

**HENRY COUNTY GENERAL ASSISTANCE APPLICATION
COUNTY BURIAL**

**106 N. Jackson, Mt. Pleasant, IA 52641
319-385-0790 Fax: 319-385-8016**

Deceased Name: _____ Date: _____

Address: _____

Social Security Number: _____ Birth date: _____

Military Service: Yes _____ No _____ Service Branch: _____ Dates of Service: _____

U.S. Citizen: Yes _____ No _____

How long did deceased live in Henry County? _____

Where was residence before? _____ How long? _____

Applicant's Name: _____

Address: _____ Phone #: _____

Income: _____ Relationship to Deceased: _____

List EVERYONE in household:

Name	Birth date	Relationship
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Marital Status: Married _____ Single _____ Separated _____ Divorced _____ Widowed _____

Medical Insurance? Yes _____ No _____ Company: _____

Life Insurance? Yes _____ No _____ Company: _____

Title XIX? Yes _____ No _____

INCOME:

Has the deceased or anyone in their home received any of the following income in the last 30 days?

Source of Income	Amount	How often Received	Person receiving income
Self Employment	___ Yes ___ No		
Employment	___ Yes ___ No		
Unemployment Benefit	___ Yes ___ No		
Workman's Comp.	___ Yes ___ No		
Social Security	___ Yes ___ No		
SSI	___ Yes ___ No		
Pension	___ Yes ___ No		
Compensation	___ Yes ___ No		
Disability Payment	___ Yes ___ No		
Child Support	___ Yes ___ No		
Veteran's Benefits	___ Yes ___ No		
Regular Cash			
From Relatives	___ Yes ___ No		
Room & Board Pmts.	___ Yes ___ No		
F.I.P.	___ Yes ___ No		
Food Stamps	___ Yes ___ No		
Other	___ Yes ___ No		

Every source must be checked above.

RESOURCES: (deceased)

<input type="checkbox"/>	Cash:	\$	_____
<input type="checkbox"/>	Checking	\$	_____
<input type="checkbox"/>	Savings	\$	_____
<input type="checkbox"/>	Time Certificates	\$	_____
<input type="checkbox"/>	Stocks, Bonds, Etc.	\$	_____
<input type="checkbox"/>	Other (specify)	\$	_____
<input type="checkbox"/>	Real Estate	Location: _____	
	Value \$	_____ - Owe \$ _____	= Equity \$ _____
<input type="checkbox"/>	Vehicles:		
	Year _____	Make _____	Model _____ Value \$ _____
	Year _____	Make _____	Model _____ Value \$ _____

By my signature, I understand, as family/representative of the below named deceased individual, I agree to the requirements and restrictions contained within the Henry County General Assistance Burial Policy and request Henry County to pay for the expense. If I elect to pursue other options for burial other than those explained in the Policy, I understand there will be no County payment made.

I am aware that this general assistance information may be verified and investigated. I hereby authorize all persons to release any information to document the information given in this application. I also authorize the Relief Department to release pertinent information while seeking to benefit my welfare. Release to be effective for sixty days.

Signature of family/representative Date Relationship to deceased

Name of Deceased Date of Death

SECTION 13-APPEALS

1. Right to a Hearing:
 - a. applicants are entitled to a hearing if assistance is denied; or
 - b. failure to determine applicant's eligibility, and if found eligible, grant assistance within ten (10) days of the of the application; or
 - c. amount of assistance granted.
2. Informing of Decision and Right to Appeal:
 - a. applicants shall be informed in writing of the decision and basis for the decision relating to their application on the date the application is initially reviewed; and
 - b. notice to appeal the decision will be in the form of written communication on the Notice of Decision provided regarding the approval or denial of their general assistance application; and
 - c. the applicant may be represented by themselves or a representative of their choice;
 - d. if the applicant represents themselves by attorney, attorney fees shall be the responsibility of the applicant;
3. Appeal Request:
 - a. applicants must provide written notice within ten (10) days of the date on the Notice of Decision to the Director of General Assistance requesting an appeal of the determination; and
 - b. the applicants written request for an appeal must provide the applicants current address and telephone number and state the reason(s) for the appeal; and
 - c. the written request for an appeal may be delivered in person to the General Assistance office or by regular mail, if delivered by regular mail the cancellation date on the envelope must be within ten (10) days of the date on the general assistance Notice of Decision; and
 - d. an appeal request cannot be denied except where the applicant has abandoned or withdrawn the request in writing on or prior to the day of the appeal hearing; and
 - e. an applicant's failure to show for the appeal hearing shall be considered an abandoned appeal and the Notice of Decision will remain in effect; and
 - f. an applicant withdraws or abandons an appeal they have no further standing to have the original decision reconsidered.
4. Appeals Hearing:
 - a. upon receipt of a properly submitted appeal request the Director shall forward the appeal to the Board of Supervisors; and
 - b. the Board of Supervisors shall place the matter on the agenda, in accordance with Chapter 21, Code of Iowa, for the next regularly scheduled board meeting, provided that such appeal shall not be heard sooner than five (5) days after the appeal request has been submitted; and
 - c. the applicant shall be informed immediately, by telephone and ordinary mail, of the date and time of the hearing before the Board of Supervisors; and
 - d. the applicant and his or her representative, upon written authorization, shall be granted access by the Director or designee access to their general assistance file if a request is made; and
 - e. the Board of Supervisors shall hear the appeal de novo at the time scheduled in the agenda unless continuance is requested by the applicant; and
 - f. the board may set reasonable time limits for the present action of the parties at any appeal; and
 - g. the applicant shall be permitted to submit whatever evidence desired in support of the appeal including testifying, having other witnesses testify, offering documentary evidence and reasonable cross examination of other witnesses, if present (the technical rules of evidence shall not apply); and
 - h. the applicants general assistance file shall be admitted into evidence; and
 - i. the Board may question the applicant and the Director shall present the Board with reasons for the determination; and
 - j. the appeal will be tape recorded and will not be an open meeting under Chapter 21, Code of Iowa, since confidential files will be in evidence; and
 - k. when the Board deliberates the appeal, no parties shall be present; and
 - l. the Board shall make a decision on the appeal within five (5) working days; and
 - m. the decision shall be only on the basis of the evidence submitted before the Board; and
 - n. the applicant shall be informed in writing by regular mail to the last known address of the applicant within five (5) working days after the Board's decision; and
 - o. the Board's decision shall state the reasons for the action, together with any statute or ordinance applied; and
 - p. the decision shall state that an appeal may be taken from the Board's determination and the method by which such appeal may be taken; and
 - q. any appeal to the district court shall be allowed by the applicant from the Board's decision within the time and by the manner and procedures established under the Iowa Administrative Procedures Act, Chapter 17A , Code of Iowa.