HOSPICE SUPPORT FOUNDATION

version 10202026

GRANT APPLICATION FORM - FUNERAL/MEMORIAL SERVICE ASSISTANCE

IMPORTANT: Please read before completing your application.

Eligibility Requirements:

- ☐ Decedent/Individual nearing end of life must be on hospice at the time of application and time of passing.
- ☐ Decedent/Individual nearing end of life must be receiving hospice care in one of the following states in order to be considered for assistance from HSF: South Dakota, Nebraska, Kansas, Minnesota, Iowa, Missouri, Wisconsin, Illinois, Indiana, Michigan.
- ☐ Decedent/Individual nearing end of life must be an active Medicaid participant in order to apply. A copy of the front and back of the Medicaid card must be submitted with the application. If a card is missing, an eligibility letter or other documentation from the skilled nursing facility or the hospice provider showing the patient is/was an active Medicaid participant at the time of application submission/time of passing may suffice. Providing only the Medicaid number does not suffice.

Other Requirements:

- ☐ Decedent/Individual nearing end of life living in a state or county that provides burial assistance must apply there first and have received a decision before applying to HSF. We understand this means in many cases the death must occur first before you can apply to us or to them. For states such as Wisconsin and Illinois, the funeral home must apply to the State on behalf of the decedent/family. If they are unwilling, they must provide their policy in writing and it must be included with this application form.
- ☐ Decedent/Individual nearing end of life who is a Veteran, must apply to the VA for assistance and have received a decision before applying to HSF.
- ☐ Please check with the hospice provider first to confirm if they are affiliated with a Foundation that provides burial assistance. If they are, you must apply to them first and receive a decision before submitting an application to HSF. The hospice social worker can assist you with this.
- ☐ The State/County/VA/Hospice Provider's Foundation decision, including what amount they will provide, must be included with this application form upon submission.
- ☐ Applications are considered complete only when all required documents have been received. Incomplete applications remain open for 15 business days. If missing information is not received within 15 business days, the application is closed and the applicant may reapply.
- ☐ Applications considered complete require 10-15 business days for review. Do not call or email to check in on the status of an application.
- ☐ Applications are only considered an emergency when a funeral home requires payment **before they will take the decedent into their care from the place of death.** We require a minimum of 72 hours to review such applications. In this instance only may you call us to alert us of the situation (651-294-6100). Please note, however, that our assistance, if granted, will in most cases not be enough to cover the full amount and may not be within the comfort of the funeral home to participate.
- ☐ **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. We do not provide reimbursements.**
- ☐ *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 delays.*
- ☐ I understand that applications missing required documentation will not be reviewed until all documents are received and from there it will take 10-15 business days to review my application. I will use the checklist on the last page to ensure I have included everything.
- ☐ Once HSF communicates its decision in a letter sent by email or US mail, I understand it is my responsibility to ensure the funeral home knows what documentation is needed from them by HSF in order for HSF to provide payment to them. Our letter to you notifying you of our decision will communicate what the funeral home needs to provide and how, if a grant is approved.

HOSPICE SUPPORT FOUNDATION

version 10202026

GRANT APPLICATION FORM - FUNERAL/MEMORIAL SERVICE ASSISTANCE

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 Medi**caid** recipient at present or was a Medi**caid** recipient at the time of their passing?

- ◯ Yes. Please attach a copy (front and back) of the Medi**caid** card proving the individual in question 1 is/was an active Medi**caid** 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 through Hospice Support Foundation.

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 | Relationship to the Hospice Patient/Decedent

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

6. Number in hospice patient's/decedent's household:

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

******If married, please provide joint financial information in the section below.******

Please provide the financial information of the hospice patient/decedent - do not leave columns/totals blank:

Reasonable, good faith estimates are acceptable in this section.

Monthly Household Income:		Personal Assets:	
Wages (after taxes):		Cash, Checking, Savings, Stocks, Bonds:	
Interest/Investment Income:		Retirement Savings:	
Social Security/Pension Income:		Home Equity (amount paid off on home):	
Other Income:		Automobile(s) Value:	
		Other Assets:	
Total Monthly Income:		**Total Assets:**	
Monthly Household Expenses:		**Personal Liabilities:**	
Mortgage/Rent:		Home Loan Debt (amount still owed):	
Property Taxes:		Automobile Loan (amount still owed):	
Homeowners/Renters Insurance:		Credit Card Debt:	
Utilities (Electric/gas/phone/water):		Other Debt:	
Cable TV/Cell Phone:			
Car Insurance:			
Transportation:			
Groceries:			
Medical Insurance:			
Personal (clothing, hair care, etc.):			
Child Care:			
Credit Cards:			
Other Expenses:			
Total Monthly Expenses:		**Total Liabilities:**	

8. Is there anything we should know about the hospice patient's/decedent's financial information that cannot be captured above?

GENERAL INFORMATION

9. Amount requested: $

10. 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 - please allow 10-15 business days for a review.

11. Describe the financial hardship that is causing a need for this assistance.

12. ******Required Attachment:***

- ◯ **If the patient is still living:** Please attach a copy of the funeral home estimate of the cost of funeral arrangements. Please note: price sheets/brochures from the funeral home are not sufficient.
- ◯ **If the patient has passed:** Please attach a copy of the funeral home invoice billed to the family or to the decedent.
- ◯ **If the patient passed after this application was submitted**, you will need to provide us with the invoice copy from the funeral home before we can complete our review.

13. Does the hospice patient/decedent have a preneed funeral contract, funeral trust or funeral insurance? ◯ No ◯ Yes If yes, how much? $

14. Does the hospice patient/decedent have life insurance that will help pay a portion of the expenses? ◯ No ◯ Yes If yes, how much? $

15. Has State/County burial/funeral assistance been applied for? (You must apply for this first before applying to HSF, even if it means the death must occur first.) Consult the hospice provider's social worker for assistance. ◯ No ◯ Yes ☐ *****Required: you must attach their decision, including the amount, when submitting this application.**

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 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.

SUBMISSION CHECK LIST

Please confirm you have included the following with your application before submitting:

- ☐ Included proof of active Medi**caid** participation. Providing only the Medicaid number alone does not suffice.
- ☐ Was the financial information requested on page 3 based on the hospice patient/decedent's information/marital status? Did you fill out each column completely?
- ☐ Included funeral home estimate (if patient is still living) or invoice copy (if patient has passed).
- ☐ State/County/VA/Hospice Provider Foundation decision and amount - if applicable.
- ☐ Funeral home policy stating they do not participate in State funeral assistance programs - if applicable.
- ☐ Applications are considered complete only when all required documents have been received. Incomplete applications remain open for 15 business days from date we receive it. If missing information is not received within 15 business days, the application is closed and the applicant may reapply.
- ☐ Applications considered complete require 10-15 business days for review. Do not call or email to check on the status of an application.
- ☐ Applications are only considered an emergency when a funeral home requires payment **before they will take the decedent into their care from the place of death.** We require a minimum of 72 hours to review such applications. In this instance only may you call us to alert us of the situation (651-294-6100). Please note, however, that our assistance, if granted, will in most cases not be enough to cover the full amount of direct cremation costs and may not be within the comfort of the funeral home to participate.
- ☐ **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. We do not provide reimbursements.**
- ☐ *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.*
- ☐ I understand that all of my documents must be sent in one email and that the documents must be sent via attachments, not via links.

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 the submission of a complete 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.