

Funeral Fund Request Form

\$2,500: Funeral Fund

Each qualifying family will receive up to \$2,500 for funereal expenses.

\$2,500 Funeral Fund

Total Amount Requested: \$2,500 / Social Worker Signature: _____ Date: _____

TBCF Office Use ONLY

Program Applied For	Amount Granted	Date Granted	Program Director (Initials)
Funeral Fund			

Family Approval Information

Name of Patient: _____

Name of Guardian(s): _____

Mailing Address: _____

Family Number: _____

Completed Application Received (Date): _____ Effective Date: _____

Program Director (Signature): _____ Date: _____

Executive Director (Signature): _____ Date: _____