



Exhibit "C"

ESTATE RECOVERY FUNERAL HOME ATTESTATION

It is the responsibility of the funeral home requesting personal needs funds from a nursing home to submit this form along with the updated funeral bill and prepaid burial contract. If this form is not completely filled out and the requested documentation is not presented with this form, the personal needs funds will not be released to the funeral home. The Rhode Island Executive Office of Health and Human Services Estate Recovery Unit will then review the documents and instruct the nursing home of the total amount of funds that can be distributed to the funeral home for payment towards the outstanding funeral bill. Please fax to 401-462-3350 ATTN: Estate Recovery. Any questions should be directed to Estate Recovery at 401-462-1190.

Deceased Name _____

SS# _____

Date of Death _____

Funeral Home Contact Name and Number _____

Funeral Home Name and Address _____

Nursing home name & telephone number _____

DISCLOSURE OF CHARGES AND CREDITS

1. Total Burial Charges (provide invoice copy) \$ _____
2. Prepaid Burial Contract (provide copy) \$ _____
3. Insurance Payment \$ _____
4. Burial Set Aside \$ _____
5. Miscellaneous Credits \$ _____
6. Final Invoice Charges (attach invoice copy) \$ _____

I, _____ (print name) certify under penalty of perjury under the laws of the State of Rhode Island that the information provided herein is true and correct. I further declare, if any future credits are applied to this account which would generate a credit and there is no surviving spouse the refund will be sent to EOHHS at the above address.

Signature: _____

Title: _____ Date: _____