



# YOLO COUNTY SHERIFF'S OFFICE

140 TONY DIAZ DRIVE, WOODLAND, CA 95776

PHONE (530)406-5137 FAX (530)669-5841

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## 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**.

Decedent Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Time of Death: \_\_\_\_\_ Place of Death: \_\_\_\_\_

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: \_\_\_\_\_