



YOLO COUNTY SHERIFF'S OFFICE

140 TONY DIAZ DRIVE, WOODLAND, CA 95776

(530)668-5280 WWW.YOLOCOUNTYSHERIFF.COM

Referral to Indigent Program

This form is intended to be completed by facility staff member who is assuming responsibility for compliance with **Health and Safety Code Section 7104**.

Date: _____

Full Name of Decedent: _____ Sex: _____

Residence address: _____ How long? _____

Mailing Address: _____ Phone: _____

Date of Birth: _____ Place of Birth: _____ SSN: _____

Marital status: _____ Race: _____ Employer: _____

Military Service: Yes No Branch of Service _____

Honorable discharge: Yes No VA Documents: DD214 Other _____

If referral is made after death please complete the two lines below:

Doctor signing Death Certificate: _____ Doctor's phone: _____

Where is body stored: _____ Phone: _____

Prior residence if currently in a facility: _____

If in a facility, date admitted: _____ Admitted from: _____

Who signed them in: _____

Relationship: _____ Phone #: _____

Property/funds held at the facility: _____

Income & Assets

SSI Income \$ _____ SSA Income \$ _____ VA Income \$ _____ Other \$ _____

Checking Acct. Savings Acct. Balance \$ _____ Name of Bank: _____

Acct. Number: _____ Patient trust balance \$ _____

Rep Payee Account? Yes No If so, who: _____ Phone #: _____

Medicare #: _____ Medi-Cal #: _____

Other property (house, cars, etc.): _____

Is there a will? Yes No Location of Will _____

Is there a power of attorney? Yes No Who has a copy? _____

NEXT OF KIN

List identified next of kin:

Name: _____ Relationship: _____

Address: _____ Zip _____ Phone _____

Name: _____ Relationship: _____

Address: _____ Zip _____ Phone _____

Name: _____ Relationship: _____

Address: _____ Zip _____ Phone _____

Person making this referral: _____ Ph: _____

(name and title)

Address: _____

I certify that I have made a diligent effort to locate the decedent's next of kin. I also certify that I have completed the form with the most current and accurate information available.

Date: _____ Signed: _____