

## 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)