Thank you for your interest in applying for financial assistance for funeral expenses for an elderly or disabled individual who has passed.

Attached is our *Application for Financial Assistance*. This should be completed and submitted with all documentation **after** an application to DTA has been submitted and a decision received.

□A	Assets identified in Section 3 of the Application;
□S	Statement of Goods and Services from funeral home;
\Box D	Death Certificate; and
\Box A	Application to DTA and correspondence regarding decision of application

Once we have received the completed application and **all** requested information our board will review the application and let you know of our decision.

If you have any questions, please feel free to contact us.

We will need true and accurate copies of the following:

Sincerely,

Rebecca Amaral Founder/President



APPLICATION FOR FINANCIAL ASSISTANCE

Our Mission

One Last Gift Foundation, Inc. provides financial assistance for funeral expenses for deceased elderly and disabled individuals without adequate means to pay for their own arrangements.

* * * * *

One Last Gift Foundation, Inc. may pay a licensed funeral home up to \$1,500 of the outstanding balance of funeral expenses after available resources have been exhausted and an application has been submitted to and processed by the Massachusetts Department of Transitional Assistance. The deceased must have been a resident of Massachusetts at the time of death.

This application must be completed by the deceased person's surviving kin or their authorized legal representative. If there is no surviving kin or authorized representative, this application may be completed by a funeral director, social worker, medical professional, outpatient provider, or nursing home representative.

Return this form by mail to: One Last Gift Foundation, Inc.

499 Electric Ave PMB 224 Eitchburg, MA 01420

Fitchburg, MA 01420

or by email: onelastgiftfoundation@gmail.com

Section 1:

Decedent'	s Name		
	First	Middle	Last
Address			
	Street	City	Zip
SSN		Date of Death	<i>!</i>
Marital Sta	atus Single	Married* Divo	orced Widowed

*If married, name of spouse:			
Was the Decedent a Veteran?	Yes No If ye	es, what branch	າ?
Section 2:			
Applicant's Name First	Middle	 Last	
Address Street	City	State	Zip
Relationship to Decedent			
Applicant's email address:			
Check here if there is no author	ized legal represe	entative or no s	urviving kin.
Section 3:			
Was the Decedent receiving any of t Check all that apply.	the following bene	efits at the time	of death?
TAFDC Yes No SNAP Yes No	SSI/SSP EAEDC	Yes No Yes No	
Did the Decedent have a pre-paid be Yes No		aid funeral arra	ngements?
Was the Decedent entitled to a gove Security? Yes No If Yes,			
Did the Decedent (or his/her spouse the time of death?	e, if any) have any	of the following	g assets at
YesNo Personal Needs AYesNo CashYesNo Bank AccountsYesNo Life InsuranceYesNo VehicleYesNo Real Estate Other assets not listed above	Account		

•		any of the above, ation of each asse	•	e the followi	ng information
Company		Account/Policy #	ŧ	Value	
		owd funding fundr s, provide website			
Section 4	:				
Name of li	censed Funer	al Home			· · · · · · · · · · · · · · · · · · ·
Address			2		
	Street		City		Zip
Phone					
CERTIFIC	ATION				
This applic	cation is to be	signed by survivir	ng kin or autho	rized legal re	epresentative.
> I hav	ve attached a	true and accurate	e copy of:		
C	All assets o	disclosed in Section	on 3 above;		
C	Statement of Goods and Services from funeral home;				
C	Death certificate;				
С	Application application.	to DTA and corre	spondence re	garding dec	ision of

➤ I certify, under the pains and penalties of perjury, that the information, including the information contained in any supporting documentation, I have given in connection with this Application for financial assistance for funeral expenses is true and accurate to the best of my knowledge.

	oundation, Inc. may recover from the ny financial assistance that was provided		
Signature of Applicant	Date		

Definitions

Elderly – The Decedent must be 65 years of age or older at the time of his/her passing.

Disabled – The Decedent must have been under Guardianship or Conservatorship or must have been receiving verifiable disability payments at the time of his/her passing, i.e. VA, SSDI, etc.