

Request for Funeral Assistance

Before you apply

Read the following information carefully and contact any relevant organisations before applying for funeral assistance.

Motor vehicle accidents

If the deceased died in a motor vehicle accident funeral expenses may be covered by Compulsory Third Party (CTP) insurance.

Visit www.ctp.sa.gov.au

Phone the South Australian CTP Insurance Regulator on 1300 303 558

Victims of crime

If the deceased was a victim of crime you may be able to make a claim for funeral costs and/or a grief payment from the Commissioner for Victims' Rights.

Visit www.voc.sa.gov.au

Phone (08) 8204 9635

Superannuation and life insurance

If the deceased has superannuation and/or a life insurance policy, the beneficiary may be required to repay the cost of the funeral.

How to apply

- Step 1** Read the Funeral AssistanceSA information on page 2 and application form (pages 3-6) carefully.
- Step 2** Ensure you have all the required documents.
- Step 3** Complete the application form.
- Step 4** Sign the authority and declaration section.
- Step 5** Submit the completed form:
 - By email** FuneralAssistanceSA@sa.gov.au
 - By fax** (08) 8226 7047
 - By post** (no postage stamp required)
Funeral AssistanceSA
Reply Paid 292, Adelaide SA 5001

What types of assistance are available?

Two types of assistance are available through Funeral AssistanceSA.

Full contract funeral

If you have not already contracted a private funeral director, you may be eligible for a basic, dignified funeral that includes:

- a weekday cremation service at a church or chapel approved by Funeral AssistanceSA
- a weekday burial (where culturally or religiously required)
- funeral director's fee
- crematorium fees
- cemetery fees
- a basic coffin
- hearse
- religious minister or celebrant's fee
- fees and charges for all legally required permits (not death certificate).

Funeral AssistanceSA will cover the cost of services that are legally necessary or specifically authorised under the program. The deceased's family or friends may pay for additional extras eg flowers, or a memorial book.

After-the-event assistance

If you have already contracted a private funeral director and there is an existing debt, you may be eligible for grant up to \$625, paid directly to the funeral director. The funeral cost must be moderate to claim this assistance.

If a funeral account has been paid in full, no assistance can be provided.

Where are funerals held?

Cremations are held at Underdale and Elizabeth North for metropolitan Adelaide.

Burials are held at Enfield Memorial Park and Smithfield Memorial Park for metropolitan Adelaide.

Appropriate arrangements are made for the location of country and regional funerals.

Funeral AssistanceSA covers the cost of transportation of deceased Aboriginal people to their homeland, if culturally required.

Who is eligible?

The deceased and their immediate relatives (spouse, domestic partner, parents and adult children) must meet certain eligibility criteria.

The deceased must have:

- been a South Australian resident
- been a low income recipient or received a pension or benefit
- an estate estimated to be valued at less than \$3,000 when liquidated (including their house, personal property and shares).

Immediate relatives must:

- be either a low income recipient or receive a pension or benefit
- have insufficient assets to cover the cost of funeral expenses (less than \$3,000 in accessible funds)
- have exhausted all avenues to obtain credit
- not own their own home.

What documents are needed?

Applicants must provide:

- current bank statement/s for the deceased showing at least one month of transactions (if applicants do not have access to bank statements then banking details must be provided)
- a copy of the will (if applicable)
- current bank statement/s for all immediate relatives showing at least one month of transactions
- if any immediate relative is estranged, a statutory declaration is required explaining the circumstances
- if applying for after-the-event assistance, an itemised tax invoice from the contracted funeral director showing payments made against the account.

What happens after you submit an application?

If your application is approved, you will be contacted by Funeral AssistanceSA.

If your application is declined you will be notified by Funeral AssistanceSA and advised of the reasons for the decision.

Funeral AssistanceSA application form

Details of the deceased

Full name: _____
First name Middle name Surname

Residential address: _____
House no. Street name Suburb Postcode

Date of birth: ____ / ____ / ____ Date of death: ____ / ____ / ____

Country of birth: _____ Religion/faith: _____

Did the deceased identify as an Aboriginal and/or a Torres Strait Islander person? Yes No

Gender identity: Female Male Other _____

Partnership status: Single Married Domestic partnership^a Separated
 Divorced Widowed Unknown

Accommodation type: Homeowner Private rental Public housing Residential care
 Homeless Other _____

Does the deceased have a will? Yes - **attach a copy** No known will

Cause of death: Motor vehicle accident Victim of crime Natural causes
 Other _____

Place of death (e.g. at home, Flinders Medical Centre etc.) _____

Where is the deceased currently located? _____

Has a funeral already been arranged? Yes No

If yes, has the funeral director's account/invoice been fully paid? Yes - **you are not eligible**
 No - attach a copy

Assets of the deceased

Funeral AssistanceSA may seek to recoup monies from the deceased's estate.

Provide either the bank details for the deceased **OR** attach a current bank statement showing at least one month of transactions.

Name of bank/s or credit union/s: _____

BSB/s: _____ Account number/s: _____

Did the deceased have a funeral plan/fund? Yes - **you are not eligible** No

Did the deceased own their own home, have shares, property or investments? Yes No

Value: _____

^a "Domestic partner" includes de facto relationships (same and opposite sex relationships) and those who live together as close companions or life partners.

Immediate relatives of the deceased

Immediate relatives are the spouse, domestic partner, parents and adult children of the deceased (not siblings).

Provide the name, relationship, source of income and a current bank statement showing at least one month of transactions for all immediate relatives.

Immediate relative 1

Full name: _____
First name Middle name Surname

Relationship to the deceased: _____ Source of income: _____

Do they own their own home, have any shares, property or investments? Yes No

Immediate relative 2

Full name: _____
First name Middle name Surname

Relationship to the deceased: _____ Source of income: _____

Do they own their own home, have any shares, property or investments? Yes No

Immediate relative 3

Full name: _____
First name Middle name Surname

Relationship to the deceased: _____ Source of income: _____

Do they own their own home, have any shares, property or investments? Yes No

Immediate relative 4

Full name: _____
First name Middle name Surname

Relationship to the deceased: _____ Source of income: _____

Do they own their own home, have any shares, property or investments? Yes No

Immediate relative 5

Full name: _____
First name Middle name Surname

Relationship to the deceased: _____ Source of income: _____

Do they own their own home, have any shares, property or investments? Yes No

If there are additional immediate relatives, write their details on a separate piece of paper and attach it to this application.

Dependant children of the deceased

Dependant children includes children under the age of 16 years, full-time students between 16-24 years who attend school, college or university and children between 16-18 years in receipt of Youth Allowance, Sickness Allowance or Special Benefit.

Provide the names and ages of any dependant children. If there are additional dependant children, write their details on a separate piece of paper and attach it to this application.

Full name: _____ Age: _____
First name Middle name Surname

Full name: _____ Age: _____
First name Middle name Surname

Full name: _____ Age: _____
First name Middle name Surname

Details of applicant requesting assistance

Full name: _____
First name Middle name Surname

Phone: _____ Email: _____

Residential address: _____
House no. Street name Suburb Postcode

Postal address (if different from above): _____

Relationship to the deceased: Spouse/domestic partner Parent Adult child (over 18)
 Other _____
Please state

Are you the person the funeral director should contact (the funeral advocate)? Yes No
If no, who should the funeral director contact?

Full name: _____

Phone: _____ Email: _____

Attachments

Attach the relevant documents listed below.

- current bank statement/s for the deceased showing at least one month of transactions
- a copy of the will (if applicable)
- current bank statement/s for all immediate relatives showing at least one month of transactions
- statutory declaration explaining the circumstances of estranged immediate relatives (if applicable)
- for after-the-event assistance, an itemised tax invoice from the contracted funeral director showing payments made against the account

Authority and declaration

I authorise the Department of Human Services (DHS) and the referral agency, funeral advocate, funeral director and banking institutions, both past and present, to exchange information that may be required to assess and/or confirm eligibility for funeral assistance.

I declare that:

- All details provided by me on this form are true and correct.
- I will notify DHS immediately if the information I have provided in this application changes OR to revoke this authority.
- I acknowledge that if I revoke this authority that funeral assistance will not be provided by DHS.
- I understand that I will be liable to repay to DHS the costs of the funeral if funds become available through finalisation of the estate, a federal government payment (if it relates to the birth of the deceased) or if I am a beneficiary of any superannuation entitlements or life insurance payments for the deceased.
- I understand that DHS may recoup funds from the deceased's bank account to contribute to the cost of the funeral.
- I understand that it is an offence against section 140 of the *Criminal Law Consolidation Act 1935* to give misleading information on this document with the intention of deceiving DHS in order to receive a benefit.
- I understand that if cremated remains are not collected from the Funeral AssistanceSA's nominated funeral director or their agent within six months of the date of the funeral, the nominated funeral director or their agent will dispose of the cremated remains in an appropriate manner.

Applicant's signature: _____ **Date:** ____ / ____ / ____

Submit your application

By email FuneralAssistanceSA@sa.gov.au

By fax (08) 8226 7047

By post (no postage stamp required)

Funeral AssistanceSA

Reply Paid 292, Adelaide SA 5001

For more information

Visit www.sa.gov.au/concessions

Email FuneralAssistanceSA@sa.gov.au

Phone Funeral AssistanceSA on 1300 762 577

A text telephone service available for the hearing and speech impaired by contacting TTY (08) 8226 6789

Details of agency completing form on behalf of the applicant

Complete this section only if you are helping someone else to complete this application form.

Name of officer: _____ Position title: _____

Agency: _____ Phone: _____

Address: _____

Email: _____

Has the applicant given consent? Yes No

Signature of officer: _____ Date: ____ / ____ / ____