

**FORM IM-100, APPLICATION FOR FUNERAL, BURIAL, OR CREMATION
BENEFITS FOR DECEASED RECIPIENT
OF PUBLIC OR MEDICAL ASSISTANCE**

PURPOSE OF FORM:

This form is an application for funeral, burial, or cremation death reimbursement benefits. It is used to determine eligibility for the state and county contribution toward the expenses of funeral, burial or cremation of a deceased recipient of public and /or medical assistance. The death reimbursement benefit must be applied for within one year of the date services were provided.

COMPLETION INSTRUCTIONS

The form should be completed and signed by a relative, friend or other person who is interested in the disposition of the deceased person. In the absence of such, the form may be completed by the county DSS which was providing public/medical assistance to the recipient prior to death.

If the recipient did not make a choice of disposition, the appropriate family member(s) should be asked to make a choice in writing. The last part of the application (IM-100 [1/97] form) should be used for this purpose. State law prohibits friends or other interested parties from making a choice of disposition. Therefore, if no family members or other relative are available to make the choice, the county will have to make the choice of disposition.

FORM DISTRIBUTION AND AVAILABILITY

Form IM-100 is completed by the applicant and is maintained in the case record.

This form is available through the State Forms Center under commodity number 615-82-13-1001.