VILLAGE OF COVINGTON, OHIO

ORDINANCE NO. 13-24

AN ORDINANCE APPROVING, ADOPTING AND ENACTING AN INDIGENT BURIAL ASSISTANCE POLICY AND APPLICATION

WHEREAS, the Village of Covington recognizes the responsibility to provide for the dignified burial of deceased residents who are indigent and unable to afford burial expenses; and

WHEREAS, the Ohio Revised Code (ORC) provides guidelines for the handling of indigent burials within municipalities;

NOW THEREFORE, BE IT ORDAINED by the Legislative Authority of the Village of Covington, State of Ohio, that:

SECTION 1: Indigent Burial Assistance: the Village of Covington in accordance with Ohio Revised Code 9.15 coordinates and funds the cremation or donation of the deceased to assist the families of the deceased who do not have the appropriate assets to fund the cost of expenses.

SECTION 2: The deceased must meet the following requirements:

- Be a resident of the Village of Covington at the time of death.
- The deceased and responsible family member/s do not have sufficient assets to cover cost of burial expenses; must be indigent.

Determination of Residency: the Village recognizes that there is no statutory definition of residence, therefore, the Village of Covington will consider a person to be a resident of the Village, if the person at the time of death, had a physical presence in the Village, coupled with proof of permanent residency of at least (12) months and proof will be established as follows:

- Municipal income tax account in good standing
- Purchased real property located within the Village.
- A driver's license, state identification, or valid passport reflecting a Village of Covington address.

SECTION 3: Determination of Indigency: in making a determination of the indigence of the deceased person, the Village of Covington will consider the following elements:

- The ready availability of real or personal property of the decedent, which if sold, would provide sufficient funds for the person's burial.
- Any employment death benefits, pensions, annuities, social security, unemployment compensation, life insurance proceeds made payable

to decedent's estate, cash on hand or other financial resources available to decedent.
- Inheritance, number and ages of dependents, outstanding debts, obligations, and liabilities.
- Any relevant facts concerning the financial means of the decedent.

When determining the indigency status of the person claiming the deceased's body, the Village of Covington will consider ORC 9.15(c) which defines "indigent person" as someone whose gross income does not exceed 150% of the federal poverty line for a family size equal to the size of the person's family. Gross income includes all household members, minus the wages of salaries earned by dependent minors under 18 years of age. Gross income will be based upon all pre-tax wages and earnings from employment, interest, annuities, pensions, Social Security, retirement, employment disability, public assistance, Supplemental Security Income (SSI), alimony, child support, unemployment benefits, Workers' Compensation, and any other indirect income. It does not include noncash benefits, i.e. food stamps and housing subsidiaries, or capital gains and losses.

SECTION 4:

Provided Services:

- the Village will only provide cremation services or for the donation of the body to a university or medical facility for unclaimed bodies or indigent residents when such persons are deemed to be the responsibility of the Village.
- The Village will only pay the basic expenses of not more than ($750.00) associated with the cremation and will utilize funeral homes within the Village for needed services.
- The applicant must provide proof of residency as well as proof of indigent circumstances of the deceased.
- The Village reserves the right to recover costs from any life insurance, social security, monetary gains from estate sales, and any available funds at the time of death and future.

SECTION 5:

Application of Indigent Burial Process:

1. Contact the Village of Covington to obtain the Indigent Burial Policy, Ordinance, and application (Exhibit A)
2. Read documents in their entirety and understand that the Village of Covington only offers basic cremation services and will only pay the Funeral Home directly outlined in this ordinance.
3. Submit a completed and signed application to the Village
4. Provide decedents proof of residency to the Village of Covington at time of death.
5. Provide full disclosure of any and all assets the decedent may have including unclaimed benefits, cash and life insurance policies.
6. The application must be filled out and approved before any services take place. The applicant will be notified in a timely manner after the Village receives application. The Village of Covington does NOT reimburse for the cost of a cremation done prior to the approval of the application.
7. Submit the application for cremation assistance once it is filled out in

its entirety for review. The application must be signed, notarized, and delivered to the Village of Covington at 1 South High St., Covington, OH 45318 during normal business hours between 8:00AM and 4:00 PM.

SECTION 6: This ordinance shall take effect at the earliest date provided by law.

ADOPTED: June 3, 2024:

_____
Lee Harmon, Mayor

_____
Derrick Canan, President of Council

_____
Rhonda Gill, Fiscal Officer

VILLAGE OF COVINGTON, OHIO
INDIGENT BURIAL APPLICATION & AFFIDAVIT OF INDIGENCY

PERSONAL INFORMATION

Name of Deceased	Social Security Number	Date of Birth Date of Death
Mailing Address	City, State, Zip	Phone
Residence (if different from above)	City, State, Zip	Message Phone

OTHER PERSONS LIVING IN HOUSEHOLD

Name 1)	Age	Relationship	Name 2)	Age	Relationship
3)			4)		

PART A: MONTHLY INCOME & EMPLOYMENT INFORMATION

Type of Income	Deceased	Spouse	Household Members	Total
Employment (gross)				
Unemployment				
Worker's Comp.				
Pension				
Social Security				
Child Support				
Works First/TANF				
Disability				
Other				
Other				
Employer's Name			TOTAL A	$
Employer's Address			Phone	

PART B: ASSET INFORMATION

Type of Asset	Describe/Length of Ownership/Make, Model, Year (where applicable)	Estimated Value
Real Estate / Home		
Stocks/Bonds/CD's		
Automobiles		
Trucks/Boats/Motorcycles		
Other Valuable Property		
Cash on Hand		
Money Owed to Deceased		
Other/Life Insurance		
Checking Account (Bank/Account Number)		
Savings Account (Bank/Account Number)		
Credit Union (Name/Account Number)		
	TOTAL B	$

PART C: MONTHLY LIABILITIES/OTHER EXPENSES

Type of Liability	Amount	Type of Liability	Amount
Rent/Mortgage	$	Cable	$
Food	$	Water/Sewer/Trash	$
Electric	$	Credit Cards	$
Gas	$	Loans	$
Fuel	$	Taxes Owed	$
Telephone	$	Other	$
TOTAL COLUMN	$	TOTAL COLUMN	$

PART D: APPLICATION FOR BURIAL OF INDIGENT PERSON

1. Place of Death _____ Date of Death _____

2. Was the deceased receiving Social Security benefits? *Yes / No*

3. What kind of Social Security benefits was the deceased receiving?
   Retirement _____ Disability _____ Widows _____ Other (specify) _____

4. Was the deceased receiving any other benefits? SSI_____ ADC _____
   General Relief _____ Other (specify) _____

5. Was the deceased ever in the military service? *Yes / No*
   Branch of Service _____ From _____ To _____

6. Is the deceased eligible for death benefit from any agency? *Yes / No*
   Specify agency _____

7. Was the deceased ever married? *Yes / No* To Whom_____ Date of marriage_____

8. Was the deceased living with spouse at the time of death? *Yes / No*
   If no, please state why _____

9. List all children of deceased (natural, adopted, step):

   Name:_____ Age____ Name:_____ Age _____
   Name:_____ Age____ Name:_____ Age _____
   Name:_____ Age____ Name:_____ Age _____

10. List all employers for whom the deceased worked during the past five (5) years:

    Name:_____ From _____ To _____
    Name:_____ From _____ To _____
    Name:_____ From _____ To _____

11. Does the deceased own: Real Estate _____ Car_____ Home Furnishings_____

12. Was the deceased covered by any type of insurance? *Yes / No*

13. Has application for burial allowance been filed with any other source? *Yes / No*
    Name of source_____

PART E: (To be completed by person requesting Village assistance for the deceased)

1. Name of person applying for assistance: _____

2. Address: _____ Telephone: _____

3. Deceased Person: _____ Relationship: _____

4. Annual income $_____ Place of Employment _____

5. Do you own your home? *Yes / No* Do you own any other real estate? *Yes / No*

6. Monthly obligations (specify):
   Item _____ Amount $_____
   Item _____ Amount $_____
   Item _____ Amount $_____

7. Was the deceased a member of your household during the past twelve (12) months: *Yes / No*

8. Did the deceased person turn over to you any money, bank account, property, etc. during the past five (5) years? *Yes / No* If yes, please list items turned over to you:
   _____

9. Was the deceased person making any financial contribution to you during the past five (5) years? *Yes / No*

10. Are there any other assets of value (i.e. stocks/bonds/etc.)? *Yes / No* If so, please list the value and description:_____

PART F: AFFIDAVIT OF INDIGENCY

I, on behalf of the deceased, being duly sworn, say:

I hereby certify that the information I have provided on this financial disclosure and application form is true and accurate to the best of my knowledge. I hereby certify that the estate of the deceased person is insufficient to pay the cost of interment. I authorize that any monies which may be received, or made available by any person, agency, or other governmental unit, applicable to the cost of interment of the deceased person be deposited with the Village of Covington, Ohio, to be applied against the total cost of interment of the deceased person named above.

_____ _____
Date Applicant's signature

Notary Public:

Subscribed and duly sworn before me according to law, by the above named applicant this _____day of _____, _____ at _____, County of _____, and State of _____.

_____

Notary's signature

PART G: (To be completed by the funeral director)

The funeral director handling the interment of a deceased person who died without adequate funds to provide for the cost of such interment and who has no living or responsible relative may make direct application to the Village of Covington, Ohio. It is understood that the funeral director will secure information relative to the deceased person and complete Part D of this application. Part F of this application must be completed by the funeral director of all indigent burials.

1. Minimum burial service will be provided for the following deceased person:
   Name_____ SSN (optional)_____

2. Has any other person, agency, or governmental unit assumed any responsibility for payment of any portion of the burial expense? *Yes / No* If yes, what amount $_____

3. If partial payment has been received or will be received, list the names and addresses of the individual, agency, or governmental agency that has made or will make such payment:
   Name _____
   Address _____

4. Has application for burial allowance been filed (or will be filed) with any agency? *Yes / No*

5. To the best of your knowledge, was the deceased covered by any private insurance agency?
   Yes / No

6. Date of Interment _____
   Place of Interment _____

I hereby authorize the Social Security Administration to make payment or give notice of nonpayment of burial allowance to the Village of Covington, 1 S. High St., Covington, OH 45318.

_____ _____
(Witness) (Signature of Funeral Director)

_____ _____
(Date) (Name of Funeral Home)

_____ _____
(Address of Funeral Home) (Telephone No. of Funeral Home)

PART H: VILLAGE CERTIFICATION

☐ I have determined that the deceased meets the criteria for receiving village burial benefits.

☐ I have determined that the deceased does not meet the criteria for receiving village burial benefits.

_____ _____
Date Village of Covington Representative's signature