

# HIDALGO COUNTY HEALTH AND HUMAN SERVICES COVID CONDOLENCE PROGRAM

1304 S. 25<sup>th</sup> Avenue  
Edinburg, Texas 78542  
(956) 318-2011  
Office Fax (956) 318-2019 or (956) 318-2018

## **Edinburg Health Clinic**

3105 East Richardson (Schunior) Rd.  
Edinburg, TX 78539  
(956) 318-2087  
(956) 383-3478 Fax

## **McAllen Health Clinic**

300 East Hackberry  
McAllen, Texas 78501  
(956) 205-7082  
(956) 682-2016 Fax

## **Mission Health Clinic**

211 North Schuerbach Rd  
Mission, TX 78572  
(956) 581-8596  
(956) 581-9459 Fax

## **Weslaco Health Clinic**

1901 North Bridge  
Weslaco, TX 78596  
(956) 969-4700  
(956) 973-7816 Fax

## **Pharr Health Clinic**

300 West Hall Acres  
Pharr, TX 78577  
(956) 784-3580  
(956) 787-1254 Fax

**Office Hours: Monday – Friday 8:00 AM – 5:00 PM**  
**Closed for lunch: 12:00 PM – 1:00 PM**

# Hidalgo County COVID Condolence Program

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Applicant,

Please complete the *Hidalgo County Application for COVID Condolence Program*. Please fill in all the questions to the best of your ability. If you do not understand a question please ask for assistance.

In addition to the above, the following information needs to be provided with your application:

- Proof of income
- Proof that death was due to COVID-19
- Social security card and/or birth certificates for applicant and/or
- Drivers license, Picture ID, voter registration card, etc. (must have a picture)
- Proof of residence/monthly expenses: light bill, water bill, telephone bill, property tax receipt, etc. (all receipts for the expenses listed on the monthly expense form)

If funeral occurred prior to August 4,2020, and paid in full, or payment owed to funeral home less than **\$1,000** you will be required to provide the following with your application:

- W-9 Form
- Social Security Card
- Identification (Picture ID)
- Proof of loss of income (hardship funeral costs)
- A paid receipt and funeral home contract/agreement
- Executed Reimbursement Form
- Other documents as needed

Please make sure that all the information is included with your application. Incomplete applications will not be processed until all documents are submitted. Intentional withholding of information can result in the recovery of any loss by repayment or by filing civil or criminal charges.

Once you have completed the application and provided the requested documents please submit it to the Eligibility Specialist or mail it to the above address.

# Hidalgo County COVID Condolence Program

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Solicitante,

Por favor llene la solicitud de Asistencia. Favor de contestar todas las preguntas y si no entiende alguna pregunta de la solicitud por favor pida asistencia.

Aparte de la información indicada en la parte superior también necesitamos la siguiente información con su solicitud:

- Prueba de ingresos
- Prueba de que la muerte fue debido a COVID-19
- Actas de Nacimiento y/ o números sociales y/o
- Licencia para conducir, identificación con foto, certificado de registro electoral, etc. (documento deberá tener su fotografía)
- Comprobantes de su residencia y de los gastos mensuales como un recibo de luz, agua, teléfono, recibo del pago de los impuestos de su propiedad, etc. (todos los recibos que comprueben los gastos anotados en la forma que indica sus gastos mensuales)

Si el funeral ocurrió antes del 4 de Agosto de 2020, y pagado totalmente, o el pago que se debe la funeraria es menos de \$1000 se necesita la siguiente con su solicitud:

- Forma W-9
- Tarjeta de seguro social
- Identificación con foto
- Prueba de Perdida de ingresos (dificultades por costos de funeral)
- Recibo de pago y contrato de la funeraria
- Forma de reembolso firmada
- Otros documentos si es necesario

Por favor asegurese de que toda la información sea incluida en su solicitud. Solicitudes que no estén completas no serán procesadas hasta que no se reciba toda la información. Si usted retiene información deliberadamente usted podría dar lugar a la recuperación de pérdidas por medio de la devolución de pagos ó de la presentación de cargos criminales en su contra.

Una vez que usted llene completamente la solicitud y proporcione los documentos requeridos por favor entregue toda la información a la recepcionista ó envíela a la dirección indicada en la parte superior de esta carta.

# Hidalgo County Health and Human Services Hidalgo County COVID Condolence Program

## Section A

Name of Deceased as it appears on Death Certificate: \_\_\_\_\_

MR# \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Place of Death: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address Prior to Death: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Was the deceased a resident of Hidalgo County? \_\_\_\_\_

Which Funeral Home: \_\_\_\_\_

Was the deceased receiving any type of Medicaid? \_\_\_\_\_

Has there been a loss of income due to COVID? \_\_\_\_\_

Was the death COVID related? \_\_\_\_\_

City: \_\_\_\_\_

## Section B

Please list all Household Members	Relationship to the Deceased	Monthly Income (Source)	Medicaid Y or N

## Section C

Did the deceased have prepaid burial insurance? \_\_\_\_\_

Was the deceased a Veteran? \_\_\_\_\_

Has the funeral home been contacted? \_\_\_\_\_

Has any money been paid to the funeral home for funeral or for the cemetery plot? \_\_\_\_\_

\_\_\_\_\_  
Signature of applicant/representative

\_\_\_\_\_  
Relationship to deceased

\_\_\_\_\_  
Date

# Hidalgo County Health and Human Services

## Solicitud para Asistencia Funebre - COVID

### Sección A

Nombre del fallecido como aparece en el acta de defunción:

MR# \_\_\_\_\_

Número de teléfono: \_\_\_\_\_

Fecha de nacimiento: \_\_\_\_\_

Lugar de fallecimiento: \_\_\_\_\_

Fecha de fallecimiento: \_\_\_\_\_

Dirección antes de fallecer: \_\_\_\_\_

¿Vivía la persona en el condado de Hidalgo antes de fallecer? \_\_\_\_\_

¿Funeraria? \_\_\_\_\_

¿La persona fallecida recibía algún tipo de Medicaid? \_\_\_\_\_

¿Ha habido pérdida de ingresos debido a COVID? \_\_\_\_\_

¿La persona falleció a causa de COVID? \_\_\_\_\_

¿Ciudad? \_\_\_\_\_

### Sección B

Por favor anote todos los miembros del hogar	Parentesco con la persona fallecida	Ingresos mensual (fuente de ingresos)	Medicaid Si ó No

### Sección C

¿Tenía algún seguro prepago para entierro? \_\_\_\_\_

¿Era veterano? \_\_\_\_\_

¿Se han comunicado con la agencia funeraria? \_\_\_\_\_

¿Se ha hecho algún pago a la funeraria? \_\_\_\_\_

\_\_\_\_\_  
Firma del solicitante/representante

\_\_\_\_\_  
Parentesco al fallecido

\_\_\_\_\_  
Fecha



## Hidalgo County COVID Condolence Program Coronavirus Relief Fund Reimbursement Request

SECTION 1	APPLICANT INFORMATION	
SECTION 1	Applicant Name:	Deceased Name and MR#
	Mailing Address:	Contact Phone: (Area code and Number)

SECTION 2	CORONAVIRUS RELIEF FUND EXPENDITURE FORM		
SECTION 2	Date of Death:	Account Number: 1-1287-441-42-115-096-0340	
	Type of Category Expense	Description of Expense	Amount
	Expenses associated with the provision of economic support in connection with the COVID-19 public health emergency due to funeral expenses incurred.	Hidalgo County COVID Condolence Program - Funeral Expense	\$ 1,000.00

SECTION 3	CERTIFICATION/PROMISSORY AGREEMENT	
SECTION 3	<p>The undersigned hereby certifies under penalty of perjury that the information provided in this request for reimbursement from the Coronavirus Relief Fund is true, complete, and accurate and the expenditures reported are in compliance with the Hidalgo County Condolence Program. I further understand that as the person identified herein requesting services as a result of the death of a family member due to COVID-19, that failure to provide complete and accurate supporting documentation may require that I pay back and reimburse the County of Hidalgo, Texas any monies not used for the reimbursement of funeral expenses in compliance with the Hidalgo County Condolence Program. I understand that the monies received are federal funds provided as a direct result of the COVID-19 public health emergency and any misuse of these funds will require the forfeiture of said benefit. I am further aware that any false, fictitious, or fraudulent information provided may subject me to criminal, civil, or administrative penalties.</p>	
	Print Name:	SSN/TIN:
	Signature:	Date:

SECTION 4	Reviewed by:	
	Name & Title:	
	Date Reviewed:	

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

<b>Print or type.</b>	<b>See Specific Instructions on page 3.</b>	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p><b>2</b> Business name/disregarded entity name, if different from above</p> <hr/> <p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
		<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p><b>6</b> City, state, and ZIP code</p> <hr/> <p><b>7</b> List account number(s) here (optional)</p> <hr/>	<p>Requester's name and address (optional)</p> <hr/>

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>											
				-			-				
<b>or</b>											
<b>Employer identification number</b>											
				-							

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*