



FUNERAL AND BURIAL REIMBURSEMENT CLAIM

OFFICE USE ONLY	
Type:	
FY:	
Claim No.:	

CLAIMANT IDENTIFICATION		COMPLETE ALL ITEMS	See instructions on reverse side. Print or Type all entries except signatures.
1. SSN:			
2. Name:		Enter "NA" if an item is not applicable	
Address:			
City:			
State:			
Zip Code:			

3. Relationship to Decedent: _____

CLIENT IDENTIFICATION

4. Case Name:		5. Case Number:		6. Date of Death:	
7. Decedent's Name:		8. Social Security Number:		9. DOB:	
10. Funeral Home:		11. Cemetery:			

CHARGES		DOCUMENT AMOUNTS SHOWN	ASSETS
12. Funeral Cost:			
13. Burial Cost:			
14. Total Cost:			
15. Total Cost Paid:			

16. MAXIMUM REIMBURSEMENT may not exceed this standard, the cost of service or the total amount paid, WHICH EVER IS LESS.				REIMBURSEMENT	17. Maximum Reimbursement:		
Funeral	Burial	Total	Effective Date		Anatomical Gifts	18. Total Amount of Resources:	
\$1370	\$686	\$2056	04/01/20		Limited to \$142.00	19. Allowable Reimbursement:	

20. This is to certify that this claim is accurate and complete, that it complies with the Rules and Regulations, and that PAYMENT is hereby Approved.	21. This is to certify that the above information is true, accurate, and complete; that I have assumed responsibility for payment in full of the above identified decedent's funeral and burial expenses. I understand that this claim may be amended to comply with the Rules and Regulations of the Department of Human Services. I further understand that payment is made from State Funds and falsification of a material fact may lead to appropriate legal action.
---	---

Central Office Signature:		Claimant Signature:	
Date:		Date:	
		Claimant Telephone Number:	



FUNERAL AND BURIAL REIMBURSEMENT CLAIM

INSTRUCTIONS FOR COMPLETION OF IL 444-0094

(Review form for completion to eliminate delay in processing)

This form is used to reimburse the person who has assumed full responsibility for the funeral and burial expense of a deceased Department of Human Services recipient. When two or more persons have been party to the arrangements, one must be designated to file the claim for reimbursement since only one claim will be accepted.

The following identified persons will **NOT** be reimbursed.

1. A beneficiary of the decedent's life insurance, unless insurance proceeds are less than the appropriate reimbursement standard.
2. The decedent's spouse.
3. A parent of a decedent under 18 years of age.

Time Limitations

1. A written explanation must accompany claims not submitted in 30 days of death.
2. Claims not submitted in 180 days of death will be denied.
3. Claims returned to claimants will be denied if not resubmitted in 90 days.

INSTRUCTIONS FOR COMPLETION OF ITEMS

Items

- 1-3. Enter claimant information.
- 4-9. Enter client information.
- 10-11. Enter funeral home and cemetery names.
- 12-13. Enter total funeral cost and burial costs. Item 14 will be calculated based on entries for items 12 and 13.
15. Enter actual total cost paid by claimant for funeral and burial.
17. Enter total allowable reimbursement amount as listed in item 16.
18. Enter amount to offset funeral costs from resources.
19. Allowable reimbursement will be calculated.
20. Local Office review and certification block. Must be signed and dated by appropriate local office staff.
21. Claimant certification block. Claimant must sign, date and enter a valid telephone number.

ATTACH SEPARATE SHEET TO EXPLAIN UNUSUAL CIRCUMSTANCES