



**Commonwealth of Massachusetts**  
*Executive Office of Health and Human Services*  
**Department of Transitional Assistance**  
600 Washington Street • Boston, MA 02111

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**Operations Memo 2011-7**  
**February 16, 2011**

**To:** Department of Transitional Assistance Staff

**From:** Stephanie Brown, Assistant Commissioner for Policy, Program and External Relations

**Re:** Funeral and Final Disposition Clarifications and Form Change

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**Funeral and Final Disposition Clarifications** This Operations Memo clarifies information regarding the Funeral and Final Disposition process.

- The person completing the application must be the next of kin or legally liable person.
  - Funeral Directors may fill out this form only if there is no next of kin or legally liable person.
  - All assets of the decedent and any legally liable person of the decedent will be counted (countable assets are defined as those listed in the EAEDC program 106 CMR 321.100 through 321.140).
  - The application will be denied if there are assets in excess of \$1100.
  - Any assets up to \$1100 will be deducted from the funeral and final disposition payment.
  - The request for funeral and final disposition benefits must be made no later than six months from the date of death.
  - The Department has preferred claims against the decedent's estate and any existing resources the decedent may have possessed.
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**Revised Form**

The *Application for Payment of Funeral and Final Disposition* (F&FD-1) has been revised based on these clarifications.

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**Reminders**

A decedent who was not an active or a pending TAFDC, EAEDC or SSI client at the time of death nor on FMCS (as a former client who has since closed), but who is approved for payment of funeral and final disposition expenses, must be processed as a pending EAEDC case.

SSI clients do not need to be entered onto BEACON. The Special Services Payment System (SSPS) was modified to validate the entry of SSPS benefits for SSI clients against SSI information available as part of the SDX update process.

See OM 2010-54 for funeral and final disposition processing instructions.

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**Questions**

If you have any questions, please have your Hotline designee call the Policy Hotline.

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Massachusetts Department of Transitional Assistance  
**Application for Payment of Funeral and Final Disposition**

|                      |
|----------------------|
| Approval/Denial Date |
|----------------------|

**IMPORTANT! Please read before completing!**

The person completing this application must be the next of kin of the deceased person (also called the "decedent.") Funeral Directors can complete this form only if there is no next of kin or legally liable person. The Department has preferred claims against the decedent's estate and any existing resources the decedent may have possessed, if the decedent is found eligible for this benefit.

Application Date \_\_\_\_\_

Decedent's Name \_\_\_\_\_ SSN \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_ ZIP \_\_\_\_\_  
Street City

Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_ Sex  Male  Female

Marital Status  Single  Married (Maiden Name) \_\_\_\_\_  
 Separated  Divorced  Widowed

Was the decedent receiving DTA benefits (TAFDC, EAEDC, SNAP or SSI at the time of death?)  
 Yes  No

Name and address of person completing application on behalf of the decedent

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Street City ZIP

Assets of deceased or legally liable person.

List and describe all personal property, such as cash, bank accounts, personal needs accounts, government bonds, stocks, automobiles, trailers, boats, credit union shares, trusts, life insurance policies and real estate owned in whole or in part by the decedent. Verification must be submitted with application. Attach a separate page to list additional personal property.

| Type of Property | Owner | Value |
|------------------|-------|-------|
| _____            | _____ | _____ |
| _____            | _____ | _____ |
| _____            | _____ | _____ |

Is there any pre-paid burial agreement?     yes             no If yes, amount \$ \_\_\_\_\_  
Is there a Veteran's death benefit?         yes             no If yes, amount \$ \_\_\_\_\_  
Is there a Social Security death benefit?    yes             no If yes, amount \$ \_\_\_\_\_  
Is there any other death benefit?           yes             no If yes, amount \$ \_\_\_\_\_  
If death benefit, what type of benefit \_\_\_\_\_

I certify, under penalty of perjury, that the information I have given is correct, true, and complete to the best of my knowledge.

I understand that this application is subject to review, and that I have enclosed a list of all funeral and final disposition services provided, receipts and other verifications of all expenses.

I understand that the Department of Transitional Assistance will investigate all facts relating to eligibility for payment of funeral and burial expenses. To the extent that I am legally authorized to do so, I further consent to assign to the Department of Transitional Assistance any benefits from insurance or third party, as required by state law, if death was a result of an accident. The Department has preferred claims against the decedent's estate and any existing resources the decedent may have possessed.

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Printed Name / Date

Signature