

GRANT APPLICATION FORM - FUNERAL/MEMORIAL SERVICE ASSISTANCE

IMPORTANT: Please read before completing your application.

This application form may be used to request assistance from Hospice Support Foundation (HSF) for grant awards to be used toward the funeral or memorial service expenses for an individual who is currently in hospice care and is an active Medicaid participant or who passed away while in hospice care and was an active Medicaid participant at the time of passing and who is/was cared for in the Midwestern states described on our website.

Grant awards are based on current household income and assets and are available for active Medicaid participants only. Award amounts are based on direct cremation costs in one's state. Funeral assistance grants awarded are not exclusive to cremation - they may be put towards burial costs should cremation not be desired. **Assistance must first be sought out from other sources, such as County, State or VA before applying to HSF.** HSF pays funeral homes/vendors directly and cannot make payments to individuals. HSF is unable to provide assistance if the funeral home/vendor costs have been paid in full.

*Please note - this form can be completed electronically using a computer. It cannot be completed electronically with a cell phone at this time. It may or may not be compatible with other devices. This form can be printed, completed by hand, scanned and emailed. If a scanner is unavailable, pictures of individual pages may be emailed **in one email**. Please ensure all information is visible in the pictures and that handwriting is neat and legible to avoid significant delays.*

CHECK-LIST - Please be sure you have included everything before submitting.

- Did you include a copy of the front and back of the Medicaid card for the hospice patient/decedent as noted in question 1a?
- Was the financial information requested on page 3 based on the hospice patient/decedent's information/marital status?
- If the hospice patient is still living, did you include a document from the funeral home that provides the estimated amount for the anticipated services to be requested for the hospice patient's final care?
- If the hospice patient has deceased, did you include an invoice and statement copy from the funeral home showing services chosen and a final balance due on the account?
- Do you understand that if the balance at the funeral home has been paid in full, HSF is unable to provide funeral assistance?

SUBMISSION INSTRUCTIONS

You may submit your completed application, including any attachments, in the following ways:

By email: info@hospicesupportfoundation.org

By mail: Hospice Support Foundation
1175 Centre Pointe Circle
Mendota Heights, MN 55120

NOTIFICATION PROCESS

You will be notified of the status via email or US mail of your pending application as follows:

Within 10 -15 business days of submission
Emergency Request*: Within 72 hours of submission

**HSF limits its definition of an emergency funeral assistance request to the scenario where the funeral home/cremation society requires payment before they will pick up the decedent from the place of death. In this case only, please call us at 651-294-6100 and we will expedite the review of your application.*

Notification Letter:

A notification letter will be mailed or emailed to the contact information provided in this application. Please keep this letter for your records and provide the funeral home a copy. Please arrange for the funeral home, a family member or a friend to contact HSF at the appropriate time to arrange for payment of the award if an approval has been granted.

Reminder: HSF pays funeral homes/vendors directly and cannot make payments to individuals. HSF is unable to provide assistance if the funeral home/vendor costs have been paid in full prior to the communication of or fulfillment of a funeral assistance grant award.

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APPLICANT INFORMATION

1. Name of hospice patient/decedent for whom funeral arrangements are being made ("Applicant"):

1.a. Is the hospice patient/decedent named above a Medicaid recipient at present or was a Medicaid recipient at the time of their passing?

Yes. Please attach a copy (front and back) of the Medicaid card proving the individual in question 1 is/was an active Medicaid participant at the time of applying/passing and continue completing the application in full, including the financial information page.

No. Please STOP here. The hospice patient/decedent is not eligible for funeral assistance.

2. In what county and state does the individual named in question 1 above reside?

County

State

3. For the individual named in question 1 above, what is/was their affiliation with hospice? Please also provide the hospice provider's information.

Currently enrolled in hospice care

Deceased while in hospice care

Date of Death:

Hospice Provider Organization Name

Hospice Provider Phone

Street Address

City

State

Zip Code

4. Please provide an address of the patient or family member where an application notification letter can be sent:

Name

Street

City

State

Zip Code

Phone number

Email address

5. If you are an employee of a hospice organization and are completing or assisting with this request for the individual receiving funeral arrangements, please provide the following information:

Employee Name

Job Title

Direct Phone Number

Branch Location

Email Address

APPLICANT FINANCIAL INFORMATION

Please provide the financial information of the hospice patient/decedent below .

Reasonable, good faith estimates are acceptable in this section.

6. Is the hospice patient/decedent for whom funeral arrangements are being made: married single

If married, please provide joint financial information.

7. Number in household:

Monthly Household Income:		Personal Assets:	
Wages (after taxes):	<input type="text"/>	Cash, Checking, Savings, Stocks, Bonds:	<input type="text"/>
Interest/Investment Income:	<input type="text"/>	Retirement Savings:	<input type="text"/>
Social Security/Pension Income:	<input type="text"/>	Home Equity (amount paid off on home):	<input type="text"/>
Other Income:	<input type="text"/>	Automobile(s) Value:	<input type="text"/>
	<input type="text"/>	Other Assets:	<input type="text"/>
Total Monthly Income:	<input type="text"/>	Total Assets:	<input type="text"/>

Monthly Household Expenses:		Personal Liabilities:	
Mortgage/Rent:	<input type="text"/>	Home Loan Debt (amount still owed):	<input type="text"/>
Property Taxes:	<input type="text"/>	Automobile Loan (amount still owed):	<input type="text"/>
Homeowners/Renters Insurance:	<input type="text"/>	Credit Card Debt:	<input type="text"/>
Utilities (Electric/gas/phone/water):	<input type="text"/>	Other Debt:	<input type="text"/>
Cable TV/Cell Phone:	<input type="text"/>		<input type="text"/>
Car Insurance:	<input type="text"/>		<input type="text"/>
Transportation:	<input type="text"/>		<input type="text"/>
Groceries:	<input type="text"/>		<input type="text"/>
Medical Insurance:	<input type="text"/>		<input type="text"/>
Personal (clothing, hair care, etc.):	<input type="text"/>		<input type="text"/>
Child Care:	<input type="text"/>		<input type="text"/>
Credit Cards:	<input type="text"/>		<input type="text"/>
Other Expenses:	<input type="text"/>		<input type="text"/>
Total Monthly Expenses:	<input type="text"/>	Total Liabilities:	<input type="text"/>

GENERAL INFORMATION

8. Please tell us how much you are requesting: \$

9. Is payment required before the funeral home will pick up the decedent **from the place of death**?

Yes - if yes, please submit your application and call us so we can expedite a review of your application. 651-294-6100 No

10. Please tell us more about why this assistance is being requested:

11. Please itemize below the cost of the funeral arrangements. **Required: Please attach a copy of the estimate (if patient is still living at the time of submission) or invoice (if the patient has passed away) from the funeral home.**

CONTINUED FROM PREVIOUS PAGE....

Reminder: funeral/burial assistance must be sought out from the State/County/VA first before applying to the HSF.

12. Does the hospice patient/decedent have a preneed funeral contract, funeral trust or funeral insurance? No Yes If yes, how much? \$
13. Does the hospice patient/decedent have life insurance that will help pay a portion of the expenses? No Yes If yes, how much? \$
14. Has State/County burial/funeral assistance been applied for? No Yes
(You must apply for this first before applying to HSF.)
15. If State/County burial/funeral assistance has not been applied for, please tell us why.
16. Has State/County burial/funeral assistance been awarded? No Yes If yes, how much? \$
17. Has the VA been contacted for burial/funeral assistance? No Yes
18. Has VA burial/funeral assistance been awarded? No Yes If yes, how much? \$

19. **Required: If any of the above burial/funeral assistances were denied, explain why.**

FUNERAL HOME INFORMATION

If approved, payment should be made to the following vendor:

Funeral Home Name

Street Address City State Zip Code

Contact Name Contact Phone

Funeral Home Email Address

Signature and Consent *(Please note: Typed in or electronic signatures are not accepted.)*

20. Are you the hospice patient/deceased for whom funeral arrangements are being made (read all choices before answering)?
- Yes. *Please sign below.*
- No, but I have **financial** power of attorney (FPOA) for the individual named in question 1. on this form. *Please attach FPOA form and sign below as attorney-in-fact.*
- No, hospice patient unable to sign, no FPOA available. *Leave signature blank.*
- No, individual is deceased. *Leave signature blank.*

Applicant Signature (required): Date:

By signing the above, I attest that the information provided in this application is complete and true to the best of my knowledge. I consent to allowing Hospice Support Foundation (HSF) to disclose my (the applicant's) name to the vendor(s) for the purpose of arranging payment should this grant request be accepted. I understand that HSF may need to provide the name of the foundation to the vendor and that by providing the name "Hospice Support Foundation", the vendor may reach the conclusion that the applicant is receiving or is affiliated with hospice care.