

## **DESIGNATION OF RESOURCES FOR BURIAL FUNDS**

Applicant/Recipient:				SSN:	
Spouse's Name:				SSN:	
exclusion of resources) w  th  kee  This exclusion may designate	Medicaid and State Funded Program \$2500. This means that up to this a will not be counted when the department of the funds are clearly designated as been separate from non-burial resource on applies to each person, the indiving the resources for burial for any monthesesary to list the resource(s) the program is the second of the second	mount of fund ent determine eing set aside es, unless im dual requesti n, including th	ds (or, if not fues eligibility for for burial, and appossible to see three month	unds, this value of or Medicaid assista d eparate. e and the individuans prior to the mor	non-liquid ance, as long as: l's spouse. You ath of application.
Resource Type	Resource Description (include name of financial institution, insurance company, location, account or policy number, etc.)	Resource Value	Amount Designated	Name of Owner	Name of Designated Person
an explanation	de proof to my public assistance specton of why they can not be separated ion within ten days, the department of	, within ten da	ays of signing	this statement. If	I do not provide
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☐ I DO NO	OT wish to designate resources for	r burial.			
Applicant/Recipient Signature:				Date:	
Spouse's Sig	gnature:	Date:			
Designated Representative:			Date:		