



**TEXAS**  
Health and Human  
Services

Date/Fecha

(Funeral Home or Insurance Company Name and Address)

Caseworker/Trabajador

Office Address, Area Code and Telephone No.  
Oficina, Clave del área y Teléfono

This person is being considered for assistance. The requested information, as well as information about any additional contracts or policies, will assist me in arriving at a determination. A signed authorization to release information is enclosed.

Name of Applicant/Recipient Contract or Policy No.

Comments:

Area Code and Telephone No.

Signature—Eligibility Specialist Date

	Contract No. 1	Contract No. 2	Contract No. 3	Contract No. 4
1. Contract No.				
2. Owner				
3. Insured (If Other than Owner)				
4. Paid in Full?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
5. Burial Space Items Paid First?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
6. Cancellation Penalty? If Yes, list percentage or amount of penalty:	<input type="checkbox"/> Yes <input type="checkbox"/> No Penalty:			
7. Face Value				
8. Cash Value				
9. Balance Due				
10. Funded by Annuity or Trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
11. Funded by Insurance Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
If funded by insurance, please provide insurance company name, address and telephone number so we can contact the insurer.				
12. Is Assignment Revocable or Irrevocable? Please check the appropriate box.	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable			
13. If changed from revocable to irrevocable, the effective date of the change:				
<b>Please List Value for Each Item</b>				
1. Mausoleum				
2. Grave Site				
3. Vault				
4. Crypt				
5. Casket				
6. Urn				
7. Headstone				
8. Open/Close				
9. Other				

Area Code and Telephone No.

Signature—Funeral Home or Insurance Company Representative Date