

White Pine County  
297 11<sup>th</sup> Street East  
Suite 7  
Ely, NV 89301

Phone: (775) 293-6528  
Fax: (775) 289-2405

## White Pine County Social Services

We are very sorry for your loss and understand this is a very difficult and emotional time for family and friends. We will do our best to speed this process along as fast as we can.

To process an application for County Burial/Cremation the following documents are needed from the deceased:

- Proof of income for the past 30 days, all income.  
Award letter for Social Security, Disability, VA Benefits, Pension, Retirement, etc.  
  
and/or
- Bank Statement(s) showing balance on date of death for all accounts or at least the latest statement.  
If the funds of the deceased have been used to pay outstanding bills after their death, we will need a copy of all receipts to verify where the money went.
- Copy of driver's license, utility bill, or other proof of residence.
- If you are **related by blood and/or marriage** to the deceased we will need a copy of your last 30 days of household income, a copy of your current bank statement or a copy of your last federal income tax return to verify you do not have the resources to bury/cremate your family member.

Please allow 24 hours processing time on your application after we have all documents that are required.

The county has a contract with Mt. Vista Chapel and the City of Ely. The contracts stipulate exactly what services are to be provided so no upgrades or changes can be made.

Mt. Vista Chapel will be contacted directly regarding the status of your application. If burial is to take place Mt. Vista Chapel will make the necessary arrangements with the City of Ely. If the deceased is a veteran Mt. Vista Chapel will assist in providing a service honoring their contribution to their country.

If you have any questions regarding this process please feel free to ask them at any time.

# White Pine County Social Services Application For **BURIAL**

**APPLICATION MUST BE FILLED OUT COMPLETELY, OR ASSISTANCES WITH BE DENIED**

Name of Deceased:	SSN:	Date of Birth:	
Your Name:	Relationship:	Your Phone:	
Their Physical Address:	City:	State:	Zip:
Was there a Will? [ ] Yes [ ] No [ ] Unknown	Will Probate of an Estate be Opened? [ ] Yes [ ] No		
Employer of Source(s) of Income of the deceased.			

## ENTER FOR THE DECEASED:

Type	Yes	No	Financial Organization & Address	Account Number	Value Now
Checking Account					
Checking Account					
Saving Account					
Credit Union Account					
Christmas Club					
Trust Account					
Safe Deposit Box					
Saving Bonds					
Stocks or Bonds					
Time Certificates					
IRA, Keogh, Retirement					
Funeral Plan					
Cash/Other					

Was the Deceased a Veteran: [ ] Yes [ ] No [ ] VA Benefits

Did they own a vehicle? [ ] YES Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ [ ] NO

HOUSEHOLD MEMBERS (ADULTS LIVING WITH DECEASED)	AGE	RELATIONSHIP	SOCIAL SECURITY #
CHILDREN	AGE	RELATIONSHIP	SOCIAL SECURITY #
OTHER			

Housing: [ ] Own/Buying [ ] Rent [ ] Homeless [ ] Other, please specify:  
 \_\_\_\_\_

When did they move to Nevada? \_\_\_\_\_ To White Pine County? \_\_\_\_\_

Are they a legal US citizen? [ ] YES [ ] NO

If not do they have a green card or on a work visa? [ ] YES [ ] NO

**COMPLETE FOR THE DECEASED AS BEST AS YOU CAN. WERE THEY RECEIVING THE FOLLOWING?**

<b>What Services</b>	<b>Receiving</b>	
	<b>Yes</b>	<b>No</b>
<b>Child Support/Alimony</b>		
<b>Unemployment</b>		
<b>SSI (Supplemental Security Income)</b>		
<b>Social Security Income</b>		
<b>\$ Rec'd for Education (Grants)</b>		
<b>VA Benefits</b>		
<b>Indian General Assistance</b>		
<b>Military Allotment</b>		
<b>Money from Relatives</b>		
<b>Disability (SIIS, Rehab, etc.)</b>		
<b>Retirement, Pensions</b>		
<b>Interest (Stocks, Bonds)</b>		
<b>\$'s from Rentals</b>		
<b>Utility Allowance</b>		
<b>Boarders/Roommates</b>		
<b>TANF</b>		
<b>Any other Income:</b>		

**Did the deceased liquidate any assets such as cash, property, vehicles, and bank accounts within the past 30 months that are no longer owned?     Yes     No**

**What was it? \_\_\_\_\_ Value \$ \_\_\_\_\_**

**Reason for no longer owning it? \_\_\_\_\_**

**Money received for it \_\_\_\_\_ When \_\_\_\_\_ is there a balance still due to you?     Yes     No**

**Please explain why you are requesting the County provide these services rather than the family of the deceased. If you are a family member please provide your proof of income for the past 30 days.**

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We would like Cremation Only \_\_\_\_ Cremation & Burial \_\_\_\_ Burial Only

**I hereby state that the above information is true and correct to the best of my knowledge. I understand that if any of the above information provided is found to be grossly false, misleading, or flagrant misrepresentation of the facts I will be denied County burial/cremation services for the deceased.**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

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# White Pine County Social Services

## PROMISSORY NOTE

I \_\_\_\_\_, pursuant to Nevada Revised Statue 451. 023 agree to reimburse White Pine County for burial/cremation expenses for \_\_\_\_\_ at the time assets owned by the deceased are sold.

I understand White Pine County will place a Creditors Claim against this property. The Creditors Claim will be relinquished at the time the expenses paid by White Pine County are repaid in full.

Printed Name: \_\_\_\_\_

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

Date: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Witnessed by: \_\_\_\_\_

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

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# White Pine County Social Services

## Authorization for Release of Information

I understand that an investigation may be made in which information regarding my financial, medical, employment, or any other applicable situation may be received in consideration for assistance from White Pine County Social Services. I authorize anyone possessing this information to furnish it to White Pine County Social Services upon request, and I release White Pine County Social Services from all liability and damages whatsoever in furnishing, obtaining or using said information.

I authorize any health professional or healthcare facility to release to White Pine County Social Services, any information with respect to myself that may be related to me gaining assistance from White Pine County Social Services, including any relevant review of drug, alcohol, or psychiatric treatment.

I fully understand that my healthcare records will be used in accordance to all HIPAA rules and regulations and that White Pine County Social Services does not have the authority to share my healthcare records with any other agency without my written consent.

I certify that all statements are true to the best of my knowledge, and I agree and understand that any misstatements or omissions of material facts on my part may result in a suspension or denial of services and/or prosecution even after I have received assistance from White Pine County Social Services.

	
_____ <b>Signature</b>	_____ <b>Date</b>
_____ <b>Social Security Number</b>	
_____ <b>Staff Witness</b>	_____ <b>Date</b>



## **PRIVACY NOTICE**

White Pine County Social Services will not disclose non-public, personal information to any non-affiliated third party except as required by law.

OR

With the client's written permission.

Client information will not be accessible to any persons other than authorized Services Provider Personnel, or Authorized Personnel for White Pine County, HUD, CSBG, WSAP or CARE (Mt. Wheeler Power), or other partnering agencies for eligibility, Compliance Monitoring and/or Audit purposes.

### **COMPLAINTS:**

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

**Desiree Barnson  
White Pine County  
Social Services Director  
297 11<sup>th</sup> Street East, Suite 7  
Ely, NV 89301**

**IF** you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address.

You will not be penalized or otherwise retaliated against for filing a complaint. We can only improve what and how we do it with your feedback.

Acknowledged Receipt: \_\_\_\_\_

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