

# Oregon Indigent Disposition Reimbursement Application Form

Mail or fax to:

Indigent Disposition Fund Program Specialist  
Oregon Mortuary & Cemetery Board (OMCB)  
800 NE Oregon St, Suite 430  
Portland, OR 97232 Fax: 971.673.1501



# OMCB

**OREGON MORTUARY & CEMETERY BOARD**

Regulating Death Care Facilities & Practitioners in Oregon.

OFFICE USE ONLY:

## DECEDENT INFORMATION

Decedent Last Name:		Decedent First Name:		Decedent Middle Name:	
Date of Death:		Date Custody Taken of Remains:		Date Report of Death Filed:	
				Date of Disposition:	
If report of death filed more than 5 days after taking custody of remains, why?					State ID Tag Number:
How was Case Acquired? <input type="checkbox"/> ME Rotation <input type="checkbox"/> Police Call <input type="checkbox"/> Hospice <input type="checkbox"/> Walk In <input type="checkbox"/> Hospital <input type="checkbox"/> Other:		The decedent's next of kin: <input type="checkbox"/> Was found <input type="checkbox"/> Was not found.		If the next of kin was found, were they: <input type="checkbox"/> Unresponsive. <input type="checkbox"/> Estranged from the decedent. <input type="checkbox"/> Unable to pay for disposition. <input type="checkbox"/> Unwilling to pay for disposition.	
Mode of Disposition: <input type="checkbox"/> Cremation <input type="checkbox"/> Burial <input type="checkbox"/> Dissolution		Amount requested:		Amount, if any, of other funds received for payment (Please explain source):	

## REQUIRED ATTACHMENTS

- Completed Oregon Indigent Case Worksheet
- Applicable General Price List
- Itemized invoice or SFGSS of total incurred expenses
- Cemetery Info and plot location if burial
- Supporting documentation for any funds received for payment

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

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

Name of Funeral Establishment:			Tax ID #:		
Business Address:			Funeral Establishment OMCB License #:		
City:	State:	Zip:		Name of Contact Person for Questions on Claim:	
Phone:		Fax:		Email of Contact Person for Questions on Claim:	

## CLAIMANT CERTIFICATION

On behalf of the above claimant, I certify that I have read, understand, and complied with the Oregon Revised Statutes (ORS) and the Oregon Administrative Rules (OAR) that govern the Indigent Disposition Program and that claimant has performed all due diligence, documentation and actions required by law. I certify and attest that all documentation submitted and 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). 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)(b). Finally, I acknowledge and understand that a fraudulent submission of this form will result in penalties set forth in ORS 692.180.

Signature of Authorized Representative	Date Signed

If you have any questions or need additional information, please contact the Indigent Disposition Fund Program Specialist at (971) 673-1504.  
IDF App Form FS-432A (Rev. 07/16)

# Oregon Indigent Case Worksheet

This form is to be submitted with the Oregon Indigent Disposition Reimbursement Application Form.



# MCB

**OREGON MORTUARY & CEMETERY BOARD**

*Regulating Death Care Facilities & Practitioners in Oregon.*

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.

*Steps 1-5 must each be initiated within five days after taking custody of the body.* ORS 97.170(3)(a)

## Step One ORS 97.170(3)(a)(B)

Obtain all contact information regarding any individual with the right to control disposition (persons listed in ORS 97.130) that is known to the medical examiner, health care facility or law enforcement when case is first acquired. These organizations are required to provide any known contact information to funeral establishments.

Name of entity/facility: \_\_\_\_\_

Person providing information \_\_\_\_\_ Date/Time information obtained: \_\_\_\_\_

If receiving remains from hospice/hospital, confirm if decedent has a personal account and/or any relevant paperwork for final disposition, or contact information for any Medicare/Medicaid case worker to determine if decedent had the personal means or known benefit coverage for disposition.

Contact Information provided by facility:

Contact Log & Result:

## Step Two ORS 97.170(3)(a)(C)

Even if contact information was provided in step one, funeral establishments are still required to perform due diligence to **locate and notify any other** persons listed in ORS 97.130. This can include searching on the internet or via other outreach in the local community.

Information Found:

Contact Log & Result:

# Oregon Indigent Case Worksheet

## Step Three ORS 97.170(3)(a)(F)

Funeral establishments that take custody of the unclaimed body of a deceased person are required to determine if the Department of State Lands (DSL) is appointed as the personal representative of the decedent.

Have any known heirs been identified, *including* unresponsive heirs or heirs unwilling to control disposition?  Yes  No

If **yes**, search the unclaimed property list maintained by DSL to determine if the decedent has unclaimed property. [www.oregon.gov/DSL/UP](http://www.oregon.gov/DSL/UP)

Date search run: \_\_\_/\_\_\_/\_\_\_ Were there any potential matches?  Yes  No

If a match is found, the funeral establishment can contact the Claims Unit for Unclaimed Property at [claims@dsl.state.or.us](mailto:claims@dsl.state.or.us) to file a claim to help cover the cost of disposition. Receiving funds from the decedent's unclaimed property will not prohibit the Funeral Establishment from filing an indigent disposition reimbursement claim with OMCB. Attach any documentation related to the claim to this application.

If **no**, please contact the Department of State Lands at 503-986-5247 to advise them that an individual has died with no known heirs.

Date contacted: \_\_\_/\_\_\_/\_\_\_ Name of staff member contacted: \_\_\_\_\_

Did DSL find any heirs?  Yes  No

Contact information for any heirs found through State Lands:

Contact Log & Result:

## Step Four ORS 97.170(3)(a)(E)

Steps 1-3 focus on locating persons with the right to control disposition. If none have been located and there is another party who is willing to make and pay for final disposition for decedent, they may do so. This could be a friend, or an organization such as a community or religious organization. If such a person or entity exists, list below. **If no such person exists, please write "N/A."**

Contact Information Provided:

Contact Log & Result:

## Step Five ORS 97.170(3)(a)(G)

As part of due diligence, funeral establishments are required to contact the Department of Veteran Affairs for all indigent persons prior to completing disposition. This is required by law for **ALL** decedents, even if another person has provided you with veteran status. If the decedent is eligible for benefits, documentation of any funds applied for or received from the VA will be required before claim can be approved.

To contact the VA call 1-800-535-1117. Date contacted: \_\_\_/\_\_\_/\_\_\_ Person contacted: \_\_\_\_\_

Was decedent a Veteran?  Yes  No Listing of benefits available to decedent: \_\_\_\_\_

*If the decedent is a veteran and will be receiving benefits, completion of step six is not required.*

## Step Six 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 must offer the body to an institution on the list maintained by the OMCB for education or research purposes.

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?  Yes  No Date contacted: \_\_\_/\_\_\_/\_\_\_

Name of institution(s) contacted: \_\_\_\_\_

Name of staff member contacted at facility: \_\_\_\_\_

Did any institution accept the unclaimed body?  Yes  No