

**ESTATE RECOVERY PROGRAM
NOTIFICATION OF DEATH**

THE FOLLOWING INFORMATION MUST BE COMPLETED BY THE NURSING FACILITY OR OTHER FACILITY RETURNED TO THE DEPARTMENT OF SOCIAL SERVICES WITHIN 15 DAYS OF THE DATE OF DEATH.

NAME OF DECEASED RESIDENT _____

MEDICAID NUMBER _____

DATE OF DEATH _____

FACILITY OF RESIDENCE _____

PLEASE ANSWER ALL THE FOLLOWING:

DOES THE DECEASED HAVE A:

- | | | | |
|---------------------------------|----|-----|---------|
| (1) SURVIVING SPOUSE | NO | YES | UNKNOWN |
| (2) SURVIVING MINOR CHILDREN | NO | YES | UNKNOWN |
| (3) SURVIVING DISABLED CHILDREN | NO | YES | UNKNOWN |

PLEASE LIST BELOW THE NAME, MAILING ADDRESS, AND RELATIONSHIP OF FAMILY CONTACT OR CONTACT PERSON:

- | | | | | |
|-----|-------------|----|-----|---------|
| (4) | <u>WILL</u> | NO | YES | UNKNOWN |
|-----|-------------|----|-----|---------|

EXECUTOR _____
EXECUTOR ADDRESS _____

- | | | | | |
|-----|---|----|-----|---------|
| (5) | <u>PRE PAID BURIAL FUND - REVOCABLE
OR IRREVOCABLE BURIAL TRUST</u> | NO | YES | UNKNOWN |
|-----|---|----|-----|---------|

NAME OF PLAN _____
AMOUNT OF PLAN \$ _____
DATE FUNDS WERE REQUESTED FOR BURIAL EXPENSES _____

OVER

FINAL TRUST FUND RECONCILIATION

AMOUNT IN PERSONAL TRUST ACCOUNT ON DATE OF DEATH	\$
ADD DEPOSITS AND/OR CREDIT BALANCES	\$
 SUB TOTAL OF TRUST FUND	 \$ _____

LESS FINAL EXPENSES PAID FROM PERSONAL TRUST FUND
(ATTACH COPY OF CHARGES AND PROOF OF PAYMENT)

FUNERAL COSTS	\$
HEADSTONE COST	\$
CREMATORIUM COST	\$
OTHER - PLEASE LIST:	
_____	\$
_____	\$
_____	\$

TOTAL FINAL EXPENSES PAID.		\$ _____
	BALANCE FOR DSS	\$ _____

(IN ACCORDANCE WITH SDCL 29A-3-817 AND SDCL34-12-38)

**IF THERE IS A SURVIVING SPOUSE THERE IS NO RECOVERY BY DSS
IF FUNERAL EXPENSES HAVE BEEN PAID THE BALANCE MAY BE SENT IN.**

COMPLETED BY: _____
SIGNATURE

NAME (PRINT)/TITLE/POSITION

NURSING FACILITY NAME

NURSING FACILITY MAILING ADDRESS

NURSING FACILITY PHONE NUMBER

DATE COMPLETED: _____

RETURN THIS FORM TO:	DEPARTMENT OF SOCIAL SERVICES OFFICE OF RECOVERIES AND FRAUD INVESTIGATIONS ESTATE RECOVERY PROGRAM 700 GOVERNORS DRIVE PIERRE SOUTH DAKOTA 57501-2291
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FOR INFORMATION CONTACT: ESTATE RECOVERY PROGRAM AT 605-773-3653

The Facility must also notify the local eligibility caseworker of the death of a Medicaid recipient.