



**OTERO COUNTY
HEALTHCARE SERVICES**

**INDIGENT/UNCLAIMED BODY
CREMATIONS AND BURIALS**
Serving the Residents of Otero County

Office Hours

**Monday – Friday
8:00am – 5:00pm**

Schedule may vary. Please call for appointment.

**575-437-7427
Room 222 – Ext.12628
Room 220 – Ext. 12627**

**1101 New York Avenue
Alamogordo, NM 88310**



HEALTHCARE REVIEW SERVICES APPLICATION INSTRUCTIONS FOR INDIGENT/UNCLAIMED CREMATION OF DECEDENT OTERO COUNTY, NEW MEXICO

APPLICATION INSTRUCTIONS:

A relative or friend authorized to complete forms for the decedent must completely fill-out the Otero County Indigent/Unclaimed Cremation Packet and provide any and all additional supplemental documentation. Identity, income, and residency will be verified by the Otero County Healthcare Review Specialists. Please provide ALL supporting documentation of the deceased. The entire approval process may take two weeks to complete – depending on the cooperation of all parties involved.

Upon approval of the Cremation Process, a Healthcare Review Specialist will send to Professional Crematory Services, LLC, an approval form. PCS, LLC will then send Health Care Services the cremation confirmation form and invoice for cremation and storage. A Healthcare Review Specialist will contact the relative/friend or concerned person(s) representing the deceased, and disclose the cost to Otero County of the cremation.

Examples of Proof		
Residency	Decedent's driver License, State Issued Identification Card, Utility bills, Rent agreement, Property taxes, and/or current voter registration. Must provide a 90 day reflection of Residency in Otero County.	
Social Security Number	Social Security card or letter from the Social Security Administration (SSA) with decedent's name & number	
Identity	You may give any of these if they prove identity, relationship, or age: Driver's License, State Issued Identification card, Social Security card, Birth or baptism certificate(s), Marriage Certificate, Citizenship/naturalization records, Indian census records, certificate of Indian Blood (CIB), government records, court records, voter registration card, divorce papers, U.S. Passport, school or day care records, insurance policies, church records, or someone who knows you, the child's relationship to you and knows the child's date of birth. Must prove the identity of decedent AND your relationship to decedent.	
Relationship		
Age		
U.S. Citizen	U.S Citizenship is not required. For cremation and burial assistance, the county government requires that all individuals give certain ORIGINAL documents (not copies) that verify Citizenship, Identity or proof of Legal Permanent Status. Original documents will be copied and returned.	
	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Proof of Citizenship and ID together A Passport A certificate of naturalization (Form 550 or N-570) A certificate of U.S. Citizenship (N-560 or N-561) A certificate of Indian Blood (CIB)</td> <td style="width: 50%;">Proof of Citizenship Alone U.S. birth certificate If the decedent was born in New Mexico, Otero County Healthcare Services may be able to help by checking with the Department of Health, Vital Records. Please give the caseworker the name, date of birth, county of birth, sex, decedent's mother's first and maiden name to get this help.</td> </tr> </table>	Proof of Citizenship and ID together A Passport A certificate of naturalization (Form 550 or N-570) A certificate of U.S. Citizenship (N-560 or N-561) A certificate of Indian Blood (CIB)
Proof of Citizenship and ID together A Passport A certificate of naturalization (Form 550 or N-570) A certificate of U.S. Citizenship (N-560 or N-561) A certificate of Indian Blood (CIB)	Proof of Citizenship Alone U.S. birth certificate If the decedent was born in New Mexico, Otero County Healthcare Services may be able to help by checking with the Department of Health, Vital Records. Please give the caseworker the name, date of birth, county of birth, sex, decedent's mother's first and maiden name to get this help.	
Income	<p>Earned Income: Check-stubs, a letter from the employer with the hours worked and the pay. If decedent was self employed, you may provide a copy of income tax forms, business records or personal wage records.</p> <p>Unearned Income: Copies of check, or a letter from Social Security, Unemployment Compensation, Worker's Compensation, Veterans Administration, Bureau of Indian Affairs, Public Employees Retirement, IRAs, Student Loans, Scholarships, etc.</p> <p>Required: Earned and Unearned income must reflect a 30-day period or all from the last month. Please also provide last year's Federal and State tax returns with all W-2s. If decedent did not file a return contact the Review Specialist for further instructions.</p>	
Resources/Assets/Debts	Checking/Savings account statements, other investments such as stocks, bonds, any and all insurance policies, CDs, escrow accounts, settlements, inheritance, divorce petitions and/or decrees, Last Will and Testament, etc. Assets (estate) must not be sufficient to cover cremation or burial costs	

(Any information that is provided to determine eligibility will be held confidential, except as allowed by law.)



Otero County Healthcare Assistance
 1101 New York Avenue
 Alamogordo, NM 88310

**HEALTHCARE REVIEW SERVICES
 APPLICATION INDIGENT/UNCLAIMED CREMATION OF DECEDENT
 OTERO COUNTY, NEW MEXICO**

The information provided on this form **must** be of the *deceased* person **ONLY**. This form is to be filled out as complete as possible and to the best of your knowledge. If you do not know the information being asked, please leave that section blank.

DECEDENT INFORMATION				<i>Internal Use:</i>		Case Type:	
Case Number:				Date Received:		<input type="checkbox"/> Unclaimed <input type="checkbox"/> Indigent	
Date:		Legal Name: (Last, First Middle)				Weight:	
						<input type="checkbox"/> 0-299 lbs <input type="checkbox"/> 300+lbs	
SSN:		Date of Birth:	Age:	Gender:		Served in the U.S. Armed Forces:	
				<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other – Specify:		<input type="checkbox"/> No <input type="checkbox"/> Yes, branch -	
Ethnicity: (Check One) - optional							
<input type="checkbox"/> White		<input type="checkbox"/> Hispanic/Latin – Spanish/Mexican/Cuban/Other			<input type="checkbox"/> Other – Specify:		
<input type="checkbox"/> African-American		<input type="checkbox"/> Native American – Specify Tribe:					
Place of Birth (City, State)				Current Physical Address:			
How long had the decedent lived at the above physical address? <input type="checkbox"/> Less than 90 days <input type="checkbox"/> Greater than 90 days							
Has a copy of the decedent's Driver License or other I.D. been provided? If not, Explain.							
INFORMATION OF DEATH							
Date of Death:		Pronouncement Time:	Place of Death:			Decedent's Current Location:	
			<input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (specify) -				
EDUCATION - optional							
		Elementary School		High School		College	
Year Completed: (Check One)		<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5+	
Degrees/Diploma: (Check One)				<input type="checkbox"/> HS Diploma <input type="checkbox"/> GED		<input type="checkbox"/> Some College (No Degree) <input type="checkbox"/> Degree	
Specify College Degree (if Applicable)							
FINANCIAL INFORMATION							
Previous year's tax documents may be required for verification of yearly income. Proof may be required							
Did Decedent have Income? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know							
List All Sources of earned income (i.e. Occupation, employer,)				How much was received?		Total Monthly Income	
				\$			
				\$		Total Annual Income	
				\$			
				\$		Previous Year's Income Tax:	
				\$		Year: Amount:	
Additional Income:							
Examples of unearned income include, but are not limited to: Unemployment, Social Security, pensions, retirement, rental income, veteran's payments, child support, Indian monies, capital gains, dividends/interest, and per capita payments. Proof may be required							
List All Sources of unearned income				How much did they receive?		Total unearned monthly income:	
				\$			
				\$			
				\$		Total unearned yearly income:	
				\$			
				\$			
Did Decedent Own a Life Insurance Policy? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Beneficiary Name				Address		Amount	
						\$	
						\$	
						\$	
						\$	

