

RHODE ISLAND APPLICATION For Financial Assistance with Burial Expense



This program pays for the funeral and burial expenses when a person's resources and all other sources of payment are less than the DHS standard payment rates. Rhode Island Department of Human Services (DHS) offers burial assistance through General Public Assistance (GPA) in accordance with RIGL § 40-6-3.10 and 218-RICR- 20-00-3.

How to apply for Financial Assistance with Burial Expenses

Complete this Application for Financial Assistance with Burial Expense, Sign and Submit with the accompanying documents.

SUBMIT THROUGH MAIL (RI Department of Human Services, P.O. Box 8709, Cranston, RI 02920-8787), DROP OFF AT ANY DHS OFFICE OR EMAIL DHS.GPABurial@dhs.ri.gov.

When an individual dies, and at the time of their death, they were a Rhode Island resident who had a low-income and few resources, their surviving family (or in some circumstances, friends) may seek financial assistance with their final burial arrangements from the GPA-burial program.

Applications may be accepted within thirty days of the date of death.

Eligibility criteria includes: the decedent must have had a monthly income below \$327 and resources valued at less than \$400. Life insurance policies and payments of families and friends, will also contribute to the eligibility or amount of financial assistance available to the applicant.

Documentation Required when applying on behalf of a decedent who WAS receiving DHS benefits at the time of death:

Copy of your photo ID (person applying for decedent)

Documentation Required when applying on behalf of a decedent who WAS NOT receiving DHS benefits at the time of death:

Copy of your photo ID (person applying for decedent)

Bank Statement verifying decedent's bank account balance at time of death (ATM receipts or bank slips will not be accepted)

Direct Express Account Statement as of date of death (call 1-888-741-1115 dial '0' to speak with operator)

Copy decedent's Vehicle Registration or indicate no vehicle _____

Copy of decedent's Life Insurance Policy or indicate no policy _____

Copy of Prepaid Burial Contract/Trust or indicate no Contract/Trust _____

Copy of last pay stub from employer or indicate not employed _____



**FOR MANUAL SUBMISSION, PLEASE COMPLETE USING BLUE OR BLACK INK AND
PRINT IN BLACK & WHITE**



**RHODE ISLAND DEPARTMENT OF HUMAN SERVICES
APPLICATION FOR GPA BURIAL ASSISTANCE**

YOUR NAME: _____ **PHONE NUMBER:** _____ **RELATIONSHIP:** _____

Do you need: Help filling out this Free language

Preferred language: _____ Preferred language read: _____

DECEASED

First Name, Middle Name, Last Name		Suffix	E-Mail Address		Telephone Number () -	
					Cell	Home Work
Street Address			Apartment/Unit Number		City/Town	
State		Zip Code		Alternate Telephone Number () -		
				Cell	Home	Work
Date of Birth		Date of Death			Social Security #	

Deceased lived in a (indicate one):

Elderly/Disabled Housing	Homeless: lobby, street, car	Own Home/trailer	Shelter/Halfway House	Rent home/apt/trailer
Living in another's home/apartment	Drug/Alcohol rehab center	No permanent address		
Nursing Home/Facility	Residential care/Assisted Living		Other (describe)	

Nursing Home/ Residential Care/Assisted Living Information (if applicable)

Name		Location	
Phone #		Personal Needs Account Balance?	

Funeral Home Information

Name		Location	
Contact Person	Phone #	Burial or Cremation?	

Was the decedent receiving any DHS benefits at the time of death, if known? Yes No

If Yes, please go to page 2 of this application to sign the document and submit the Required Documents listed on the Cover Page.



**RHODE ISLAND DEPARTMENT OF HUMAN SERVICES
APPLICATION FOR GPA BURIAL ASSISTANCE**

If the decedent was NOT a current recipient of a DHS Program, please complete the questions below, sign the document and submit the Required Documents listed on the Cover Page.

Applicant's Information (Person Applying on the Decedents Behalf):

First Name	Middle Initial	Last Name	Relationship to Deceased	Phone Number
Street Address			City/Town	State Zip Code
*** Please note that we will need a copy of your photo ID				

Deceased's Information:

Income and Resources		
Income Sources(s)	Vehicle(s) owned?	Property owned?
Bank Account (s)?	Life Insurance?	Burial Contract/Trust?

Surviving Spouse or Parent(s) if deceased is under 18 years (if applicable):

First Name	Middle Initial	Last Name	Social Security #	Same residence address?
Income Sources(s)	Vehicle owned?		Property owned?	

Funeral Home Information

Name	Location		
Contact Person	Phone #	Burial or Cremation?	

Under penalty of perjury, I attest that all of the information contained in this application is true. I understand that I am breaking the law if I give false information and can be punished under Federal Law, State law or both.

Signature of Applicant	Date
X	X