State of Illinois
Department of Human Services

FUNERAL AND BURIAL REIMBURSEMENT CLAIM 4(3 YEARS)

CLAIMANT IDENTIFICATION		COMPLETE ALL ITEMS Enter "NA" if an item is not applicable	See instructions on reverse side. Print or Type all entries except signatures
1. SSN:	2. Type:		5. Submit 3 copies to local office located at: Illinois Department of Human Services Funeral and Burial Unit 100 South Grand Avenue, East, 2nd floor Springfield, IL 62762
3. Name, Address, Zip Code:			
4. Relationship to Decedent:			6. Attention:

CLIENT IDENTIFICATION

7. Case Name:	8. Case Number:	9. Date of Death:
10. Decedent's Name:	11. Social Security Number:	12. DOB:
13. Funeral Home: Muslim Funeral Services, Inc	14. Cemetery:	

CHARGES		DOCUMENT AMOUNTS SHOWN	ASSETS	
15. Funeral Cost:		Attach copies of contracts, purchase records, and receipts. Show amounts paid, the payor and the payee.	19. Responsible Relative Payments:	
16. Burial Cost:			20. Estate Fund:	
17. Total Cost:			21. Death Benefits:	
18.Total Cost Paid:			22. Total Amount of Resources:	

23. **MAXIMUM REIMBURSEMENT** may not exceed this standard, the cost of service or the total amound paid,**WHICH EVER IS LESS.**	REIMBURSEMENT	24. Maximum Reimbursement:	
		25. Total Amount of Resources:	
Funeral Burial Total Effective Date $1073 $537 $1610 07/01/06 $1103 $552 $1655 07/01/07	Anatomical Gifts Limited to $142.00	26. Allowable Reimbursement:	

27. LOCAL OFFICE CLAIM REVIEW This is to certify that this claim is accurate and complete, that it complies with the Rules and Regulations, and that PAYMENT is hereby Approved.	28. This is to certify that the above information is true, accurate, and complete; that I have assumed responsibility for payment in full of the above identified decedent's funeral and burial expenses. I understand that this claim may be amended to comply with the Rules and Regulations of the Department of Human Services. I further understand that payment is made from State Funds and falsification of a material fact may lead to appropriate legal action.
Local Office Signature: _____	
Date: _____	
Central Ofc. Signature: _____	Claimant Signature: _____
Date: _____	Date: _____
CO Use Only:	Claimant Telephone Number: _____

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INSTRUCTIONS FOR COMPLETION OF IL 444-0094

(Review form for completion to eliminate delay in processing)

This form is used to reimburse the person who has assumed full responsibility for the funeral and burial expense of a deceased Department of Human Services recipient. When two or more persons have been party to the arrangements, one must be designated to file the claim for reimbursement since only one claim will be accepted.

The following identified persons will **NOT** be reimbursed.

1. A beneficiary of the decedent's life insurance, unless insurance proceeds are less than the appropriate reimbursement standard.

2. The decedent's spouse.

3. A parent of a decedent under 18 years of age.

Time Limitations

1. A written explanation must accompany claims not submitted in 30 days of death.

2. Claims not submitted in 180 days of death will be denied.

3. Claims returned to claimants will be denied if not resubmitted in 90 days.

INSTRUCTIONS FOR COMPLETION OF ITEMS

Items

1-4. Enter claimant information. **Leave item 2 blank.**

5-6. Enter information regarding the local DHS Office.

7-12. Enter client information.

13-14. Enter funeral home and cemetery names.

15-17. Enter total funeral cost and burial costs. Item 17 will be calculated based on entries for items 15 and 16.

18. Enter actual total cost paid by claimant for funeral and burial.

19-22. Enter amounts to offset funeral costs from listed sources. Item 22 will be calculated.

24. Enter total allowable reimbursement amount as listed in item 23.

25. Amount will be repeated from item 22 above.

26. Allowable reimbursement will be calculated.

27. Local Office review and certification block. Must be signed and dated by appropriate local office staff.

28. Claimant certification block. Claimant must sign, date and enter a valid telephone number.

ATTACH SEPARATE SHEET TO EXPLAIN UNUSUAL CIRCUMSTANCES

Distribution - Original and one copy to Funeral and Burial Unit, Bureau of Local Office Transactions and Support Service
Claimant - copy
Local Office - copy

Print Form Reset Form