

# Oregon Indigent Disposition Reimbursement Application Form



# MCB

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

**Instructions:** 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 refuses 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.

This form should only be submitted by licensed Oregon funeral establishments for decedents who meet the above criteria.

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. **Please ensure that all fields on this application are complete prior to submission.**

**This form must be submitted to OMCB within 90 days of final disposition.** If benefits from other state or federal agencies are being applied for and are denied, the 90 day time limit is waived, however this form must be submitted within 30 days of that denial and must be accompanied by proof of that denial.

**Mail, Fax, or Email Completed Forms to:**

Oregon Mortuary & Cemetery Board  
Attn: Indigent Disposition Program Specialist  
800 NE Oregon St, Suite 430  
Portland, OR 97232  
Fax: 971-673-1501  
Email: IDP.Claims@state.or.us

**Ensure all required attachments are included**

- Itemized invoice or SFGSS of total incurred expenses
- Applicable General Price List
- Cemetery Info and plot location (for burials only)
- Supporting documentation for any funds received

## DECEDENT INFORMATION

Last Name:		First Name:	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"/> Adult Foster Home <input type="checkbox"/> Family/Decedent Request	<input type="checkbox"/> Hospital <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Facility <input type="checkbox"/> Other:	The decedent's next of kin: <input type="checkbox"/> Was found <input type="checkbox"/> Was not found.	<i>If the next of kin was found, were they:</i> <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	Total Costs of Services Rendered:		Amount, if any, of other funds received for payment :

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

Name of Funeral Establishment:			Tax ID #:	
Business Address:			Funeral Establishment License #:	Preferred method of contact for questions: <input type="checkbox"/> Email <input type="checkbox"/> Fax
City:	State:	Zip:	Name of Contact Person for questions on claim:	
Phone:	Fax:		Email of Contact Person for questions on claim:	

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**Steps 1-5 must each be initiated within five days of 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 from which the case is first acquired. These organizations are required to provide any known contact information to funeral establishments.

Name of Entity/Facility Case Acquired from: \_\_\_\_\_

Person providing information \_\_\_\_\_ Date 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 (Include Dates):

If this step was initiated more than 5 days after taking custody of remains, why?

## 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 (Include Dates):

If this step was initiated more than 5 days after taking custody of remains, why?

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## 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* heirs unwilling to control disposition?  Yes  No

If **yes**, move on to Step Four. If **no**, please contact the Department of State Lands to advise them that an individual has died with no known heirs. Current contact information is available on the OMCB website.

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

Did DSL find any potential next of kin?  Yes  No

Contact information for any heirs found through State Lands:

Contact Log & Result (Include Dates):

If this step was initiated more than 5 days after taking custody of remains, why?

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

Steps 1-3 focus on locating persons listed in ORS 97.130(2). 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, attach documentation of any funds applied for or received from the VA. **To contact the VA call 1-800-535-1117.**

Date contacted: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Name of VA Representative contacted: \_\_\_\_\_

Was decedent a Veteran?  Yes  No Listing of Benefits Available to decedent: \_\_\_\_\_

If this step was initiated more than 5 days after taking custody of remains, why?

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## Step Six ORS 97.170(3)(b)

**There are currently no research institutions accepting unclaimed bodies. Please write "N/A" on step six until further notice.**

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 Contact Person at facility: \_\_\_\_\_

Did any institution accept the unclaimed body?  Yes  No

## CLAIMANT CERTIFICATION

On behalf of the claimant listed on page 1 of this application, 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 written documentation showing the amount received and from whom, and I must submit this with 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
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