

Gray, Donita - OWCP

From: Brian Neal -DHS- SSC <brian.neal@maryland.gov>
Sent: Tuesday, October 17, 2017 9:30 AM
To: Gray, Donita - OWCP
Cc: Thomas Smith -DHR- SSC; Patricia Rojas -DHR- SSC
Subject: Burial Assistance Contact Email # 1563

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CRM WO# 428730

Tuesday, October 17, 2017

Sorry for your loss. We have received your CONTACT US email from our website and want to assist you in getting your issue resolved. The **Burial Assistance Program** provides limited assistance to help with funeral expenses of deceased recipients of assistance programs when their families cannot afford funeral costs. The program helps by providing a benefit to the funeral director when the deceased individual was either receiving assistance or met the eligibility requirements of a program administered by Maryland Department of Human Services. Such programs may include – Foster Care, Temporary Cash Assistance (TCA), SSI recipients and Medical Assistance. A newborn child who was not a part of the TCA assistance and individuals receiving TDAP (Temporary Disability Assistance Program) may also be eligible.

The program provides a payment not to exceed \$650 when funeral expenses total less than \$2500. The cost of burial plots, vaults, grave digging, and burial clothing contributed by family members and friends may be excluded when counting funeral expenses. An application for Burial Assistance must be filed on behalf of the deceased individual. You may apply in person at Prince Georges County Department of Social Services located at 4235 28th Avenue in Temple Hills.

According to the state regulations for the Burial Assistance program, below are listed the categories in which one may qualify to start the process for applying for Burial Assistance. If your loved one does not qualify in one of the five (5) noted categories, we unfortunately would not be able to assist in this matter.

Burial assistance funds are Maryland State General funds that pay for the funeral expenses of a deceased person without other means of payment who, at the time of death, is:

1. A child receiving foster care through the Social Services Administration (SSA) at DHR.

2. A public assistance recipient, even if the grant was suspended but not cancelled. Public assistance is a cash grant and includes:

- a. Public Assistance to Adults (PAA)
- b. Mandatory State Supplement (MSS)
- c. Temporary Cash Assistance (TCA)
- d. Temporary Disability Assistance Program (TDAP)
- e. Supplemental Security Income (SSI)

3. A recipient of Medical Assistance in a long term care facility at the time of death who, prior to admittance, received SSI

4. A newborn child who is not part of the assistance unit if:

- a. The child's mother receives TCA, and
- b. The child died not more than 60 days after its date of birth or the date of the mother's release from the hospital in which the birth occurred, whichever is later

5. An individual who, after filing an application, is considered eligible for the Temporary Disability Assistance Program (TDAP) even though he or she has not actually received assistance

If your loved one fits into one of these categories, please come into the local office closest to where your loved one lived, and submit an application. We will need confirmation of death (death certificate), available resources of the person financially responsible for the support of your loved one, and a copy of the funeral arrangements. Once this information is provided, additional guidance will be provided.

Name Donita Gray

Phone [\(240\) 501-5663](tel:(240)501-5663)

Address [1909 Oakwood Street](#)
[Temple Hills, Maryland 20748](#)
[United States](#)

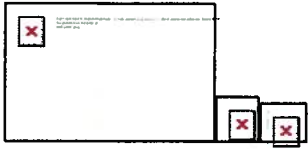
County Prince Georges

Email gray.donita@dol.gov

Paragraph

My husband currently received Disability and has now passed suddenly. I am in need of

financial support to help pay for funeral costs.



Brian Neal
Senior Ombudsman, Office of The Secretary
Constituent Services Office
Maryland Department of Human Services
311 W. Saratoga Street
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(410) 767-8376 (office)

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Click [here](#) to complete a short customer satisfaction survey.  
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DEPARTMENT OF HUMAN RESOURCES
INCOME MAINTENANCE ADMINISTRATION

162/South County

Department of Social Services
November 8, 2017

NAME maurice gray

APPLICATION ELIGIBILITY NOTICE

Date of Notice : _____

ADDRESS

1909 oakwood street

HOH CL ID#: 484045586

temple hills, md 20748

New Worker. priority service

Telephone Number: (301) 316-7700

On october 20, 2017, you applied for one or more of Maryland's assistance programs. This letter is about your eligibility for those programs. Please read the front and back of this letter carefully. Your new worker is shown above. The information checked below applies to you:

A. APPROVALS: You are eligible for:

- ☐ 1. AFDC beginning in _____. The amount of your first check will be \$ _____. Your regular monthly check will be \$ _____.
- ☐ 2. Disability Assistance and Loan Program for the months _____ through _____. Your regular monthly check amount will be \$ _____.
- ☐ 3. Food Stamps for the months of _____ through _____. The first month you will receive \$ _____ which covers the months of _____. After this month you will receive \$ _____.
☐ We postponed asking you for information because you needed food stamps right away.
- ☐ 4. Medical Assistance for the period _____ through _____.
- ☐ 5. Medical Assistance for the past period _____ through _____.
- ☐ 6. Medical Assistance under spend-down provisions for the period _____ through _____. The net amount of income considered is \$ _____ and the amount of medical expenses considered is \$ _____. The medical expenses considered in establishing your spend-down eligibility remain your obligation and will not be covered by your Medical Assistance card.
- ☐ 7. _____

B. DENIALS: You are NOT eligible for:

- ☐ 1. AFDC.
- ☐ 2. Disability Assistance and Loan Program.
- ☒ 3. The Rental Assistance burial _____ Program.
- ☐ 4. Food Stamps.

- ☐ If you provide the information requested on the attached form by the date shown, you will not have to reapply.
- ☐ 5. Medical Assistance for the period _____ through _____.
6. Medical Assistance for the past period _____ through _____.
7. Medical Assistance for the period _____ through _____ due to more income than is allowed. You may become eligible if you receive medical services before the end of the above period. Enclosed is a sheet which tells you how to keep records of your expenses. If your medical expenses, not counted by insurance or other sources, equal \$ _____ before _____, you should immediately report to your Local Department of Social Services.

THE REASON FOR THE ABOVE-CHECKED DENIALS ARE you made arrangements already and paid funeral service

COMAR CITATIONS _____

MS. LONDON

(301) 316-7824

Worker's Signature

Telephone Number

PUBLIC ASSISTANCE

Household Size _____
Standard of Need _____
Allowable Gross Income _____
Gross Income _____
Total Deductions _____
Net Income _____
Maximum Benefit Amount _____
Grant Amount _____
Recoupment Amount _____
Local Supplement _____
AFDC Special Pay _____
Net Check Amount _____

FOOD STAMPS

Household Size _____
Allowable Gross Income _____
Gross Income _____
Total Deductions _____
Net Income _____
Net Allowable Income _____
Benefit Amount _____
Recoupment Amount _____
Benefit Amount Issued _____

MEDICAL ASSISTANCE INCOME

Total Income _____
Total Deductions _____
Countable Income _____
Allowable Income _____
RESOURCES:
Total Resources _____
Allowable Resources _____

THE INFORMATION BELOW WAS USED TO DETERMINE FINANCIAL NEED AND GRANT AMOUNT