

**Georgia Department of Human Services
Division Of Family and Children Services
ABD Medicaid Burial Contract Verification Form**

Date _____
Case Worker Name _____
Case Worker Phone _____

Section A: Applicant/Recipient Information

Name _____ Client ID _____ Case # _____

Section B: Funeral Home Information

Instructions to Funeral Home: The above-named individual has applied for Medicaid. We have been advised that he/she owns a burial contract with your funeral home. Current regulations require that we verify all resources prior to approving any applicant for Medical Assistance. Please complete Section B, C, and D and attach a copy of the contract.

Name of Funeral Home _____ Phone # _____
Address _____

Section C: Burial Contract

Does the above-named person have a burial contract? _____ Yes _____ No

If yes, please complete below. If no, please go to Section D: Signature.

Name of Contract Owner(s) _____

Date purchased _____ Is the contract itemized? _____ Yes _____ No

If not itemized, what type of instrument was used to fund the contract? _____

Purchase price of contact \$ _____ Is contract paid in full? _____ Yes _____ No

If contract is NOT PAID IN FULL, please complete below.

Items Included in Contract	Cost Upon Purchase	Paid For		Amount Owed
		Yes	No	

Section D: Signature

Signature of Funeral Home Representative

Date

Printed Name of Representative

Title