

**WISCONSIN FUNERAL AND CEMETERY AIDS PROGRAM
APPLICATION**

This form must be completed and signed to receive consideration for Wisconsin Funeral and Cemetery Aids Program (WFCAP) assistance. Return the completed and signed application and all other required documentation to:

Wisconsin Department of Health Services
Wisconsin Funeral and Cemetery Aids Program
PO Box 309
Madison, WI 53701

Phone: 888-859-0611
Fax: 608-266-8317

Email: dhswfcapapplications@wi.gov

Refer to the WFCAP manual at www.emhandbooks.wisconsin.gov/wfcap/fcap.htm for program guidelines.

SECTION 1 – Decedent Information

Name – Decedent

Social Security Number

Date of Birth

Date of Death

Date(s) Services Provided (date of memorial services, cremation date, burial date, etc.)

Street Address – Last Known

City

State

Zip Code

County of Residence

SECTION 2 – Funeral Home Service Provider Information

Name – Funeral Home

Tax ID Number

Street Address

City

State

Zip Code

Phone Number

Fax

Email

Type of Provider

Funeral Home Crematory operated by funeral home

Note: Provide an itemized Statement of Funeral Goods and Services Selected.

For WFCAP Staff Only

Supplier ID Number – Funeral Home

Supplier ID Number – Cemetery

Supplier ID Number – Crematory

Case Number

Burial Trust/Burial Insurance
 Yes No

Med Stat Code

SECTION 3 – Cemetery/Crematory Service Provider Information (if you are a crematory operated by a funeral home, complete Section 2 also)

Name – Cemetery/Crematory		Tax ID Number	
Street Address			
City		State	Zip Code
Phone Number		Fax	
Email		Type of Provider <input type="checkbox"/> Cemetery <input type="checkbox"/> Crematory	
Did the funeral home cash advance any charges? If yes, provide invoices or receipts.		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Note: Provide an itemized cemetery/crematory billing statement.

SECTION 4 – Life Insurance Assets and Values

Under Wis. Stat. § 49.785 (1m) (d), if the decedent, or the decedent’s spouse or another person, owns a life insurance policy insuring the decedent’s life, and the face value of the policy is more than \$3,000, any WFCAP amount that the Department of Health Services (DHS) would be obligated to pay shall be reduced by one dollar for every dollar by which the face value of the policy exceeds \$3,000.

Indicate below all life insurance policies insuring the decedent’s life. If more space is needed, attach additional sheet(s). **Verifying documentation of the policy must be submitted with this application, or processing of your WFCAP application will be delayed.** Documentation must include a copy of the life insurance policy with the face value, insurance company name, issue date, and policy number.

Name – Insurance Company	Life Insurance Policy Face Value \$
Issue Date	Policy Number
Name – Insurance Company	Life Insurance Policy Face Value \$
Issue Date	Policy Number

SECTION 5 – Expense and Payment Limits

Payment under Wis. Stat. § 49.785 is available **only** when the estate of the decedent is insufficient to pay for his or her funeral, burial, and cemetery/crematory expenses and there are no other sources of payment.

WFCAP payment is limited to the lesser of \$1,500 or the funeral and burial expenses not paid by the estate of the decedent and other sources. If the total funeral and burial expenses for the decedent exceed \$4,500, DHS is not required to make a payment for funeral and burial expenses.

WFCAP payment is limited to the lesser of \$1,000 or the cemetery/crematory expenses that are not paid by the estate of the decedent and other sources. If the total cemetery/crematory expenses for the decedent exceed \$3,500, DHS is not required to make a payment for the cemetery/crematory expenses.

Are you requesting consideration for special circumstances? Yes No

If special circumstances exist that may justify exceeding the total expense limit or the payment limits under Wis. Stat. § 49.785, describe those circumstances in detail on an additional sheet(s) and submit as an attachment to this application.

SECTION 6 – Funeral and Cemetery/Crematory Expense Verification Requirements

Funeral Expenses

Attach the funeral home “Statement of Funeral Goods and Services Selected” (Statement). **If you do not include the Statement, processing of your WFCAP application will be delayed.** Ensure that the Statement includes total **actual** expenses, not estimates, for each of the goods and services provided by the funeral home and by any funeral home within the same corporation, whether the good or service was provided before or after death. Enter the exact dollar amount for each good and service provided.

Ensure that the Statement includes and clearly identifies all cash advances. A cash advance is excluded from the funeral expenses under Wis. Stat. § 49.785 if the funeral home requests a reimbursement in an amount no greater than the amount advanced. If an upcharge or service fee is added, the amount will be treated as a funeral expense. **All cash advance items must be verified with supporting documentation (i.e., invoice or receipt) from the third-party vendor.** An exception may be made if it is impossible to obtain an invoice or receipt. If so, provide a separate document indicating the vendor’s name, vendor telephone number, purchase date, amount of the cash advance(s), and amount of service fee, if any.

If you provided goods or services on behalf of a small and rural cemetery because the small and rural cemetery requires, but cannot provide, those goods or services (e.g., outer burial vault), indicate that on the Statement. Failure to do so will result in those goods or services being counted as funeral expenses.

Cemetery/Crematory Expenses

Attach an itemized billing statement of cemetery/crematory goods and services. The billing statement must be provided by the cemetery/crematory and signed by its representative. **If you do not include the billing statement, processing of your WFCAP application will be delayed.** Ensure that the billing statement includes total actual expenses, not estimates, for each of the goods and services provided by the cemetery/crematory, whether the good or service was provided before or after death. Enter the exact dollar amount for each good and service provided.

SECTION 7 – Total Funeral and Cemetery/Crematory Expenses and Payments

Total Funeral Expenses

Indicate the total actual expenses for all funeral goods and services provided. Do not include cash advance items if the funeral home requires reimbursement in an amount no greater than the amount advanced. Do not include goods and services that are required but not provided by a small and rural cemetery.

Total Cemetery/Crematory Expenses

Indicate the total actual expenses for all cemetery/crematory goods and services provided, including any cemetery/crematory goods and services either cash advanced or provided on behalf of a small and rural cemetery by the funeral home.

Amount Available from Estate and Other Sources

For each category, indicate the total funds available from the estate and other funding sources to cover funeral and cemetery/crematory expenses of the decedent. This amount must include burial trusts, burial insurance, life insurance-funded burial contracts, etc. In addition, if the decedent is named as the insured on a life insurance policy with a face value of more than \$3,000, the amount exceeding \$3,000 must be used to pay for the decedent’s funeral and cemetery/crematory expenses.

Payment Request from WFCAP

For each category, subtract amounts paid by the estate and other sources from the total expenses and indicate the remainder on the lines for “Payment Request from WFCAP.”

Total Funeral Expenses \$	Total Cemetery/Crematory Expenses \$
Minus Amount Available from Estate \$	Minus Amount Available from Estate \$
Minus Amount Available from Other Sources \$	Minus Amount Available from Other Sources \$
Payment Request from WFCAP \$	Payment Request from WFCAP \$

SECTION 8 – Signatures of Service Provider and Executor/Family Representative

The **service provider** certifies by signing below that: (1) the expenses indicated represent total actual expenses for goods and services provided by the service provider and (2) funds to which the service provider is entitled are included in the “Amount Available from Estate” and “Amount Available from Other Sources.”

The **executor or family representative** certifies by signing below that the “Amount Available from Estate” and “Amount Available from Other Sources” indicated represent the total funds available from the estate and other funding sources to cover funeral, burial, and cemetery/crematory expenses of the decedent. The executor or family representative must sign for each category of goods and services requested (i.e., if funeral and cemetery/crematory expenses are both included on the application, the executor or family representative must sign for both).

FUNERAL HOME

SIGNATURE – Service Provider	Date Signed
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Print Name of Service Provider

SIGNATURE – Executor/Family Representative	Date Signed
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Print Name of Executor/Family Representative

Street Address – Executor/Family Representative

City	State	Zip Code	Phone Number
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CEMETERY/CREMATORY

Cash Advanced – if checked, Funeral Director initial: _____

SIGNATURE – Service Provider (if not cash advanced)	Date Signed
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Print Name of Service Provider

SIGNATURE – Executor/Family Representative	Date Signed
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Print Name of Executor/Family Representative

Street Address – Executor/Family Representative

City	State	Zip Code	Phone Number
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Personally identifiable information and Social Security numbers are used only for the direct administration of the Estate Recovery Program and Wisconsin Funeral and Cemetery Aids Program.

SECTION 9 – Signatures of Service Provider and Executor/Family Representative – Life Insurance Declaration

The **funeral home/cemetery/crematory service provider** declares by signing below that inquiry was made of the executor or family representative of the existence of any life insurance policies, created on or after October 3, 2016, insuring the life of the decedent.

SIGNATURE – Service Provider

Date Signed

Print Name of Service Provider

The **executor or family representative** declares by signing below that the service provider inquired as to the existence of any life insurance policies, created on or after October 3, 2016, insuring the life of the decedent and has disclosed all known policies on this application.

SIGNATURE – Executor/Family Representative

Date Signed

Print Name of Executor/Family Representative
