



Fetal Remains Grant Program

Application for Reimbursement

This form is to be used by a health care facility requesting reimbursement for the costs associated with disposition of embryonic and fetal tissue remains under the Texas Health and Safety Code, Chapter [697](#).

Section 1. Contact Information for Authorized Representative Requesting Reimbursement

Name:	
Title:	
Organization:	
Email:	
Telephone:	

Section 2. Information for Health Care Facility Seeking Reimbursement

Organization:	
Texas Identification Number:	
Physical Address:	
City, State:	
Zip:	
Website:	
Service(s) provided by health care facility:	
Date(s) provided:	
Total Cost Incurred:	
Total Requested Reimbursement Amount:	

Section 3. Mailing Address for Reimbursement

Organization:	
Department or Attention to:	
Address:	
City, State:	
Zip:	

Supporting documentation is **required** for reimbursement. Copies of invoices, proof of payment, and itemization of costs **must** be submitted with this form.

Section 4. Burial and Cremation Assistance Registry Inquiry

Was any assistance provided by a funeral home, cemetery, or private nonprofit organization listed in the [Burial and Cremation Assistance Registry](#)?

Yes (If yes, please complete the table below.)

Name of Entity:	
Location of Entity (City):	
Describe Assistance Provided:	

No

Section 5. Authorized Representative's Certification

I certify that this health care facility provided the services and expended the funds for costs as stated above. I acknowledge that the Health and Human Services Commission has the sole authority and discretion to award any funds. I understand that such funds may be awarded only to the extent that funds are donated and available. By submitting this application, I affirm that I have the authority to submit this form on behalf of the health care facility named above.

Printed Name of Authorized Representative:	
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Signature of Authorized Representative:	
Date of Signature:	

This form and supporting documentation can be sent to
FetalRemainsGrantProgram@hsc.state.tx.us or:

Health and Human Services
Health, Developmental, and Independence Services
Attn: Fetal Remains Grant Program
4900 North Lamar Blvd. MC-H102
Austin, Texas 78751