

## Wisconsin Funeral and Cemetery Aids Program Reimbursement Request

Personally identifiable information and Social Security Numbers are used only for the direct administration of the Wisconsin Funeral and Cemetery Aids Program.

This form must be completed and signed to receive reimbursement. Return the completed and signed form and all other required documentation to:

Milwaukee county residents

All other county residents

Wisconsin Department of Health Services/MILES  
1220 W. Vliet Street  
ATTN: Pat Martin – Room 111  
Milwaukee, WI 53205-0676  
Fax: 414-289-8572

Wisconsin Department of Health Services  
to Enrollment Management Central Application Processing Operation  
P O Box 309  
Madison, WI 53701  
Fax: 608-267-3381

### SECTION 1 – Decedent Information

Name :	Date of Birth:
Address:	Date of Death:
Social Security Number:	Date(s) Services were provided: (i.e. date of memorial services, cremation date, or burial date)

### SECTION 2 – Provider Information

Funeral Home	Tax ID: _____	Cemetery (if Crematory, list Tax ID: _____ )
Name:		Name:
Address:		Address (street address, city, state, and zip code):
Telephone Number:		Telephone Number:
		Check type of provider <input type="checkbox"/> Cemetery <input type="checkbox"/> Crematory
		Check if Funeral Home cash advanced these charges <input type="checkbox"/>

### SECTION 3 – Demonstrating Total Funeral and Cemetery Expenses

#### Total Funeral Expenses

Attach the Funeral Home "Statement of Funeral Goods and Services Selected." If you do not include the Statement, your reimbursement request will be denied. Assure that the Statement includes total actual charges, not estimates, for each of the goods/services provided by the funeral home and any funeral home within the same corporation, whether the goods/services were provided before or after death. Enter the exact dollar amount for each good/service provided.

Assure 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 up-charge or service fee is added, the amount will be treated as a funeral expense. **All cash advance items must be verified.** A receipt from the third party vendor is the preferred method of verification. If it is not possible to obtain a receipt, please in a separate document indicate the following: Vendor's name, Vendor telephone number, Purchase date, Amount of the cash advances, Amount of service fee if any.

If you provided goods/services on behalf of the cemetery because the cemetery cannot provide those goods/services (e.g. outer burial vault), indicate that on the Statement. Failure to do so may result in those goods/services being counted as funeral expenses.

#### Total Cemetery / Crematory Expenses

Attach an itemized statement of cemetery/crematory goods and services. The statement must be provided by the cemetery/crematory and signed by its representative. If you do not include the Statement, your reimbursement request will be denied. Assure that the Statement includes total actual charges, not estimates, for each of the goods/services provided by the cemetery or crematory, whether the goods/services were provided before or after death. Enter the exact dollar amount for each good/service provided.

