

HCCCP Application Procedure

1. Representative or next of kin will apply for assistance with the Hidalgo County COVID Condolence Program (HCCCP) at one of the Hidalgo County Health & Human Services offices. **[Attachment A]**
2. Human Services staff will interview and determine if they are eligible.
3. Eligibility is based on:
 - **Cause of death must be COVID19 related**
 - **Must be affected by COVID-19 due to loss of income**
 - Income must be below **300 % FPIL**.
 - Household Composition
 - Must be a resident of Hidalgo County.
 - Signed quote or contract from the funeral home.
 - Worksheet criteria **[Attachment B]**
4. If eligible for services, the Eligibility Specialist will sign and fax or email the funeral home the voucher for assistance from the HCCP in the amount **up to \$2,000.00** and instructions on how to submit for payment. **[Attachment C]**
5. Funeral Home will invoice Hidalgo County and provide the following :
 - Itemized invoice to include name of deceased, date of service and type of service provided.
 - Record of Death or Death Certificate indicating cause of death as COVID-19
 - W9 Form – only required once a year
 - Vendor Application – only required once year
 - Hidalgo County Vouchers – signed by Funeral Home
 - Receipt and/or cancelled check for cremation services (if applicable)
 - Receipt and /or cancelled check for payment to cemetery (if applicable)
 - A Copy of the Funeral Director’s license.
 - A Copy of the Establishment License
6. Hidalgo County will process invoice for review, approval and payment by the Hidalgo County Auditor.

Attachment A

HIDALGO COUNTY HEALTH AND HUMAN SERVICES COVID CONDOLENCE PROGRAM

**1304 S. 25th Avenue
Edinburg, Texas 78542
(956) 318-2011
Office Fax (956) 318-2019 or (956) 318-2018**

Edinburg Health Clinic

3105 East Richardson (Schunior) Rd.
Edinburg, TX 78539
(956) 318-2087
(956) 383-3478 Fax

McAllen Health Clinic

300 East Hackberry
McAllen, Texas 78501
(956) 205-7082
(956) 318-2019 Fax

Mission Health Clinic

211 North Schuerbach Rd
Mission, TX 78572
(956) 581-8596
(956) 581-9459 Fax

Weslaco Health Clinic

1901 North Bridge
Weslaco, TX 78596
(956) 969-4700
(956) 973-7816 Fax

Pharr Health Clinic

300 West Hall Acres
Pharr, TX 78577
(956) 784-3580
(956) 787-1254 Fax

**Office Hours: Monday – Friday 8:00 AM – 5:00 PM
Closed for lunch: 12:00 PM – 1:00 PM**

Hidalgo County COVID Condolence Program

Applicant,

Please complete the *Hidalgo County Application for COVID Condolence Program*. Please fill in all the questions to the best of your ability. If you do not understand a question please ask for assistance.

In addition to the above, the following information needs to be provided with your application:

- Proof of income
- Proof that death was due to COVID-19
- Social security card and/or birth certificates for applicant and/or
- Drivers license, Picture ID, voter registration card, etc. (must have a picture)
- Proof of residence/monthly expenses: light bill, water bill, telephone bill, property tax receipt, etc. (all receipts for the expenses listed on the monthly expense form)

Please make sure that all the information is included with your application. Incomplete applications will not be processed until all documents are submitted. Intentional withholding of information can result in the recovery of any loss by repayment or by filing civil or criminal charges.

Once you have completed the application and provided the requested documents please submit it to the Eligibility Specialist or mail it to the above address.

Solicitante,

Porfavor llene la solicitud de Assistencia. Favor de contestar todas las preguntas y si no entiende alguna pregunta de la solicitud por favor pida asistencia.

Aparte de la informacion indicada en la parte superior tambien necesitamos la siguiente informacion con su solicitud:

- Prueba de ingresos
- Prueba de que la muerte fue debido a COVID-19
- Actas de Nacimiento y/ o numeros sociales y/o
- Licencia para conducir, identificación con foto, certificado de registro electoral, etc. (documento debera tener su fotografia)
- Comprobantes de su residencia y de los gastos mensuales como un recibo de luz, agua, teléfono, recibo del pago de los impuestos de su propiedad, etc. (todos los recibos que comprueben los gastos anotados en la forma que indica sus gastos mensuales)

Por favor asegurese de que toda la información sea incluida en su solicitud. Solicitudes que no esten completas no seran procesadas hasta que no se reciba toda la información. Si usted retiene información deliberadamente usted podría dar lugar a la recuperacion de pérdidas por medio de la devolucion de pagos ó de la presentacion de cargos criminales en su contra.

Una vez que usted llene completamente la solicitud y propocione los documentos requeridos porfavor entregue todo la información a la recepcionista ó enviela a la direccion indicada en la parte superior de esta carta.

Hidalgo County Health and Human Services Hidalgo County COVID Condolence Program

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? _____

Has there been a loss of income due to COVID? _____

Was the death COVID related? _____ City: _____

Section B

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? _____

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? _____

Signature of applicant/representative
Rev: 7-29-2020

Relationship to deceased

Date

Hidalgo County Health and Human Services

Solicitud para Asistencia Funebre - COVID

Sección A

Nombre del fallecido como aparece en el acta de defunción: _____ MR#: _____

_____ Fecha de nacimiento: _____

Lugar de fallecimiento: _____ Fecha de fallecimiento: _____

Dirección antes de fallecer: _____

¿Vivía la persona en el condado de Hidalgo antes de fallecer? _____ ¿Funeraria? _____

¿La persona fallecida recibía algún tipo de medicaid? _____

¿Ha habido pérdida de ingresos debido a COVID? _____

¿La persona falleció a causa de COVID? _____ ¿Ciudad? _____

Sección B

Porfavor anote todos los miembros del hogar	Parentesco con la persona fallecida	Ingresos mensual (fuente de ingresos)	Medicaid Si ó No

Sección C

¿Tenía algún seguro prepago para entierro? _____

¿Era veterano? _____

¿Se han comunicado con la agencia funeraria? _____

¿Se ha hecho algún pago a la funeraria? _____

 Firma del solicitante/representante
 Rev. 07-29-2020

 Parentesco al fallecido

 Fecha

Attachment B

Application Worksheet

Section A

MR # _____

Name of Deceased: _____

Gender: _____

Date of Birth of Deceased: _____

Date of Death: _____

Place of Death: _____

Was the deceased a veteran? _____

Name of the deceased representative: _____

Relationship of Representative to the Deceased: _____

1. Does the deceased have any prepaid burial insurance? _____

2. Has there been a loss of income to the household due to COVID? _____

3. Is the cause of death COVID-19 related? _____

COVID Proof Provided

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Yes

No

The following questions apply to Pauper Burial Assistance Only

4. Has the family made any type of payment to the funeral home? (If yes disqualify.) _____

5. Has the family received any type of donation? (If yes disqualify.) _____

Section B

Accessible Resources of all Household Members		EXPLAIN
CASH ON HAND		
CERTIFICATE OF DEPOSIT		
CHECKING ACCOUNTS		
INSURANCE SETTLEMENTS		
LAWSUIT SETTLEMENTS		
LIVESTOCK		
LUMP SUM PAYMENTS		
NOTES, BONDS, STOCKS		
REAL ESTATE (excl homestead)		
RETIREMENT, IRAs		
SAVINGS ACCOUNTS		
VEHICLES		
OTHER RESOURCES		
TOTAL RESOURCES	\$ -	

Section C

List all household members:

	Name	DOB	Relation to deceased
1			
2			
3			
4			
5			
6			
7			
8			
9			

Section D

Income of ALL household members:

Household Members	Member 1	Member 2	Member 3	Total
Monthly Gross Earned Income				-
Standard Work Related Expenses: \$120.00	120.00	120.00	120.00	360.00
Subtotal	(120.00)	(120.00)	(120.00)	(360.00)
1/3 of above	(40.00)	(40.00)	(40.00)	(120.00)
Subtotal	(80.00)	(80.00)	(80.00)	(240.00)
LESS: Child/ Incapacitated Adult Care/CS Paid				-
Countable Earned Income	(80.00)	(80.00)	(80.00)	(240.00)
Cash Contributions				-
Child Support				-
Interest and Dividend payments				-
Retirement Benefits				-
Social Security Benefits				-
Unemployment				-
V.A. Benefits				-
Worker's Compensation				-
Other Unearned Income				-
TOTAL COUNTABLE INCOME	(80.00)	(80.00)	(80.00)	(240.00)

Total Countable Income for ALL household members: \$ (240.00)

Additional Deduction for Shelter (if needed)

Monthly Electricity Expense:	_____
Monthly Water Utility Expense:	_____
Monthly Natural Gas Expense:	_____
Monthly Telephone Expense:	_____
Monthly Mortgage/Rent Expense:	_____
Monthly Medical Expenses:	_____
Total Additional Deductions:	\$ -
Net Countable Income	\$ (240.00)
Monthly Income Standard 100%FPGL (300% COVID)	_____

**PROOF OF PAYMENT
REQUIRED**

If net countable income is lower than FPGL proceed to Section E.

48 Contiguous States and D.C.

48 Contiguous States and D.C. Poverty Guidelines (Annual)

Persons in Household	100%	133%	138%	150%	200%	250%	300%	400%
1	\$12,760	\$16,971	\$17,609	\$19,140	\$25,520	\$31,900	\$38,280	\$51,040
2	\$17,240	\$22,929	\$23,791	\$25,860	\$34,480	\$43,100	\$51,720	\$68,960
3	\$21,720	\$28,888	\$29,974	\$32,580	\$43,440	\$54,300	\$65,160	\$86,880
4	\$26,200	\$34,846	\$36,156	\$39,300	\$52,400	\$65,500	\$78,600	\$104,800
5	\$30,680	\$40,804	\$42,338	\$46,020	\$61,360	\$76,700	\$92,040	\$122,720
6	\$35,160	\$46,763	\$48,521	\$52,740	\$70,320	\$87,900	\$105,480	\$140,640
7	\$39,640	\$52,721	\$54,703	\$59,460	\$79,280	\$99,100	\$118,920	\$158,560
8	\$44,120	\$58,680	\$60,886	\$66,180	\$88,240	\$110,300	\$132,360	\$176,480

Add \$4,480 for each person over 8

Persons in Household	300% FPGL	Monthly Income
1	\$ 38,280.00	\$ 3,190.00
2	\$ 51,720.00	\$ 4,310.00
3	\$ 65,160.00	\$ 5,430.00
4	\$ 78,600.00	\$ 6,550.00
5	\$ 92,040.00	\$ 7,670.00
6	\$ 105,480.00	\$ 8,790.00
7	\$ 118,920.00	\$ 9,910.00
8	\$ 132,360.00	\$ 11,030.00

Family of 4 Income is \$90,000.00 annual

Monthly Income	\$ 7,500.00
Deductions	
Monthly Electricity	\$ (150.00)
Monthly Water Utility	\$ (50.00)
Monthly Natural Gas	\$ -
Monthly Telephone	\$ (100.00)
Monthly Mortgage/Rent	\$ (1,000.00)
Monthly Medical	\$ -
Total Monthly Deductions	\$ (1,300.00)
Net Income	\$ 6,200.00
FPGL@ 300%	\$ 6,550.00

Qualify for HCCCP Voucher up to \$2,000.00

Attachment C

HIDALGO COUNTY texas

**Department of
Health & Human Services**

1304 S. 25th Ave.
Edinburg, Texas 78542
Office: (956) 318-2011
Fax: (956) 318-2019
www.co.hidalgo.tx.us



Date: _____

Funeral Home: _____

Signature of Funeral Director

**Hidalgo County authorizes assistance for qualified applicant from the
Hidalgo County COVID Condolence Program. Voucher is approved in the
amount up to \$2,000.00**

MR#	Name of deceased	Address	City, State, Zip Code

Authorized by: _____
Eligibility Specialist – Hidalgo County

Date

The voucher should be signed and submitted with invoice for payment. All invoices and supporting documents should be submitted within 30 days of date of service.

Hidalgo County COVID Condolence Program (HCCCP)

Hidalgo County will issue a voucher for assistance with funeral, burial or cremation in the amount **up to \$2,000.00** to qualified Hidalgo County citizen who has expired due to COVID-19.

Funeral Director is willing to accept voucher from the next of kin or representative and will invoice Hidalgo County **up to \$2,000.00**.

Before Hidalgo County makes payment to the Funeral Home, the Funeral Director shall submit the following:

- Itemized invoice to include name of deceased, date of serve and type of service provided
- Record of Death or Death Certificate indicating that death was due to COVID-19
- W9 Form – only required once a year
- Vendor Application – only required once a year
- Hidalgo County Vouchers – signed by Funeral Director
- Receipt and/or cancelled check for cremation services (if applicable)
- Receipt and /or cancelled check for payment to cemetery (if applicable)
- A Copy of the Funeral Director's license.
- A Copy of the Establishment License

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number		
	-	
	-	

Employer identification number		
	-	
	-	

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

HISTORICALLY UNDERUTILIZED BUSINESS (HUB) DECLARATION

The primary objective of the Hidalgo County HUB Program is to ensure Historically Underutilized Businesses receive a fair and equal opportunity for participation in the County's procurement process. This fact holds true for Services (Professional & Non-Professional), Commodities, and Construction contracts and any subcontracts thereto. The program strongly encourages Prime Contractors to provide subcontracting opportunities to Certified Hub Contractors/Vendors. Our goal for HUB contractor/vendor participation, as well as HUB subcontractor participation is 30%. To be considered as a "Certified HUB Contractor/Vendor" the contractor/vendor must have been certified by, and hold a current and valid certification with any of the three agencies listed below.

Have you been Certified as a HUB or an MBE/WBE source?: Yes No

If yes, by whom?: Texas Building & Procurement Commission Other _____

Indicate Certification No(s): _____ or Are Certificate(s) Attached?: Yes No

LIST OF CERTIFIED HUB SUBCONTRACTORS

(Attach additional pages if necessary)

What percentage of the Bid, RFP, or RFQ is to be subcontracted with Certified HUB sources?: _____%
(List HUB Subcontractor information below).

HUB Subcontractor Name: _____ HUB Status: _____

Certifying Agency (Check all applicable): Texas Building & Procurement Commission Other

Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ Title: _____ Phone No.: () _____

Subcontract Amount: \$ _____ Description of Work to be Performed: _____

HUB Subcontractor Name: _____ HUB Status: _____

Certifying Agency (Check all applicable): Texas Building & Procurement Commission Other

Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ Title: _____ Phone No.: () _____

Subcontract Amount: \$ _____ Description of Work to be Performed: _____

HUB Subcontractor Name: _____ HUB Status: _____

Certifying Agency (Check all applicable): Texas Building & Procurement Commission Other

Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ Title: _____ Phone No.: () _____

Subcontract Amount: \$ _____ Description of Work to be Performed: _____
