



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN #12-93-OPE (This Policy Bulletin Replaces PB #12-91-OPE)

APPLICATION TO BE RECOGNIZED AS AN ORGANIZATIONAL FRIEND

<p>Date: September 11, 2012</p>	<p>Subtopic(s): Burial Claims</p>
<p> This procedure can now be accessed on the FIAweb.</p>	<p>The purpose of this policy bulletin is to introduce to Burial Claims Unit staff the Application to Be Recognized as an Organizational Friend (FIA-1060) form and the Notice of Decision on Your Application to be Recognized as an Organizational Friend (FIA 1060a). This policy bulletin is informational for all other staff.</p> <p>Through the Burial Claims Unit, the Human Resources Administration (HRA) provides assistance to individuals and entities who pay funeral expenses for indigent New Yorkers</p> <p>The Burial Claims Unit is responsible for evaluating and processing all applications for burial assistance. Assistance is provided to help pay for burial expenses for indigent NYC residents who die and lack sufficient funds to pay for their funeral expenses and there are no Legally-Responsible Relative(s) (LRR) such as a spouse or parent (if the deceased is under the age of 21) willing or able to cover the cost of the funeral.</p> <p>Organizations may pay for the funeral expenses of their members and request reimbursement from HRA. In order for the organization to be eligible to submit an application for reimbursement of funeral expenses the organization must meet the criteria listed on page 2 and submit the FIA-1060 and be approved by HRA.</p>

HAVE QUESTIONS ABOUT THIS PROCEDURE?
Call 718-557-1313 then press 3 at the prompt followed by 1 or
send an e-mail to *FIA Call Center Fax* or fax to: (917) 639-0298

A charitable and/or religious organization may qualify as an Organizational Friend based on the organization's satisfactorily meeting the following criteria:

- The organization's history and purpose, as demonstrated by its articles of organization, are charitable and/or religious in nature;
- Part of the organization's function is to bury indigent persons;
- The organization's principal place of business is in New York City;
- The organization is non-profit and tax-exempt pursuant to §501(c)(3) or 501(c)(19) of the United States Internal Revenue Code;
- No board member or officer of the organization is a funeral home director with which the organization does business;
- A substantial amount of the organization's funding for burial purposes comes from private sources;
- Annually, the organization makes its books and records available to the Human Resources Administration for inspection, review and audit, if necessary.

Upon receipt of the **FIA-1060**, Burial Claims staff must forward it to the office of the Assistant Deputy Commissioner of the Division of Job Support Services, who will determine, based on the application and supporting documentation, if the organization meets the criteria for an Organizational Friend.

Once a decision is made on the application, the office of the Assistant Deputy Commissioner of FIA Operations, Division of Job Support Services, will send the organization a completed **FIA-1060a** notifying them of HRA's decision. A copy of the FIA-1060a will also be sent to a designated staff in the Burial Claims Unit.

If the organization is approved to be an Organizational Friend, the Burial Claims Unit can begin to accept Burial Claims applications for reimbursement of funeral expenses paid by the organization.

Effective Immediately


References:

- 68 Rules of the City of New York § 2-02
- 68 Rules of the City of New York § 2-09

Attachments:

- FIA-1060** Application to Be Recognized as an Organizational Friend (Rev. 9/11/12)
- FIA-1060a** Notice of Decision on Your Application to be Recognized as an Organizational Friend (9/11/12)

The Burial Claims procedure will be published separately.

 Please use Print on Demand to obtain copies of forms.

Date: _____

Application to Be Recognized as an Organizational Friend

Complete, sign, have notarized, and submit this form to apply for recognition as an Organizational Friend for purposes of submitting an application for a grant for burial expenses to the New York City Human Resources Administration. The mere fact that an organization or its representative arranges for the burial of a decedent, pursuant to Chapter 2 of Title 68 of the Rules of the City of New York, does not render the organization or representative responsible for the decedent's debts, nor does it confer upon them a benefit from the decedent's estate.

Applicant Organization:

Organization's Name: _____

Legal Name: _____ Tax ID#: _____

Mailing Address: _____

Applicant Organization's Contact Person:

Name: _____ Title: _____

Telephone Number: _____ Fax: _____

1. Is the applicant organization's history and purpose charitable and/or religious in nature? Yes No
 If yes, is part of the organization's function to bury indigent persons? Yes No
2. Is the applicant organization a veteran's organization? Yes No
 If yes, is part of the organization's function to bury indigent veterans? Yes No
3. Is the applicant organization's principal place of business in New York City? Yes No
4. Is the applicant organization non-profit and tax-exempt pursuant to § 501(c)(3) or 501(c)(19) of the United States Internal Revenue Code? Yes No
5. Is a board member or officer of the applicant organization a funeral home director with which the organization does business? Yes No
6. Does a substantial amount of the applicant's organization's funding for burial purposes come from private sources? Yes No
7. Does the applicant organization agree to make its books and records available to HRA for inspection, review and audit? Yes No

Date: _____

Organization's Authorized Representative:

By signing below, I swear and/or affirm under the penalties of perjury that the information I have provided on behalf of the applying organization to the New York City Human Resources Administration is correct and true.

Name: _____ Title: _____

Signature: _____ Date: _____

Subscribed and sworn to before me this _____ day of _____ 20____.

Notary Public

SAMPLE

Date: _____

**Notice of Decision on Your Application
 to be Recognized as an Organizational Friend**

On _____ you submitted an application to be recognized as an Organizational friend with Human Resources Administration (HRA).

- Your application has been accepted. You are now authorized to submit a Burial Claims application.
- Your application has been denied for the reason(s) listed below.
 - The organization is not a Veterans organization, a function of which is to bury indigent veterans.
 - The organization's history and purpose is not charitable or religious in nature.
 - The organization is not a nonprofit or tax exempt organization pursuant to §501(c)(3) or §501(c)(19) of the United States Internal Revenue Code.
 - The organization has board members and/or officers of the organization who are funeral home directors with which the organization does business.
 - A substantial amount of the organization's funding for burial purposes does not come from private sources.
 - The organization is not willing to make its books and records available annually to HRA for review and audit.

SAMPLE

Print Name: _____ Telephone Number: _____

Signature: _____