

Oregon Indigent Disposition Program Reimbursement Claim Application



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.

In accordance with OAR 830-040-0090(1), this claim application should only be submitted by Oregon funeral establishments (also including immediate disposition companies and persons acting as funeral service practitioners, as defined in ORS 692 and ORS 432.005[25], respectively) for decedents who meet the above criteria.

OMCB shall disburse funds to eligible claimants upon receipt and verification of a claim application. Incomplete applications (including applications received without required documentation) will be returned to the claimant for completion before any reimbursement is made. **Please ensure that all fields in this claim application are completed prior to submission.**

As required by OAR 830-040-0090(1)(a), this claim application must be submitted to OMCB within 90 calendar days of final disposition, except in cases where application to other state or federal agencies has been made and the decision is pending. Additionally, in cases where application for reimbursement for cost of services performed and supplies provided has been denied by other state or federal agency, the claimant may submit a claim application for reimbursement to OMCB within 30 business days of denial by other state or federal agency.

****PLEASE DO NOT SUBMIT THIS CLAIM APPLICATION BEFORE THE DATE OF DISPOSITION. A claim application with “TBD” in the Date of Disposition field will not be processed.****

<p>Mail completed claim applications to:</p> <p>Oregon Mortuary & Cemetery Board (OMCB) Attn: Indigent Disposition Program 800 NE Oregon Street, Suite 430 Portland, OR 97232</p> <p>Email completed claim applications to:</p> <p>IDP.Claims@omcb.oregon.gov</p>	<p>The following supporting documentation must be included:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Itemized invoice/statement <input type="checkbox"/> Applicable General Price List <input type="checkbox"/> Final Disposition Authorization <input type="checkbox"/> Completed/Submitted Estates Administration Program Intake Form <input type="checkbox"/> Estates Administration Program response email <input type="checkbox"/> Completed/Submitted Department of Veterans’ Affairs Unclaimed Remains Eligibility Request Form <input type="checkbox"/> Department of Veterans’ Affairs response email/letter <input type="checkbox"/> Supporting documentation for any funds received
---	--

Decedent’s Last Name & State ID Tag Number
--

Oregon Indigent Disposition Program Reimbursement Claim Application



As required by ORS 97.170(3)(a), Steps One through Five of this claim application must be initiated within five business days of taking custody of an unclaimed person/when the decedent became indigent.

Specifically,

- Obtain all contact information regarding any individuals with the right to control disposition that was provided by the facility who released the body. (Step One)
- Attempt to locate and notify individuals with the right to direct disposition (ORS 97.130) by researching the internet, social media, community outreach, etc. (Step Two)
- Contact the Estates Administration Program (formerly known as the Department of State Lands) by sending the **Oregon Estates Administration Program Intake Form** via email. Please note that only the Form must be completed/sent within 5 business days – it is understood that the response may be received after 5 business days. (Step Three)
- If no person listed in ORS 97.130 can be located, provide the contact information for any person or entity who will pay for disposition. If none exist, write "N/A". (Step Four)
- Contact the Department of Veterans' Affairs to determine the decedent's eligibility by sending the **Unclaimed Remains Eligibility Request Form** via email. Please note that only the Form must be completed/sent within 5 business days – it is understood that the response may be received after 5 business days. **If you are unable to locate the decedent's SSN to fulfill the request, please contact the IDP Administrator.**

DECEDENT INFORMATION

Last Name:		First Name:		Middle Name:
Date of Death:	Date Custody Taken of Remains:	Date Report of Death Filed:	State ID Tag Number:	
Date Decedent Became Indigent:	Date of Disposition*:			
If report of death was filed more than 5 days after taking custody of decedent, please provide an explanation why.				
How was the case acquired? <input type="checkbox"/> Adult Foster Home <input type="checkbox"/> ME Rotation <input type="checkbox"/> Family/Decedent Request <input type="checkbox"/> Nursing Facility <input type="checkbox"/> Hospice <input type="checkbox"/> Police Call <input type="checkbox"/> Hospital <input type="checkbox"/> Other:		The decedent's next of kin: <input type="checkbox"/> Was located <input type="checkbox"/> Was not located		If the next of kin was located, were they: <input type="checkbox"/> Estranged from the decedent. <input type="checkbox"/> Unable to pay for disposition. <input type="checkbox"/> Unresponsive. <input type="checkbox"/> Unwilling to pay for disposition.
Method of Disposition: <input type="checkbox"/> Alternative Disposition <input type="checkbox"/> Burial <input type="checkbox"/> Cremation		Total Invoice/Statement Amount:		Amount, if any, of other funds received for payment:

*Disposition cannot be performed until at least 10 business days after taking custody of the decedent or the decedent becomes indigent, whichever date is later.

Decedent's Last Name & State ID Tag Number
--

Oregon Indigent Disposition Program Reimbursement Claim Application



CLAIMANT INFORMATION

Name of Funeral Establishment:			Tax ID #:	
Mailing 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 claim questions:	
Phone:	Fax:		Email of Contact Person for claim questions:	

20-DAY HOLD NOTIFICATION REQUIREMENT OAR 830-030-0010(4)

If human remains are going to be kept longer than twenty calendar days due to exigent circumstances, it is the responsibility of the licensee responsible for those human remains to notify the Board's office.

In accordance with ORS 97.170(3)(c), if no person or institution claims the indigent person within ten days after the funeral establishment takes custody of the decedent, the funeral establishment may cremate or reduce or bury the body without the consent of persons listed in ORS 97.130 and is indemnified from any liability arising from having made such disposition.

20-day hold notifications must be completed/submitted online at: <https://www.oregon.gov/omcb/Pages/20-day-body-hold.aspx>

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

Obtain all contact information regarding any individuals with the right to control disposition that was provided by the facility who released the body. The medical examiner, a health care facility and law enforcement are required to provide any known contact information to funeral establishments.

Name of Entity/Facility case acquired from: _____

Person (Informant) providing information: _____ Date information obtained: ____ / ____ / ____

- If receiving remains from hospice/hospital, determine if decedent has a personal account and/or any relevant paperwork for final disposition or contact information for any Medicare/Medicaid case worker to identify if decedent had the 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 business days after taking custody of remains, please provide an explanation why.

Oregon Indigent Disposition Program Reimbursement Claim Application



MCB

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

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

Even if contact information was provided for Step One, funeral establishments are still required to perform due diligence by attempting to **locate** and **notify** any other persons listed in ORS 97.130. This can be completed by searching the internet and utilizing sites such as FamilyTreeNow.com or Whitepages.com. You can also utilize social media platforms such as Facebook.

Information Found:

Contact Log & Result (Include Dates):

If this step was initiated more than 5 business days after taking custody of remains, please provide an explanation why.

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

Funeral establishments that take custody of an unclaimed decedent are required to determine if the **Oregon Estates Administration Program** (formerly known as the Department of State Lands) is appointed as the personal representative of the decedent.

Contact the Oregon Estates Administration Program to advise that an individual has died with no known heirs by completing the **Oregon Estates Administration Program Intake Form** (located at the end of this claim application) and emailing it to: estates.escheat@ost.state.or.us.

****Don't forget to provide with this claim application a copy of the completed Oregon Estates Administration Program Intake Form that you submitted as well as the Response Email.****

Information Found:

Date Form Emailed:

If this step was initiated more than 5 business days after taking custody of remains, please provide an explanation why.

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

Steps 1-4 focus on attempting to locate 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 the decedent's disposition, they may do so – this could be a friend or an entity, such as a community or religious organization. If an entity or person has been identified, please provide the contact information and an explanation of funds received. **If no one was identified, please write "N/A" below.**

Contact Information Provided:

Contact Log & Result (Include Dates):

Oregon Indigent Disposition Program Reimbursement Claim Application



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

Funeral establishments are required to contact the **Department of Veterans' Affairs** to determine whether the decedent is eligible for any state or federal benefits prior to performing disposition. **This is required by law for ALL indigent decedents**, even if an individual has provided you with veteran status. If the decedent is eligible for benefits, please attach documentation of any funds applied for or received from the VA.

Complete the **Unclaimed Remains Eligibility Request Form** (located at the end of this claim application) and email it to:
NCAUnclaimedRequest@va.gov.

****Don't forget to provide with this claim application a copy of the completed Unclaimed Remains Eligibility Request Form that you submitted as well as the Response Email/Letter.****

Information Found:

Date Form Emailed:

If this step was initiated more than 5 business days after taking custody of remains, please provide an explanation why.

Step Six ORS 97.170(3)(b)

Currently, there are no institutions on OMCB's list that may accept or process bodies for education or research purposes. Please write "N/A" for this Step until further notice.

If no one claims the body within 10 business 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 benefits described in ORS 97.170(3)(a)(G), the funeral establishment may transfer the body to an institution on the list of institutions maintained by OMCB that desires the body for education or research purposes.

Name of institution contacted	Name of contact person at institution	Date contacted	Did the institution accept the unclaimed decedent?

Oregon Indigent Disposition Program Reimbursement Claim Application



CLAIMANT CERTIFICATION

As an authorized representative of the claimant identified on this claim application, I certify that I have read, understand, and complied with the Oregon Revised Statutes (ORS) and Oregon Administrative Rules (OAR) that govern the Indigent Disposition Program and that claimant has performed all due diligence, completed all required steps and provided all documentation required by law. I certify and attest that all submitted documentation and costs contained in the accompanying itemized invoice/statement of expenses for which reimbursement is being requested are the services provided as set forth in ORS 97.170(1), (3) & (5) for the disposition of an unclaimed indigent person, as defined in ORS 97.170(1) & (5). I understand that an eligible claim application 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 the time of filing, as required by OAR 830-040-0090(6). I further understand that if I receive payment from any entity or person **after** a claim is filed, I must amend the claim application, 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 the appropriate payment to the Indigent Disposition Program Fund within 90 days of receiving any amount from any entity or person, as required by OAR 830-040-0090(6)(b). **I also affirm that the claimant is current on all invoiced death filing fees.** Finally, I acknowledge and understand that a fraudulent submission of this claim application may result in disciplinary action set forth in ORS 692.180.

Signature of Authorized Representative	Date Signed

Decedent's Last Name & State ID Tag Number
--