

# Indigent Disposition Fund Reimbursement Application



# MCB

**OREGON MORTUARY & CEMETERY BOARD**  
Regulating Death Care Facilities & Practitioners in Oregon.

Mail or fax completed form and itemized statement of expenses to:

**Indigent Disposition Fund Program Specialist**  
**Oregon Mortuary & Cemetery Board (OMCB)**  
**800 NE Oregon St, Suite 430**  
**Portland, OR 97232**  
**Fax: 971-673-1501**

FOR OFFICE USE ONLY

Is claimant current on all invoiced filing fees? *(If not, claimant is not eligible for reimbursement.)*  Yes  No

ORS 97.170(1)(a)-(c) defines an "indigent person" as a deceased person who does not have a death or final expense benefit or insurance policy that pays for disposition of the deceased person's body or other means to pay for disposition of the deceased person's body and:

- Who does not have a relative or other person with the legal right to direct and the means to pay for disposition of the deceased person's body;
- Whose relative, or other person, with the legal right to direct the disposition of the deceased person's body does not pay or arrange to pay for, or refuse to direct, the disposition of the deceased person's body within 10 days of being notified of the death; or
- For whom no person other than a person described above wishes to direct and pay for the disposition of the deceased person's body.

## CLAIMANT *(Check will be made payable to funeral establishment):*

Name of Funeral Establishment:	Name of Authorized Representative Completing Form::	
Remit To Address:	City, State, Zip:	Phone:
Tax ID #:	Funeral Establishment License #:	Expiration Date:

## CLAIM DETAILS: *(Copies of all supporting information must be attached)*

Name of Deceased:	Date of Death:	Date of Disposition:	Tag Number:
Amount Requested <i>(Attach itemized statement of expenses):</i> \$		Amount, if any, of other funds received for payment: \$	

ORS 97.170(3)(a)(A)-(G) requires that a funeral establishment who takes custody of an unclaimed body of a deceased person shall within five days after taking custody of the body *(Check each box when completed & provide information):*

Submit a **report of death** under ORS 432.133 Date/time submitted: \_\_\_\_\_  
If delayed, reason: \_\_\_\_\_

Obtain all contact information known to the medical examiner, a health care facility or law enforcement regarding **persons listed in ORS 97.130** Date/time contact information obtained: \_\_\_\_\_

Name of **Entity/facility**: \_\_\_\_\_

Person **providing** information: \_\_\_\_\_ Person **obtaining** information: \_\_\_\_\_

Result: \_\_\_\_\_

Attempt to **locate and notify** the persons listed in ORS 97.130 Date/time attempt made: \_\_\_\_\_

Person making attempt: \_\_\_\_\_  
 Result: \_\_\_\_\_  
 \_\_\_\_\_

Attempt to **arrange** with any person listed in ORS 97.130 **who will pay the expenses** to make disposition of the body;  
 Result: \_\_\_\_\_

If no person listed in ORS 97.130 can be located **to pay the expenses** to make disposition of the body, **arrange with a person or institution not listed in ORS 97.130 that will pay the expenses** to make disposition of the body (*This is not body donation; rather group or organization who will pay expenses*)

Determine whether the **Department of State Lands** or other person is appointed as the personal representative of the deceased person pursuant to ORS 113.085 Date/time contacted: \_\_\_\_\_  
 Person **providing** information \_\_\_\_\_ Person **obtaining** information: \_\_\_\_\_  
 Result: \_\_\_\_\_

Contact the **Department of Veterans' Affairs** to determine whether the decedent is eligible for any state or federal benefits  
 Date/time contacted: \_\_\_\_\_  
 Person **providing** information \_\_\_\_\_ Person **obtaining** information: \_\_\_\_\_  
 Result: \_\_\_\_\_

In accordance with ORS 97.170(3)(b), if no one claims the body within 10 days after the funeral establishment takes custody of the body, or if the persons notified acquiesce, or if the decedent is not eligible for any veteran benefits, the funeral establishment may transfer the body to an institution on the list maintained by the OMCB for education or research purposes.

**Q: Have the institutions on the most current list maintained by the OMCB been contacted to determine if the unclaimed body is desired for education or research purposes?** (*Contact the OMCB office for contact information.*)  No  Yes

**Q: Did any institution accept the unclaimed body?**  No  Yes Date/time contacted: \_\_\_\_\_  
 Person **contacting** facility: \_\_\_\_\_ Person **at facility**: \_\_\_\_\_  
 Name of institution **accepting the unclaimed** body (or N/A): \_\_\_\_\_

**The least costly and most environmentally sound manner of disposition that complies with the law, in accordance with ORS 97.170(5) was used.**  Cremation  Burial - Cemetery \_\_\_\_\_

### CLAIMANT'S CERTIFICATION

I have read, understand, and complied with the Oregon Revised Statutes (ORS) and the Oregon Administrative Rules (OAR) that govern the lawful distribution of funds from the Indigent Disposition Fund. I certify and attest that all costs contained on the accompanying itemized statement of expenses for which reimbursement is being requested are the services provided as set forth in ORS 97.170(1), (3) and (5) for the disposition of an unclaimed indigent person, as defined in ORS 97.170(1) and (5).

I understand that an eligible reimbursement claim must include all expenses related to the case, and must include documentation of any reimbursement, in all or part, by any entity or person already made at time of filing, as required by OAR 830-040-0090(6).

I further understand that if I receive payment from any other entity or person after a claim is filed, I must amend the claim, if not yet paid, as required by OAR 830-040-0090(6)(a)(i). If the claim has already been paid, I understand that I must submit a reimbursement form and accompanying payment to the Indigent Disposition Fund within 90 days of receiving any amount from any other entity or person, as required by OAR 830-040-0090(6)(a)(ii).

Finally, I acknowledge and understand that a fraudulent submission of this form will result in penalties set forth in ORS 692.180.

	Date	
Signature of Funeral Service Practitioner		Printed Name of Funeral Service Practitioner

Note: The OMCB shall disburse funds to eligible claimants upon receipt and verification of a claim. Incomplete applications and applications received without the required itemized statement of expenses will be returned to claimant for completion before making any reimbursement.