

**HABERSHAM COUNTY BOARD OF COMMISSIONERS**

**EXECUTIVE SUMMARY**

**SUBJECT:** Revisions to the Habersham County Indigent Burial Resolution

**DATE:** March 4, 2019

**RECOMMENDATION**

**POLICY DISCUSSION**

**BUDGET INFORMATION:**

**STATUS REPORT**

**ANNUAL-**

**OTHER**

**CAPITAL-**

**COMMISSION ACTION REQUESTED ON:** March 18, 2019

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**PURPOSE:**

To seek Commission approval for revisions to the Habersham County Indigent Burial Resolution and related documents.

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**BACKGROUND / HISTORY:**

- On November 21, 2005 the Habersham County Board of Commissioners adopted a Resolution Establishing Parameters for Financial Assistance for Indigent/Pauper Burials.
  - On June 14, 2014, the Habersham County Board of Commissioners adopted a Resolution Establishing Parameters for Financial Assistance for Indigent/Pauper Burials, which revised the amount provided for interment services and revised who applications were to be made to from the County Manager to the County Clerk.
  - State law has changed to reflect that “the governing authority of the county wherein the death occurs” shall issue reimbursement. Our resolution and affidavit do not reflect this change in state law, but rather, state that the deceased individual must reside in the county.
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**FACTS AND ISSUES:**

- These revisions:
    1. make our resolution and affidavit consistent with state law
    2. create procedures for processing these types of requests
    3. include the creation of an application
  - DFACS and each of the local funeral homes in the county have been contacted. All are agreeable to the certifications and processes included in the attached.
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**OPTIONS:**

- 1) Approve revisions to the Habersham County Indigent Burial Resolution and related documents.
  - 2) Deny revisions to the Habersham County Indigent Burial Resolution and related documents.
  - 3) Commission defined alternative.
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**RECOMMENDED SAMPLE MOTION:**

I move to approve revisions to the Habersham County Indigent Burial Resolution and related documents as reflected in the attached.

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**DEPARTMENT:**

Prepared by:

Director: \_\_\_\_\_

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**ADMINISTRATIVE  
COMMENTS:** \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_ **DATE:** \_\_\_\_\_

County Manager

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**A RESOLUTION ESTABLISHING PARAMETERS AND PROCEDURES FOR FINANICAL ASSISTANCE FOR INDIGENT BURIALS AND CREMATIONS**

**WHEREAS**, O.C.G.A. § 36-12-5 requires County governments, whenever any person dies within said county and the decedent, his or her family, and his or her immediate kindred are indigent and unable to provide for the decedent's decent interment or cremation, to “make available from county funds a sum sufficient to provide a decent interment or cremation of the deceased indigent person or to reimburse such person as may have expended the cost thereof voluntarily, the exact amount thereof to be determined by the governing authority of the county but shall not exceed the lesser of the actual costs of interment or cremation.”, and;

**WHEREAS**, on November 21, 2005 the Habersham County Board of Commissioners adopted a Resolution Establishing Parameters for Financial Assistance for Indigent/Pauper Burials and;

**WHEREAS**, on June 14, 2014, the Habersham County Board of Commissioners adopted a Resolution Establishing Parameters for Financial Assistance for Indigent/Pauper Burials, which revised the amount provided for interment services and who applications were to be made to, and;

**WHEREAS**, County staff has reviewed the existing resolutions and propose that the Procedures for Funeral Assistance for Indigent Residents, attached hereto, be established, and;

**NOW THEREFORE, BE IT RESOLVED**, by the Habersham County Board of Commissioners, duly assembled this 18th day of March 2019 that:

1. Applications for assistance in the provision of indigent funds for interment or cremation services shall be made to the County Clerk following the procedures attached hereto.
2. Applications which do not follow the attached procedures and/or are incomplete will not be accepted.
3. The attached forms, including the affidavit, must be fully executed to access said funding or reimbursement.
4. The County will provide \$700 for interment or cremation services upon completion of the attached application and affidavit.

All other resolutions pertaining to the provision of indigent funds by Habersham County are hereby repealed.

BY: \_\_\_\_\_

Chairman Stacy Hall

The above Resolution was adopted by the Habersham County Board of Commissioners on this 18th day of March 2019.

ATTEST: \_\_\_\_\_

Lindsay Underwood, County Clerk

## **HABERSHAM COUNTY PROCEDURES FOR FUNERAL ASSISTANCE FOR INDIGENT RESIDENTS**

### **Overview**

Pursuant to O.C.G.A. §36-12-5, whenever any person dies in this county and the decedent, his or her family, and his or her immediate kindred are indigent and unable to provide for the decedent's decent interment or cremation, the Habersham County Board of Commissioners shall make available from county funds a sum sufficient to provide a decent interment or cremation of the deceased indigent person or to reimburse such person as may have expended the cost thereof voluntarily, the exact amount thereof to be determined by the Habersham County Board of Commissioners but shall not exceed the lesser of the actual costs of interment or cremation.

This assistance is only provided to deceased individuals, and their immediate family, who qualify as being indigent, meaning they have no other source, whether it be personal and/or property possessions, available for a decent interment or cremation of the deceased.

The deceased individual must have died in Habersham County to be eligible for indigent funds at the County's expense.

### **Application, Determination of Eligibility, and Procedures**

An application for indigent burial or cremation at the County's expense must be made by the next of kin of the deceased, as the person who, in accordance with O.C.G.A. §31-21-7, would be responsible for payment of interment or cremation services. The next of kin must complete the attached application and affidavit attesting that the deceased, and all immediate kindred, are indigent and unable to provide for a decent interment or cremation. The affidavit is to be completed by the applicant and notarized in the presence of a sworn notary public.

The attached application and affidavit and application will be provided and reviewed by the Habersham County Department of Family and Children Services (DFACS) office.

#### **Habersham County DFACS**

##### Physical Address

1045 Grant St.

Clarkesville, GA 30523

##### Mailing Address

P.O. Box 160

Clarkesville, GA 30523

##### Phone

706-754-2148

##### Fax

706-754-9670

Once Habersham County DFACS completes their certification portion of the application, either DFACS or the applicant will submit the forms to the applicant's funeral home of choice.

Once the funeral home receives the signed, notarized, and DFACS certified affidavit, the funeral home must complete their certification portion of the affidavit. Once the funeral home's certification portion is complete, they must mail or fax the fully executed application, affidavit, and certifications with an invoice to the County Clerk. The County Clerk will only process payment once all portions of the application, affidavit, and certifications are complete by DFACS and the funeral home, and an invoice is received from the funeral home.

### **When There is No Next of Kin**

In the event that there are no next of kin with whom to communicate regarding interment or cremation, a funeral home will be selected by DFACS on a rotational basis. The funeral home selected may make an application for indigent burial or cremation to Habersham County by following these same procedures and submitting fully executed forms with an invoice from the funeral home.

### **Reimbursement to the County**

In the event that a deceased person was initially determined to be eligible for indigent burial expenses at the time of death, but it is later evident that the estate had possessions or funds that would categorize the deceased as ineligible for indigent funds, Habersham County has the right to file a claim against the estate and recoup any indigent funds expensed.

**APPLICATION**

Application made by: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to the Deceased: \_\_\_\_\_ (Must be Next of Kin)

Name of the Deceased: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Address at Time of Death: \_\_\_\_\_

Place of Death: \_\_\_\_\_

Was the Deceased a U.S. Citizen?  Yes  No (must be a U.S. Citizen to qualify)

Did the deceased own any property and/or personal possessions at the time of their death? If so, what was the total estimated value of the property/personal possessions (please provide detail below)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the total estimated value of the decedent's property and/or personal possessions is greater than \$200.00 the person shall be ineligible for indigent funds.

Do you currently own any property and/or personal possessions? If so, please provide a total estimated value and detail below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the total estimated value of the applicant's (or next of kin's) property and/or personal possessions is greater than \$200.00 the person shall be ineligible for indigent funds.

**AFFIDAVIT**

To be completed by the applicant and notarized in the presence of a sworn notary public.

**STATE OF GEORGIA  
COUNTY OF HABERSHAM**

Personally appeared before the undersigned officer, I \_\_\_\_\_,  
who, after having been first duly sworn, states on oath that he/she resides at \_\_\_\_\_  
\_\_\_\_\_ and is next of kin to  
\_\_\_\_\_, the deceased, who died on the \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_. Affiant further states that the decedent's residence  
address was \_\_\_\_\_  
\_\_\_\_\_ and that, to the best of the  
affiant's knowledge, the deceased died in Habersham County.

Affiant states that he/she is next of kin to the above-named decedent as  
\_\_\_\_\_ (nature of relationship).

Affiant states that the decedent, their family, and their immediate kindred are indigent and  
are unable to provide for decedent's decent interment or cremation. Affiant states under oath that  
the information given in this Affidavit is based upon his/her personal knowledge and is intended  
for the purpose of application for County funds to assist in the provision of interment of the  
decedent above-named. Affiant acknowledges that the amount of County funds available for such  
purpose is determined by the Habersham County Board of Commissioners pursuant to O.C.G.A.  
§36-12-5.

Further affiant sayeth not.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Affiant

Sworn to and Subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
Commission Expires \_\_\_\_\_.

[SEAL]

**CERTIFICATIONS**

**Certification of the Habersham County Department of Family and Children's Services**

I hereby certify that to the best of my knowledge based on the answers provided to me in response to the questions in the application, the interment of \_\_\_\_\_ (Name of Deceased), their family, and their immediate kindred are indigent and are unable to provide for decedent's decent interment and require County funds available for such purpose as determined by the governing body of the County pursuant to O.C.G.A. §36-12-5.

If the above-named decedent has no known next of kin, I hereby certify that the funeral home selected was selected in accordance with Habersham County's indigent burial/cremation policies on a rotational basis, with no preference given.

\_\_\_\_\_  
Printed Name of DFACS Employee Completing Certification

\_\_\_\_\_  
Signature of DFACS Employee Completing Certification

\_\_\_\_\_  
Date

**Certification of Funeral Home**

Name of Funeral Home and Contact Person: \_\_\_\_\_

Contact Person's Phone/Email: \_\_\_\_\_

I certify that, \_\_\_\_\_ (Next of Kin/Applicant Name) is the individual responsible for payment of the interment services for \_\_\_\_\_ (Name of Deceased), as reflected on the invoice attached hereto.

I further certify that a request for reimbursement has not been made for the decedent prior to this request.

\_\_\_\_\_  
Printed Name of Authorized Agent for Funeral Home

\_\_\_\_\_  
Signature of Authorized Agent for Funeral Home

\_\_\_\_\_  
Date