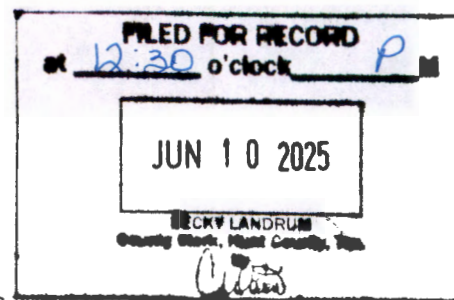


19,532



**ACKNOWLEDGEMENT AND ORDER RELATING TO  
DECEASED INDIGENT DISPOSTION**

**Whereas**, Section 694.002, Texas Health & Safety Code, authorizes the Commissioners Court of each county to provide for the disposition of the body of a deceased pauper; and

**Whereas**, the Hunt County Commissioners Court has adopted a Deceased Indigent Burial Services Policy that authorizes, under certain terms and conditions, the County Judge to approve the disposition of the bodies of deceased indigents by cremation or burial; and

**Whereas**, Section 711.002, (d) & (e) Texas Health & Safety Code, allows for the county to be the 'authorizing agent' when: 1) no person listed in Section 711.002 (a), Texas Health & Safety Code, is found, and 2) any required inquest has been completed, or no inquest was necessary for the body of the deceased Indigent; and

**NOW, THEREFORE**, \_\_\_\_\_ funeral home acknowledges and attests that the above aforementioned conditions do hereby exist for the body of \_\_\_\_\_, date of death being \_\_\_\_\_.

Funeral Director/Person in Charge of Cremation/Burial: \_\_\_\_\_

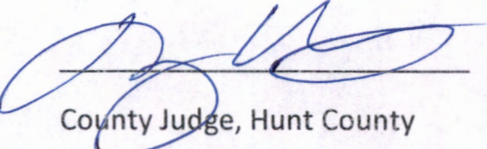
Date: \_\_\_\_\_

Accordingly, under the authority granted under Section 694.002, Texas Health & Safety Code and Section 711.002 (e), Texas Health & Safety Code, \_\_\_\_\_ funeral home is hereby authorized to (select one):

☐ cremate, or

☐ bury (only for cases where cremation is unsuitable due to documented objections)

the body of \_\_\_\_\_, date of death \_\_\_\_\_.

  
\_\_\_\_\_  
County Judge, Hunt County  
Date: 6-10-2025

## DECEASED INDIGENT DISPOSITION POLICY

### 1. Purpose and Scope

This policy establishes standardized procedures for the dignified and respectful Disposition of deceased indigent individuals in Hunt County, Texas. It encompasses provisions for burial or cremation, transfer of bodies to Medical Examiners when required, storage during pending investigations, and final Disposition of remains. The policy ensures compliance with Texas state laws, including Texas Health and Safety Code Chapters 711 and 694, and Texas Code of Criminal Procedure Chapter 49, while addressing the County's responsibility to provide for deceased indigent individuals in a cost-effective manner.

This policy applies to all indigent individuals who pass away within the geographical boundaries of Hunt County and lack financial resources or family support to cover burial or cremation costs. It also governs unclaimed bodies where no Next-of-Kin can be located after reasonable efforts.

### 2. Definitions

- **“Deceased” or “Indigent Individual”:** A deceased person who, at the time of death, had no financial resources or insufficient financial resources to cover the cost of Disposition (i.e., \$800 or less), insurance, or family members willing or able to cover burial or cremation costs, as determined by this policy's criteria.
- **“Next-of-Kin”:** As defined in Texas Health and Safety Code §711.002, the persons with the right to control Disposition, in the following order:
  - 1) person designated in a written instrument signed by the deceased person;
  - 2) surviving spouse;
  - 3) any surviving adult child;
  - 4) either surviving parent;
  - 5) any surviving adult sibling;
  - 6) any adult in the next degree of kinship per inheritance laws.
- **“Medical Examiner”:** The official responsible for investigating deaths under Texas Code of Criminal Procedure Chapter 49.
- **“Service Provider”:** A licensed funeral home or crematory contracted by Hunt County to provide indigent burial or cremation services.
- **“Disposition”:** The final handling of remains, including burial, cremation, or other lawful methods.
- **“Liquid Assets”:** Cash, checking and savings accounts, certificates of deposit, stocks, bonds, and life insurance cash value readily accessible for funeral expenses.

### 3. Indigent Disposition Eligibility Criteria

To qualify for indigent burial or cremation assistance, the following criteria must be met:

1. **Place of Death:** The deceased must have died within Hunt County, Texas.
2. **Financial Need:**
  - **Deceased with Next-of-Kin:** If the deceased indigent individual has identifiable Next-of-Kin, the Next-of-Kin must demonstrate insufficient Liquid Assets to cover Disposition costs by means of verified financial statements. Liquid Assets must total \$800 or less. The Next-of-Kin must provide quotes for Disposition from three licensed funeral homes in Hunt County and must confirm by affidavit their inability to afford the quoted Disposition services.
  - **Unclaimed Bodies:** If no Next-of-Kin can be located after reasonable efforts, the procedures as outlined in Section 5 will be applied.
3. **No Pre-arranged Plans:** The deceased must not have pre-arranged funeral plans or insurance covering Disposition costs.
4. **Verification:** The County reserves the right to verify all information and request additional documentation to confirm eligibility.

#### 4. Application Process

For cases with Next-of-Kin seeking Disposition assistance:

1. **Initial Contact:** The Next-of-Kin or their representative must contact the Hunt County Health Department to initiate the application process.
2. **Application Form:** Complete the Indigent Burial Assistance Application, available from the Hunt County Health Department or the County website.
3. **Required Documentation:**
  - Copy of the death certificate or preliminary death notice.
  - Identification for the deceased and applicant (e.g., driver's license, passport).
  - Financial statements showing Liquid Assets (e.g., bank statements for the past three months).
  - Written quotes from at least three licensed funeral homes in Hunt County, detailing basic Disposition services costs.
4. **Review and Decision:** The Hunt County Health Department will review the application and supporting documents, rendering a decision within five business days of receiving a complete application.
5. **Approval and Service Arrangement:** If approved, the County will coordinate Disposition services with a contracted Service Provider. The applicant will be notified of approval and next steps.
6. **Denial and Appeal:** If denied, the applicant will be informed of the reason and may appeal within 10 business days by submitting a written request to the Hunt County Health Department for review by the County Judge.

For unclaimed bodies, procedures are outlined in Section 5.

## 5. Unclaimed Bodies

For bodies where no Next-of-Kin is located:

1. **Search Efforts:** The Hunt County Health Department shall make reasonable efforts to locate Next-of-Kin, including checking hospital records, contacting known associates, searching public databases, and issuing public notices in local media.
2. **Duration:** Efforts shall continue for 30 days and be fully documented.
3. **Authorization:** If no Next-of-Kin is found, the County Judge or designated official shall authorize Disposition, per Texas Health and Safety Code §694.002.
4. **Disposition:** After the Disposition has been authorized, the Disposition procedures in Section 8 will be applied.
5. **Documentation:** Records of search efforts and authorization shall be maintained by the Hunt County Health Department.

## 6. Body Transfer to Medical Examiner

1. **Investigation Determination:** The Justice of the Peace determines if a death requires investigation and notifies the respective Medical Examiner.
2. **Transfer Coordination:** The County coordinates with law enforcement, covering transfer costs for indigent cases.
3. **Release after Examination:** The Medical Examiner releases the body with documentation for Disposition.

## 7. Contract with Service Providers and Storage During Investigations

The County shall contract with licensed facilities, such as funeral homes, to ensure proper storage conditions during investigations, using industry standard practices in compliance with State law.

During the time period(s) in which the County is identifying Next-of-Kin, or the application for Disposition is being reviewed, the Deceased's body shall be stored in an appropriate licensed facility, such as those of a contracted Service Provider.

## 8. Disposition Procedures

**Cremation:** The preferred Disposition method is cremation due to cost efficiency, unless religious or cultural objections are documented. The following steps are to be followed to authorize cremation:

#	Step	Description	Responsible Party	Checks Performed
1	Search for Next-of-Kin	Conduct a 30-day search, including reviewing hospital and medical records, contacting known associates, querying public databases (e.g., voter records,	Hunt County Health Department	Verify that all reasonable avenues have been explored to identify next-of-

		Social Security Death Index), and publishing notices in local newspapers or online platforms.		kin.
2	Document Search Efforts	Maintain detailed records of all search activities, including dates, methods, and outcomes.	Hunt County Health Department	Confirm documentation is complete, specifying each attempt and response.
3	Obtain Death Certificate	Secure a death certificate indicating cremation is permitted, completed by the attending physician or medical examiner.	Contracted Service Provider	Confirm the certificate specifies cremation and includes accurate details.
4	Complete and sign Cremation Authorization Form	<p>If no next-of-kin is found after 30 days, the County Judge or designated official authorizes cremation, acting as the authorizing agent.</p> <p>The County just must sign the cremation authorization form, identifying the deceased, time of death, and official's authority.</p>	<p>County Judge or Designated Official</p> <p>Contracted Service Provider, County Judge</p>	<p>Verify that the 30-day search period has elapsed with no next-of-kin identified.</p> <p>Ensure the form includes all required information per Texas Health and Safety Code §716.</p>
5	Obtain Cremation Permit	Secure a cremation permit from the local registrar, based on the death certificate.	Contracted Service Provider	Verify that the permit is issued and complies with regulations.
6	Observe Waiting Period	Ensure a 48-hour waiting period from the time of death has passed, unless waived by the Justice of the Peace or medical examiner.	Contracted Service Provider	Confirm the time of death and check for a waiver if shortened per Texas Health and Safety Code §716.004.
7	Medical Examiner Clearance	For investigated deaths, obtain written confirmation that the body is released for cremation.	Contracted Service Provider, Collin County Medical Examiner	Verify that the Medical Examiner has approved cremation.
8	Carry out Cremation	The cremation must be carried out in line with industry procedures.	Contracted Service Provider	Confirm that all required approvals have been given.

**Casket Burial:** If cremation is unsuitable due to documented objections, the County will provide burial services for the Deceased's body, including a simple casket. The following steps are to be followed to authorize a casket burial:

Step	Description	Checks Performed
Search for Next-of-Kin	Conduct a 30-day search to locate next-of-kin, including reviewing hospital and medical records, contacting known associates, querying public databases (e.g.,	Hunt County Health Department
		Verify that all reasonable efforts have been made to identify next-of-kin,

		voter records, Social Security Death Index), and publishing notices in local newspapers or online platforms.		including checks of records, contacts, databases, and public notices.
	Document Search Efforts	Maintain detailed records of search activities, including dates, methods, and outcomes, to demonstrate due diligence.	Hunt County Health Department	Confirm documentation is complete, specifying each attempt, date, method, and response received.
	Obtain Death Certificate	Secure a death certificate completed by the attending physician or medical examiner, indicating the cause of death.	Contracted Service Provider	Confirm the death certificate is accurate, includes the cause of death, and is filed within 10 days as required by Texas law.
	Secure Burial-Transit Permit	Obtain a burial-transit permit from the local registrar, based on the death certificate, to allow transportation and burial.	Contracted Service Provider	Verify that the permit is issued based on a valid death certificate and complies with regulations for transportation and burial.
	Obtain Release from Medical Examiner (if applicable)	For deaths requiring investigation (e.g., unnatural or suspicious causes), ensure the medical examiner releases the body for burial.	Contracted Service Provider, Medical Examiner	Confirm written release from the medical examiner, verifying that the investigation is complete and burial is permitted.
	Authorize Disposition	If no next-of-kin is found after 30 days, the County Judge or designated official authorizes burial.	County Judge or Designated Official	Verify that the 30-day search period has elapsed with no next-of-kin identified and that authorization is documented.
	Carry out Burial	The burial must be carried out in line with industry procedures.	Contracted Service Provider	Confirm that all required approvals have been given.

**Final Disposition of Remains:** The Deceased's remains, whether in an urn or a casket, will be transported to a County-designated cemetery, and there interred. The County may provide a basic headstone.

## 9. Documentation

All documentation related to the Deceased Indigent Disposition, including but not limited to death certificates, Indigent Disposition Assistance applications, financial statements, quotes from funeral homes, records of efforts to locate next-of-kin, disposition records, service completion forms, and any authorizations or permits (e.g., cremation authorization forms,



burial-transit permits), shall be maintained by the Hunt County Health Department in accordance with the county's record retention schedule as required by State Law. These records ensure compliance with state laws, facilitate audits, and provide transparency for all program activities, including eligibility verification, disposition processes, and financial accountability.

## **10. Funding**

1. **Budget Allocation:** The Deceased Indigent Disposition program is funded through the Hunt County general budget or designated indigent care funds.
2. **Cost Minimization:** Costs shall be minimized through competitive contracts with Service Providers, targeting a maximum of \$800 per cremation case, adjustable via RFP outcomes.
3. **Use of Deceased's Assets:** Any cash or Liquid Assets found with the deceased shall offset Disposition costs, per Texas Health and Safety Code §694.002, with remaining funds held in trust for one year.

## **11. Partnerships with Service Providers**

1. **Request for Proposal (RFP):** Hunt County shall issue an RFP to establish agreements with licensed funeral homes and crematories for indigent services.
2. **Selection Criteria:** Providers shall be selected based on cost-effectiveness, quality of service, and compliance with County requirements.
3. **Contract Terms:** Contracts shall specify service scope, payment rates, and prohibition on additional charges to families or estates.
4. **Retention:** Hunt County shall retain one or several licensed funeral homes as Service Provider(s).

## **12. Service Provider Responsibilities**

Contracted Service Providers shall:

1. **Pickup and Storage:** Retrieve the Deceased's body from the place of death and store it in compliance with State law.
2. **Process Paperwork:** Process all paperwork to include that necessary according to law and as necessary to determine eligibility for Indigent Disposition.
3. **Application Assistance:** Assist Next-of-Kin with completing the Indigent Burial Assistance Application, if requested.
4. **Authorizations:** Obtain necessary Disposition authorizations from the Next-of-Kin or County official.
5. **Service Execution:** Perform cremation or burial as specified, including direct cremation or simple burial services.
6. **Documentation:** File the death certificate within 10 days, notify the Social Security Administration, and submit a Service Completion Form to the County.

7. **Payment Acceptance:** Accept County payment as full compensation, without seeking additional funds from the family or estate. Reimburse the county in event unforeseen funds received from any other source.
8. **Record Retention:** Maintain records of services provided for County audits, retaining documentation for at least five years.

### 13. County Responsibilities

The County shall:

1. **Application Review:** Process applications promptly, ensuring decisions within five business days.
2. **Next-of-Kin Search:** Conduct and document efforts to locate Next-of-Kin for unclaimed bodies.
3. **Disposition Authorization:** Authorize Disposition for unclaimed bodies via the County Judge or designated official.
4. **Medical Examiner Coordination:** Facilitate transfers to the Medical Examiner for required investigations.
5. **Contract Management:** Issue RFPs, select Service Providers, and ensure contract compliance.
6. **Record Keeping:** Maintain a database of all cases, including applications, Dispositions, and financial records.
7. **Compliance:** Ensure all actions comply with Texas state laws and regulations.

### 14. Review and Updates

This policy shall be reviewed annually by the Hunt County Commissioners Court to ensure compliance with state laws and alignment with County resources. Updates shall be proposed by the Hunt County Health Department and approved by the Commissioners Court, with revisions documented and communicated to all stakeholders.



## **Hunt County Indigent Cremation Eligibility Criteria**

Eligibility for the Hunt County Indigent Cremation Program is based on County of death and countable assets. In order to determine eligibility, applicants will be asked to complete an application, a checklist of accessible assets, and a budget sheet of allowable expenses for the deceased and/or legally responsible surviving household persons. All completed documents will be faxed to the designated County office, where they will be processed for eligibility determination. The application form will be appropriately noted with eligible or ineligible and faxed back to the funeral home. In the event that no next of kin or other legally responsible person is identified, the funeral home will also assure the appropriate legal documentation is signed by the County Judge.

### **COUNTY OF DEATH - Hunt County**

**ASSETS:** Countable assessable assets are at or below the maximum amount the County has agreed to pay to the funeral home for Indigent Cremation.

### **DEFINITIONS:**

**Accessible Assets:** liquid and non-liquid assets readily and legally available to the deceased or to the survivors who are legally responsible for the deceased upon decedent's death. These include but may not be limited to checking, savings, and other accounts, earned and unearned income, other cash receivables from all sources, cash value on insurance policies, and insurance policy benefits or other death benefits available due to the death of the decedent.

**Countable Accessible Assets:** the difference between the accessible assets of the legally responsible household and the allowable expenses of the household for the month of death.

**Minor child:** A person under age 18 who has not been married or who has not had the disability of minority removed for general purposes.

**Legally Responsible relationship:** An Indigent Cremation legally responsible relationship exists between the deceased and those who have legal obligation to support the persons financial needs. Legal responsibility exists between:

- Persons who are legally married (to include those who hold themselves out to the public to be married in a common-law relationship)
- A legal parent of a minor child, or
- A managing conservator and a minor child

### **Allowable household expenses:**

- Rent/Mortgage & associated insurance & property tax
- Energy & Water utilities
- Loan payments or other payments for school, vehicle, bankruptcy resolution, probation, and court fees
- Childcare/Dependent Care
- Out of pocket Medical expenses for deceased or surviving legally responsible person's
- Average monthly cost of transportation to and from work, medical appointments, school, grocery store, and other activities of daily living
- Average cost to purchase and care for clothing to include average cost for cleaner fees, purchase of uniforms, school, and other basic clothing needs
- Out of pocket repairs to home and primary vehicle
- Other expenses such as vehicle registration, out of pocket professional certification fees, death certificates, etc.
- Cost of groceries and household products

HUNT COUNTY, TEXAS

Indigent Cremation Referral Form

DATE:

FUNDERAL HOME INFORMATION:

Name of Funeral Home			
Address			
Person referring			
	Name	Title:	
Phone		Fax	Email

IDENTIFICATION OF DECEASED

Full Legal Name			Social Security Number
Street Address while living			Sex Race
City, State Zip			Marital Status
			<input type="checkbox"/> Married <input type="checkbox"/> Single
			<input type="checkbox"/> Widow <input type="checkbox"/> Divorced
Date of Birth		Age	Date of Death
Place of Death	City within County Location (i.e. home, etc.)		Was deceased a veteran?
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Does the deceased weigh more than 230 lbs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the deceased have or is positive for HEP B, C or HIV 1 or 2?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the deceased have noticeable decompositions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the deceased have noticeable decompositions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the deceased have any documented objections to cremation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**APPLICANT INFORMATION**

(person with authority to make arrangements for the deceased or acting on behalf of person with authority)

<b>Name</b>				
<b>Address</b>				
<b>Phone</b>		<b>Fax</b>	<b>Email</b>	
<b>Relation to deceased</b>	<input type="checkbox"/> Surviving Spouse <input type="checkbox"/> Surviving Adult Child <input type="checkbox"/> Surviving Parent(s) <input type="checkbox"/> Adult Sibling <input type="checkbox"/> Other (friend, pastor, etc.)			
<b>If acting on behalf of person of authority, who has legal authority?</b>				
<b>Relationship to that authority</b>				
<b>Address of Authority</b>	Street	City	State	ZIP
<b>Total amount/value of countable income/resources available to deceased anytime during month of death</b>				\$

**RESPONSIBLE PARTY/APPLICANT AFFIDAVIT!****AFFIDAVIT OF INDIGENT STATUS AND ACKNOWLEDGMENT OF CONDITIONS OF ELIGIBILITY FOR THE HUNT COUNTY INDIGENT CREMATION PROGRAM**

Upon my oath, I swear that there are no resources available from any individual, organization or entity, to include life insurance benefits, real property, cash, bank accounts, etc., to provide for the disposition of the remains of the aforementioned deceased, identified by name as:

\_\_\_\_\_  
I further attest that I have read and understand the Hunt County Indigent Cremation Policies, including the policy that family/survivors or others may not pay for additional services. I understand and agree that in the event any funds become available in the future, I will reimburse Hunt County the expense incurred for the funeral arrangements provided for the aforementioned deceased.

\_\_\_\_\_  
**Signature of Responsible Party/Applicant**

\_\_\_\_\_  
**Date**

Sworn to and subscribed before, me, the undersigned Notary public, this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_\_.

[seal]

\_\_\_\_\_  
**Notary Public, State of Texas**

My Commission expires

**FUNERAL HOME AFFIDAVIT**

Is there someone to claim the remains?

☐ Yes ☐ No

If yes, who?

If no, describe Funeral Home plan for remains:

Amount to be billed to Hunt County upon acceptance &amp; approval of this referral for cremation or burial: \$

**AFFIDAVIT OF ELIGIBILITY FOR ☐ INDIGENT CREMATION OR ☐ BURIAL IN ACCORDANCE WITH HUNT COUNTY CRITERIA**

The deceased appears to be eligible for the ☐ Hunt County Indigent Cremation OR D Body Donation Program based on all information & documentation provided by the applicant and other resources pursued as appropriate, such as veterans' benefits, etc. There are no other identified resources for disposition of the decedent's remains and the responsible party and/or other person(s) facilitating arrangements has been informed that upon acceptance of Hunt County assistance, no amenities except those specifically authorized by Hunt County may be offered by the funeral home or provided by next of kin, other family, friends or unidentified others. Furthermore, this funeral home has not accepted any additional funds to provide for, nor has it provided at no charge, any supplemental provisions/services beyond those approved by the County. We agree that in the event that any funds become available to us by survivors, insurance, veterans benefits, or other resources, that we will reimburse the county for the entire amount originally paid by the County for this decedent's cremation package.

- ☐ All arrangements have been authorized by the appropriate legal party  
☐ No responsible party has been identified  
☐ Not eligible for VA Burial Allowance(s)

Signature of Funeral Home Representative	Date Signed

**For Official Use ONLY Per Texas Health and Safety Code - Chapter 694.002**

\_\_\_\_\_ funeral home is hereby:  
☐ authorized to take charge of the above described body, identified by name as \_\_\_\_\_ and to  
    ☐ cremate and inter  
    ☐ bury  
the same at the expense of Hunt County, with said charges being approved for a total of \$800.  
☐ not authorized. Request for Indigent Burial / Cremation is denied.

\_\_\_\_\_  
Signature County Judge or Designee\_\_\_\_\_  
Date Signed\_\_\_\_\_  
Printed name of person authorized to sign**INSTRUCTIONS FOR USE OF THIS FORM**

1. Funeral Home will submit completed referral form, and a working copy of the Death Certificate, by fax to the County Judges Office,
2. The County Judges Office will request authorization and assure appropriate signature for authorization.
3. Once approved, signed and dated, the form will be returned to the Funeral Home.

**Hunt County Indigent Cremation Program Countable Assets of Deceased  
Worksheet (p.1 of 2)**

Name of Deceased: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

For deceased individual, please list amounts received and expenditures for the same month.

The following information reflects assets and expenditures for the month of \_\_\_\_\_, 20\_\_\_\_\_

ASSET	YES	NO	AMOUNT	EXPENSE	YES	NO	AMOUNT
Monthly employment income (includes self employment business, farming or other such as babysitting, housekeeping, Avon, Amway, etc.)				Rent, mortgage (actual amount even if someone else is paying or if subsidized through a housing program)			
Unemployment income				Property Tax and Home Insurance (per month average)			
Cash gifts/contributions from family, friends, church, etc. to pay for ren/mortgage, utilities, school tuition, etc.)				Energy & water utilities (electricity, gas, water)			
Refunds, insurance payments, Income tax and other to include lump sum payments				Telephone (no more than \$50 per month allowed as countable expense)			
Social Security or Supplemental Security Income				Health, Life & Burial insurance premiums			
Retirement Income union benefits, and pensions to include Veteran benefits, etc.				Average monthly cost of transportation to and from work, medical appointments, school, grocery store, and other activities of daily living			
Child Support, Alimony, and other allotments				Loan payments or other payments for school, vehicle, bankruptcy resolution, probation and court fees.			
Public Assistance with cash value (TANF, food stamps & housing)				Average cost to purchase and care for clothing to include average cost for cleaner fees, purchase of uniforms, school and other basic clothing needs.			
Monthly employment income (includes self employment business, farming or other such as babysitting, housekeeping, Avon, Amway, etc.)				Rent, mortgage (actual amount even if someone else is paying or if subsidized through a housing program)			

**Hunt County Indigent Cremation Program Countable Assets of Deceased  
Worksheet (p.2 of 2)**

Name of Deceased: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

ASSET	YES	NO	AMOUNT	EXPENSE	YES	NO	AMOUNT
Dividends from stocks, bonds, or bank accounts				Childcare/Dependent Care			
Interest & Royalties from Oil, Gas or Mineral Leases				Out of pocket repairs to home and primary vehicle			
Sale of real or other property				Out of pocket medical expenses for deceased or surviving legally responsible person's			
Cash on hand in savings or in pocket				Other expenses such as vehicle registration, out of pocket professional certification fees, death certificates, etc.			
Education grants/loans				Average cost of groceries & household supplies			
<b>TOTAL COUNTABLE ASSETS</b>			<b>\$</b>	<b>TOTAL COUNTABLE EXPENDITURES</b>			<b>\$</b>
				Difference between assets & expenditures			
				Is the remaining balance (difference) greater than allowable cost of cremation?			

Signature of Applicant (person providing information for worksheet)	Date
Signature of Funeral Home representative	Date



**Hunt County Indigent Cremation Program Countable Assets of Applicant / Family Members of Deceased  
Worksheet (p.1 of 2)**

Name of Deceased: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Please list amounts for all legally responsible household members received and expenditures for the same month.

The following information reflects assets and expenditures for the month of \_\_\_\_\_, 20\_\_\_\_\_

ASSET	YES	NO	AMOUNT	EXPENSE	YES	NO	AMOUNT
Monthly employment income (includes self employment business, farming or other such as babysitting, housekeeping, Avon, Amway, etc.)				Rent, mortgage (actual amount even if someone else is paying or if subsidized through a housing program)			
Unemployment income				Property Tax and Home Insurance (per month average)			
Cash gifts/contributions from family, friends, church, etc. to pay for ren/mortgage, utilities, school tuition, etc.)				Energy & water utilities (electricity, gas, water)			
Refunds, insurance payments, Income tax and other to include lump sum payments				Telephone (no more than \$50 per month allowed as countable expense)			
Social Security or Supplemental Security Income				Health, Life & Burial insurance premiums			
Retirement Income union benefits, and pensions to include Veteran benefits, etc.				Average monthly cost of transportation to and from work, medical appointments, school, grocery store, and other activities of daily living			
Child Support, Alimony, and other allotments				Loan payments or other payments for school, vehicle, bankruptcy resolution, probation and court fees.			
Public Assistance with cash value (TANF, food stamps & housing)				Average cost to purchase and care for clothing to include average cost for cleaner fees, purchase of uniforms, school and other basic clothing needs.			
Monthly employment income (includes self employment business, farming or other such as babysitting, housekeeping, Avon, Amway, etc.)				Rent, mortgage (actual amount even if someone else is paying or if subsidized through a housing program)			

**Hunt County Indigent Cremation Program Countable Assets of Applicant / Family Members of Deceased  
Worksheet (p.2 of 2)**

Name of Deceased: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

ASSET	YES	NO	AMOUNT	EXPENSE	YES	NO	AMOUNT
Dividends from stocks, bonds, or bank accounts				Childcare/Dependent Care			
Interest & Royalties from Oil, Gas or Mineral Leases				Out of pocket repairs to home and primary vehicle			
Sale of real or other property				Out of pocket medical expenses for deceased or surviving legally responsible person's			
Cash on hand in savings or in pocket				Other expenses such as vehicle registration, out of pocket professional certification fees, death certificates, etc.			
Education grants/loans				Average cost of groceries & household supplies			
<b>TOTAL COUNTABLE ASSETS</b>			<b>\$</b>	<b>TOTAL COUNTABLE EXPENDITURES</b>			<b>\$</b>
				Difference between assets & expenditures			
				Is the remaining balance (difference) greater than allowable cost of cremation?			

Signature of Applicant (person providing information for worksheet)	Date
Signature of Funeral Home representative	Date

## Hunt County Indigent Cremation Program Descendent Questionnaire Form

Name of Applicant - Family Member: \_\_\_\_\_

1. Fill in the chart below about yourself and for everyone who lives in the house with you. If you need additional space please write on the back of this form.

Name	Date of Birth	Kin	Sex (F/M)
SELF			

2. Marital Status: ☐ Married ☐ Single ☐ Widow ☐ Divorced

3. Are you - or is anyone in your household - receiving ☐ TANF ☐ Food Stamp ☐ and/or Medicaid benefits?

4. How much money do you have? For example, on your person, in your home, in bank accounts, or other locations?

5. Do you sell, trade, or give away any cash or property? ☐ Yes ☐ No

6. Have you - or has anyone in your household - worked in the last three months? ☐ Yes ☐ No

Name of your agency, person, or employer?	Amount Received	How Often Received