

COUNTY OF MONMOUTH
Department of Human Services
Division of Social Services

Kathleen M Weir
Deputy Director



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RESOURCE STATEMENT LETTER

I HEREBY STATE THAT TO MY KNOWLEDGE, _____ HAD THE FOLLOWING ASSET(S):

CASH ON HAND: \$ _____
BANK ACCOUNTS: \$ _____
BURIAL FUNDS: \$ _____
LIFE INSURANCE: \$ _____
OTHER ASSETS: \$ _____
(INCLUDING PNA FUNDS)

ANY ASSETS LISTED ABOVE WILL BE CLAIMED BY
THE DIVISION OF FAMILY DEVELOPMENT
PROGRAM ASSESSMENT & INTEGRITY UNIT, 3 OQUAKERBRIDGE PLAZA,
P.O. BOX 716, TRENTON, N.J. 08625-0716, ATTN: MR. B. CLAYBORNE
TO OFFSET THE MEDICAID FUNERAL COSTS
(AS PER WFNJ 10:90-8.1 & 8.8 & DFDI # 07-03-02)

*****PLEASE NOTE: ASSETS COLLECTED FROM A SURVIVING SPOUSE INCLUDE**
THE \$255.00 SOCIAL SECURITY DEATH BENEFIT BUT BANK ACCOUNTS ARE EXCLUDED***

I further state that the family is in need of financial help from the Monmouth County Division of Social Services to meet funeral expenses. If any family or friend(s) has or will contribute to the cost of the funeral, I will inform the Division of Social Services.

PAYMENT WILL NOT BE AUTHORIZED UNTIL THE RESPONSIBLE PARTY RETURNS THIS LETTER. IF THIS SIGNED RESOURCE STATEMENT IS NOT RETURNED, MEDICAID WILL NOT AUTHORIZE PAYMENT, AND THE FAMILY WILL BE RESPONSIBLE FOR ALL COSTS.

SIGNED

RELATIONSHIP