

**PALM BEACH COUNTY**  
Indigent Burial / Cremation Program



# CHECKLIST

Information to determine eligibility is taken on the decedent and his or her spouse, if married. If the decedent was under 18 years of age, then eligibility is taken on the parent(s) or legal guardian. In that case, information is needed on the entire family.

The following information is needed to determine eligibility under the County IB/C Program:

1. ID (ex: Birth Certificate, Driver's License, Picture ID, Voter Registration Card, etc.)
2. Social Security Cards for the entire family.
3. Proof of income from the past 3 months.
  - Ex:
    - A print-out sheet from unemployment compensation
    - A print-out sheet from WAGES or 3 months of WAGES check stubs
    - A statement (tpqy report) from Social Security Office if receiving SS Benefits
    - W-2 Statement, 3 months check stubs, or a letter verifying 3 months of income, or a wage form completed by the decedent's employer(s), if the decedent was employed
    - Child support, alimony, pension benefits, etc.
4. Current lease, past 3 months rent receipts, or a notarized statement verifying living arrangement. If the decedent owned property, then a legal description of the property is required. **Ex: Tax Statement**
5. Proof of checking and/or saving account, stocks and/or bonds and certificate of deposit, if applicable. (Past 3 months)
6. Proof of life insurance, if applicable
7. If the decedent was in a nursing home, statement verifying date of admission and amount in Patient Trust Account
8. Family member or friend requesting the services must show ID.

**APPOINTMENT IS NEEDED. CONTACT PERSON:**

Franchesca Seymore @ 355-4766  
PBC Division of Human Services  
810 Datura Street • West Palm Beach, FL 33401





**Sources of Monthly Income**

	NET	GROSS		NET	GROSS
Employment	\$ _____	\$ _____	Unemployment Comp.	\$ _____	\$ _____
Employment	\$ _____	\$ _____	Worker's Compensation	\$ _____	\$ _____
Social Security	\$ _____	\$ _____	Child Support	\$ _____	\$ _____
VA Benefits	\$ _____	\$ _____	Other Sources (Example: Contributions, WAGES)	\$ _____	\$ _____

**Monthly Expenditures**

\$ _____	Food	<i>Food Stamps</i>	Yes	No	Amount of food stamps per month	\$ _____
\$ _____	Housing	<i>Rent</i>	<i>Mortgage</i>			
\$ _____	Utilities					
\$ _____	Insurance	<i>Life</i>	<i>Health</i>	<i>Car</i>	<i>Home</i>	
\$ _____	Other(s)	_____				\$ _____
		_____				\$ _____
		_____				\$ _____
		_____				\$ _____
\$ _____	<b>Total Expenditures</b>					

**Family Resources**

**Liquid Assets**  
 (Ex: Bank Accounts, Stocks, Bonds, CDs, etc.)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**Cars / Trucks**

Model _____	Year _____
Model _____	Year _____
Model _____	Year _____

**Palm Beach County  
Division of Human Services**



**EMPLOYMENT HISTORY**

Please list employment in your household for present and previous employers.

**APPLICANT / HEAD OF HOUSEHOLD**

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Hourly Earnings: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Hourly Earnings: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Hourly Earnings: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**OTHER HOUSEHOLD MEMBERS**

Name: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Hourly Earnings: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Name: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Hourly Earnings: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Name: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Hourly Earnings: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

