

DEATH PAYMENTS PROGRAM APPLICATION

(Please attach a copy of the death certification if one is available)

I. Decedent's information:

Decedent's Name: _____ Sex: _____

Social Security No.: _____ Date of Birth: _____

Veteran – VA File Number: _____ Date of Death: _____

II. Applicant's information:

Applicant's Name: _____ Relationship to Decedent: _____

Social Security No: _____ Home/Cell Phone: _____ Work Phone: _____

Applicant's Mailing Address: _____

III. **Are any full funeral benefits available to the decedent such as pre-paid funeral or burial plans, insurance plans, associations, and clubs? (Full funeral benefits mean funeral and/or burial services that provide a complete and dignified disposal of the decedent.)**

Yes _____ No _____

IV. **Has anyone received or expect to receive, the lump-sum death payment benefit from Social Security for the decedent?**

Yes _____ No _____

V. **I understand that the Department of Human Services may recover for payments made by the Death Payments Program from the Veteran's Administration (VA) or the estate of the decedent.**

I certify the information I have provided on this application is true to the best of my knowledge. If I intentionally make false statements on this application, I may be prosecuted under Hawaii Revised Statutes §346-43.5 or other criminal laws.

I further certify that the Death Payments Program payment shall be made to me and sent to my address as listed under item II above.

(Applicant's Signature)

(Date)

FOR OFFICIAL USE ONLY

VI. Disposition:

Application is: _____ Approved _____ Denied _____ Discontinued

Explanation/reason for disposition: _____

(Printed Name of Eligibility Worker)

(Authorized Eligibility Worker's Signature)

(Date)