATIONS

Pre-Screening Form

****This pre-screening form will be reviewed by the Wise County Indigent Health Office, where it will be determined if the applicant is eligible to complete a full application for indigent burial/cremation services. Acceptance of the pre-screening form does not guarantee approval for indigent burial/cremation. ****

Name of the Deceased: _____

Address of the Deceased: _____

Name of the Applicant: _____

Applicant's Address: _____

Applicant's Phone: _____

Applicant's E-Mail: _____

Applicant Questions

What is your approximate annual household income? _____

How many people are in your household? _____

Are you claimed as a dependent on anyone else's taxes? _____

Are you willing to provide a copy of your most recent tax return? _____

Are you willing to provide copies of your recent pay stubs? _____

Are you willing to provide checking/savings account information? _____

Are you willing to provide documentation of any other benefits that you receive? _____

Does the deceased have any life insurance policies? _____

Is the deceased a veteran? _____

I, the applicant, understand that if I have made any false statement on this form that I may be subject to criminal prosecution, which could entail fines and/or incarceration. I also understand that acceptance of this pre-screening form by the Wise County Indigent Health Office does not guarantee approval of indigent burial/cremation services.

Applicant Signature

Date

Funeral Home Representative

Date

Wise County Indigent Burial

PO Box 815

1101 West Rose Avenue

Decatur, TX 76234

Business # (940) 627-4203 Ext. 224/228 / Fax # (940) 627-7521

Email: www.wcihcbilling@co.wise.tx.us

Date applicant notified	Date Received documents

Request for Information

Please provide the following information on deceased, and/or persons designated under the Texas Health and Safety Code 711.002 with the duty to inter. Please provide as much as you can on deceased person.

The following required checked items must be received in our office during normal business hours within 3 business days in order for your application to be considered for Indigent Burial; otherwise your application will be denied.

Once all information is received allow 5 business days to process application.

Deceased must have been a Wise County resident 90 days prior to death.

- Completed Application
- Current Texas Driver's License or ID card **with current address**
- 2 official pieces of mail showing current address (**You must provide proof of residence of the deceased in Wise County for the last ninety (90) days prior to death.**)
- Social Security Card of applicant/spouse (if applicable) and deceased
- Background Information Release (Form enclosed)
- Statement of Support completed by **person** that financially supports you _____
(Form enclosed)
- Current Tax Returns of applicant/spouse (if applicable) and deceased
- Give the month/year of your last employment _____
- Employment Verification completed by _____ employer (Form enclosed) **OR**
- Paycheck Stubs of applicant/spouse (if applicable) and deceased _____
- Monthly Self-Employment Records for _____ (Form enclosed)
- Checking/Savings Account Statements of applicant/spouse (if applicable) and deceased for month _____
- Affidavit of Separation must be notarized by public official (Form enclosed)
- Current Food Stamp letter showing time period and amount received
- All Verification paperwork for SSDI, SSI, TANF, Social Security & Unemployment of monthly payments
- All Verification paperwork for any Other Financially Assistance Programs
- Provide life insurance policies, prepaid burial insurance or if deceased and has a funeral plan
- Other: _____

EMPLOYMENT VERIFICATION

Employee Name (as shown on your records): _____

Employee Address: Street, City State, ZIP (as shown on your records):

Is/was/will this person (be) employed by you? Yes No

If yes, permanent or temporary Is FICA or FIT withheld Yes No

Rate of Pay

\$ _____ per hour \$ _____ per day \$ _____ per week \$ _____ per month

\$ _____ per month \$ _____ per job

Date Pay Period Ended	Date Employee Received Paycheck	Actual Hours	Gross Pay	Other Pay (Bonuses, Commissions, Overtime, Pension Plan, Profit Sharing Tips)

Other Pay: Please explain how and when other pay is received: _____

Date Hired: _____ **Date First Paycheck Received:** _____

If employee is/was on Leave without Pay:

Start Date: _____ **End Date:** _____

If this person is no longer in your employ:

Date Final Paycheck Received: _____ **Gross Amount of Final Paycheck:** \$ _____

Comments: _____

Signature & Title of Person Verifying This information **Date**

Company or Employer

Address (Street, City, State, Zip)

Telephone Number (Include Area Code)

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Wise County Indigent

P.O. Box 815

1101 West Rose Ave

Decatur, TX 76234

Business # (940) 627-4203 Ext. 224/228 Fax # (940) 627-7521

Statement of Support

If someone is assisting you by providing such items as housing, food, transportation, clothing, cigarettes, prescriptions or money for basic needs – the following must be completed and signed by that person.

I, _____ am/have providing/provided assistance to _____, beginning _____.

Please check from the items below which applies if you provide/spend on the person receiving your assistance.

Circle if you **Paid (a Bill) Directly** or **Gave Cash to Applicant** for each category.

If you only provide for applicant with no exchanges of money or payments only check selected items under provide, otherwise provide the amounts of money you pay directly or give applicant the cash to pay.

	<u>Provide</u>	<u>Amount</u>	<u>Circle On</u>	
Housing	_____	\$ _____	Paid Directly	Gave Cash
Utilities	_____	\$ _____	Paid Directly	Gave Cash
Food	_____	\$ _____	Paid Directly	Gave Cash
Phone/Cell	_____	\$ _____	Paid Directly	Gave Cash
Transportation/Gas	_____	\$ _____	Paid Directly	Gave Cash
Personal Items	_____	\$ _____	Paid Directly	Gave Cash
Spending Money	_____	\$ _____		Gave Cash
Clothing	_____	\$ _____	Paid Directly	Gave Cash
Other _____	_____	\$ _____	Paid Directly	Gave Cash

Specify personal items and other: _____

I plan to assist this person in the future: Yes No

If yes, explain how you will do this: _____

I certify that the above information is true and correct. I understand that by providing false information can result in ineligibility of the applicant from Wise County Burial.

Signature of person assisting: _____ Date: _____

Print name: _____

Relationship: _____

Address: _____ City: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

AFFIDAVIT OF SEPARATION



State of Texas
Wise County

I am a resident of _____ County and I am completing an application for Indigent Burial through Wise County. Although, I am currently _____, my _____, (D.O. B. _____ and Social Security # _____) and I are separated. I am receiving financial assistance in the amount of \$ _____ from my spouse.

Since our separation on _____, I have seen my spouse approximately _____ times, and (do) (do not) have a way of acquiring information concerning his/her current income.

I understand that in signing this affidavit, I certify that the foregoing statements are true and correct and that if it is determined that the above information is false, my assistance may be terminated immediately and I may be held liable for any payments made pursuant to my application if I am found to be ineligible for such payments.

Signature Date

Notary Signature Date

**APPROVAL OR DENIAL OF
APPLICATION FOR INDIGENT BURIAL**

Name of Decedent: _____

Name of Funeral Home: _____

APPROVED: _____

DENIED: _____

WISE COUNTY INDIGENT BURIAL

By: _____

Dated: _____

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 Commissioner, Precinct 4

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 County Clerk