

ATTACHMENT A

Hidalgo County Health and Human Services
Funeral Assistance Program Application

Section A

Name of Deceased as it appears on Death Certificate: MR # :

Place of Death: Date of Birth:

Address Prior to Death: Date of Death:

Was the deceased a resident of Hidalgo County? Which Funeral Home:
Was the deceased receiving any type of Medicaid? City:

Section B

Table with 4 columns: Please list all Household Members, Relationship to the Deceased, Monthly Income (Source), Medicaid Y or N

Section C

Did the deceased have prepaid burial insurance?
Did the deceased have a life insurance?
Was the deceased a Veteran?
Has the funeral home been contacted?
Has any money been paid to the funeral home for funeral or for the cemetery plot?
Has the family received any type of donation?

Section D

As an applicant for participation in the Hidalgo County Funeral Assistance Program for
(deceased), I understand and have been advised that I am not
to be charged any additional fees for funeral services by the participating Funeral Home. I have been
advised that payment other than that of the Hidalgo County Funeral Assistance Program may disqualify
indigent burial eligibility.

Signature of applicant/representative
Rev: 1-15-2015

Relationship to deceased

Date