

Date: _____
Case Name: _____
Case Number: _____
Worker Name: _____
Worker ID: _____
Worker Phone Number: _____
Customer ID: _____

Case Name _____ Case Number _____

APPLICANT'S STATEMENT OF DESIGNATED BURIAL FUNDS

I declare, under penalty of perjury, that the following funds are set aside and designated exclusively for expenses connected with the funeral, burial, cremation, or interment of a family member.

	FAMILY MEMBER*	TYPE OF ASSET	VALUE	OWNER OF ASSET	AMOUNT DESIGNATED
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

*The entire amount of an irrevocable burial fund is exempt and the maximum designated allowed for each family member is \$1500 for revocable assets.

The date on which these funds shall be considered to be set aside and designated is _____

I understand that: 1) the items designated above are to be used only for funeral, burial, cremation, and internment expenses; 2) if the funds are used for any other purpose, they will no longer be considered exempt. They will then be evaluated as property, in accordance with the appropriate Medi-Cal regulation; and 3) the asset must be identified and kept separate from the other assets.

Signature of Applicant _____ Date _____

FOR COUNTY USE ONLY

DOCUMENTATION

1. Doc. seen: _____ Date: _____

2. Doc. seen: _____ Date: _____

3. Doc. seen: _____ Date: _____

4. Doc. seen: _____ Date: _____

District _____ EW Worker ID: _____