

MORTON COUNTY SOCIAL SERVICE SPECIAL BOARD MEETING AGENDA

September 14, 2017
Social Services Conference Room
Morton County Courthouse
200 2ND AVENUE NW, MANDAN ND
10:00 AM

Call to order

Approval of Agenda

Agenda Items

- Miscellaneous MCSS Bills
- General Assistance Burial Policy (Draft) Review
- 2018 Morton County Social Services Budget Review and Recommendations

Adjourn

Funeral Home _____

MORTON COUNTY BURIAL POLICY

Duty of Burial: the duty of burying or cremating the body of a deceased person becomes a responsibility of the surviving husband or wife if the deceased was married or, if the deceased was not married but left kindred, upon one or more individuals in the same degree, of adult age, nearest of kin to the deceased and possessed of sufficient means to defray the necessary expenses in accordance with subsection 1 of Section 23-06-03 of the North Dakota Century Code. The duty of the county arises if the resident has no responsible surviving spouse or next of kin. The county shall arrange for and pay for the burial or cremation, less any amount left by the deceased to defray the expenses.

APPLICATION FOR GENERAL ASSISTANCE BURIAL

Deceased _____ Birthdate _____ Date of death _____

Address _____ City _____ State _____

Social Security # _____ Veteran: Yes No Marital Status: Single Married Widowed Divorced/Separated

Name of Surviving Spouse _____ Spouse Birthdate _____

Do you have a signed contract or have you already made arrangements with a Funeral Home?
Yes No

If yes, with which Funeral Home: _____

Income and Assets must be verified before you can be eligible for general assistance funds.

Source of Income	Monthly Amount

Name of Bank	Type of Account – Checking or Savings	Amount Available

Include bank statement with this application.

Other Assets	Type (Land, Vehicles, Real Estate)	Amount Available

Life Insurance Company	Beneficiary	Amount

Include life insurance policy with this application.

The duty of burying the deceased is that of the family or next of kin. Please list all adult family members including immediate and extended family and the amount of contribution each will be responsible to pay.

Name	Relationship	Amount \$	Name	Relationship	Amount \$
Address			Address		
Phone			Phone		

Name	Relationship	Amount \$	Name	Relationship	Amount \$
Address			Address		
Phone			Phone		

Name	Relationship	Amount \$	Name	Relationship	Amount \$
Address			Address		
Phone			Phone		

Printed Name of Applicant _____

Relationship to the deceased _____

Applicants Mailing Address: _____

Home Phone: _____ Cell #: _____

Signature of Applicant _____ Date _____

*****If application is approved direct payment will be made to the designated funeral home. *****

Approved Total Benefit Authorized \$ _____ Denied

Signature of Office Personnel _____ Date _____

RESPONSIBLE RELATIVE AFFIDAVIT

The following information must be provided by each surviving family member of the deceased pursuant to ND Century Code 23-06-03. Duty of Burial. Each family member must complete a separate form.

Name _____ Soc. Security Number _____

Street Address _____ Date of Birth _____

City _____ State _____ Zip Code _____

Telephone Number _____ (Home) _____ (Cell)

Name of Deceased _____ Relationship to Deceased _____

Please list the name, age and relationship of all people living with you:

Name	Age	Relationship

I/We live in: Own Home Rented home or Apartment With relatives/friends Other _____

Expense's	Amount Paid
Rent/Mortgage	\$ _____
Heat	\$ _____
Electricity	\$ _____
Water	\$ _____
Telephone	\$ _____

Please complete the following for all employed household members:

Name	Employer	Monthly Gross Pay	Pay Dates

Does anyone in the household receive income from any of the following sources?

Income Source	Yes	No	Amount	Income Source	Yes	No	Amount
Social Security			\$	SSI			\$
Unemployment			\$	Self-Employment			\$
Workers Compensation			\$	Retirement/Pension			\$
Alimony/ Child Support			\$	Veterans Benefits			\$
BIA General Assistance			\$	Rental Income			\$
Money from Relatives			\$	Other			\$

Does anyone in the household have any of the following assets?

Asset Type	Yes	No	Amount	Asset Type	Yes	No	Amount
Funds for Burial			\$	Cash on hand			\$
Certificate of Deposit			\$	Checking Account			\$
US Savings Bond			\$	Savings Account			\$
Life Insurance			\$	Stocks or Bonds			\$

I/We are purchasing real property other than a home: Yes No

If yes, Value \$ _____ Amount Owed \$ _____

I/We own an interest in mineral rights: Yes No

If yes, Lease /Royalty Income \$ _____

Vehicles: Car, Truck, Motorcycle, Camper, Boat, Snowmobile, Three/Four Wheeler ect.

Make and Year		Value	\$	Amount Owed	\$
Make and Year		Value	\$	Amount Owed	\$
Make and Year		Value	\$	Amount Owed	\$
Make and Year		Value	\$	Amount Owed	\$

To assist Morton County Social Service Board in determining eligibility for General Assistance, I hereby authorize any person, agency or institution having information concerning my circumstances to furnish such information to an authorized representative of Morton County Social Service Board. I certify that the information provided by me on this form is correct and complete to the best of my knowledge, subject to applicable penalties and fines for fraud and perjury under North Dakota law.

Signature _____ Date _____

Morton County Social Services Line Item Narrative Document 2018 Budget

- **Salaries:** No salary increases for 2018.
- **Deferred Comp. Benefit:** Decrease of 48% for 2018. One beneficiary opted out.
- **On Call Salaries:** As of 6/30/17, MCSS used \$1260.00 of \$2738.00 allocated to this line item. This is determined by 365 days times the daily rate of \$7.50. Daily per diem rate will not change for 2018.
- **Paid Overtime:** This line item decreased by 20% for 2018. Overtime used less in 2017 due to directive by administration for workers to utilize comp-time in an effort to decrease the amount overtime.
- **Health Insurance:** Decrease of 1% determined by auditor's office. Currently, MCSS has 14 family policy holders, 16 single policy holders, 9 with no health insurance policy through Morton County and 1 unknown. Two current employees have submitted resignations. Last day of employment for both are 7/31/2017 and 9/29/2017. Replacements for these employees may affect this line item.
- **FICA Match:** Increase of less than 1% determined by auditor's office.
- **Workmen's Compensation:** This line item will decrease by 13% for 2018. Determined by auditor's office.
- **Unemployment Compensation:** This line item will remain the same for 2018. As of 6/30/17, this line item has not been utilized. Based on this information it was determined this line item would not be increased.
- **NDPERS Def. Benefit:** Increase of 3% determined by auditor's office.
- **Property & Liability Insurance:** This line item will remain the same for 2018. Determined by auditor's office.
- **Memberships & Registrations:** As of 6/30/17, MCSS has used \$1890.00 of \$3500.00 allocated to this line item. Will keep this line item at \$3500.00 for 2018 as ongoing memberships and registration needs will remain the same. Social Workers are required to receive 30 CEU credit hours of training every two years. Also, having workers participate in regular training keeps them apprised of best practice methodologies in their given profession.
- **Travel Expenses:** This line item will decrease 17% for 2018. As of 6/30/17, MCSS has used \$14,407.84 of the \$30,000.00 allocated. Children continue to be placed in foster care placements out of the area therefore, more travel is required for mandated monthly visits.
- **Repairs & Maintenance:** Increase of 4% for 2018. As of 6/30/17, MCSS has used \$14,031.33 of \$25,000.00 allocated for this line item. This line item also used for but not limited to: Honeywell Contract, Elevator Repair, Dakota Tex, Armstrong Sanitation, and Air Purification Filters.
- **Utilities:** This line-item will increase 6%. As of 6/30/17, MCSS has used \$9,269.17 of the \$18,000.00 allocated to this line-item. The increase is based on anticipated rise in utility expense.
- **Postage:** As of 6/30/17, MCSS has used \$2,444.24 of the \$6,700.00 allocated. Postage needs for MCSS remain constant. This Line-item will decrease by 10%. This line item was only decreased 10% due to the history of ongoing need the last two quarters of the year.
- **Mobile Communications:** This line item decreased by 18% for 2018. As of 6/30/17, MCSS has used \$1,280.00 of the \$4000.00 allocated.

Social Services

	2015 Actual		2016 Actual		2017 Actual		2017 Budget	Requested 2018 Budget	Increase (Decrease)	% Increase (Decrease)
					Jan - May					
207 450 6101 SALARIES	1,990,318.00	2,058,843.00	891,776.00	2,123,865.00		2,132,715.92	2,132,715.92	8,850.92	0%	
207 450 6102 DEFERRED COMP. BENEFIT	10,664.00	13,045.00	4,286.00	13,358.00		6,993.46	6,993.46	(6,364.54)	-48%	
207 450 6111 ON CALL SALARIES	2,513.00	2,730.00	1,050.00	2,738.00		2,738.00	2,738.00	-	0%	
207 450 6121 PAID OVERTIME	6,443.00	4,276.00	1,297.00	10,000.00		8,000.00	8,000.00	(2,000.00)	-20%	
207 450 6211 HEALTH INSURANCE	289,321.00	294,120.00	117,930.00	330,280.00		326,875.00	326,875.00	(3,405.00)	-1%	
207 450 6221 FICA MATCH	0.00	150,807.00	65,212.00	164,472.00		164,509.22	164,509.22	37.22	0%	
207 450 6241 WORKMENS COMPENSATION	5,968.00	6,627.00	4,973.00	7,500.00		6,500.00	6,500.00	(1,000.00)	-13%	
207 450 6251 UNEMPLOYMENT COMPENSATION	0.00	0.00	0.00	2,040.00		2,040.00	2,040.00	-	0%	
207 450 6300 NDPERS DEF. BENEFIT	225,344.00	278,778.00	120,942.00	288,358.00		296,612.74	296,612.74	8,254.74	3%	
207 450 6321 PROPERTY & LIABILITY INSU	1,280.00	1,343.00	0.00	1,500.00		1,500.00	1,500.00	-	0%	
207 450 6339 MEMBERSHIPS & REGISTRATIO	3,565.00	2,757.00	1,515.00	3,500.00		3,500.00	3,500.00	-	0%	
207 450 6341 TRAVEL EXPENSE	25,321.00	32,042.00	7,854.00	30,000.00		25,000.00	25,000.00	(5,000.00)	-17%	
207 450 6343 REPAIRS AND MAINTENANCE	31,924.00	22,449.00	13,973.00	25,000.00		26,000.00	26,000.00	1,000.00	4%	
207 450 6351 UTILITIES	16,388.00	17,661.00	7,665.00	18,000.00		19,000.00	19,000.00	1,000.00	6%	
207 450 6359 POSTAGE	6,054.00	5,572.00	1,950.00	6,700.00		6,000.00	6,000.00	(700.00)	-10%	
207 450 6360 MOBILE COMMUNICATIONS	4,983.00	3,691.00	1,024.00	4,000.00		3,300.00	3,300.00	(700.00)	-18%	
207 450 6361 TELEPHONE	7,688.00	8,426.00	2,792.00	8,000.00		8,000.00	8,000.00	-	0%	
207 450 6381 COPIER EXPENSE	5,325.00	5,080.00	5,155.00	5,678.00		5,678.00	5,678.00	-	0%	
207 450 6401 OFFICE SUPPLIES	7,839.00	7,205.00	1,698.00	8,840.00		7,500.00	7,500.00	(1,340.00)	-15%	
207 450 6412 SUPPLIES-COMPUTER	399.00	982.00	0.00	1,200.00		1,200.00	1,200.00	-	0%	
207 450 6499 CLIENT AID	2,621.00	5,435.00	72.00	7,250.00		7,250.00	7,250.00	-	0%	
207 450 6651 CAPITAL OUTLAY-EQUIPMENT	36,819.00	10,083.00	10,464.00	15,400.00		25,000.00	25,000.00	9,600.00	62%	
207 450 6891 TRANSFER OUT	143,848.00	0.00	0.00	0.00		-	-	-	#DIV/0!	
207 450 6904 GA BURIALS	20,904.00	23,016.00	3,750.00	27,500.00		27,500.00	27,500.00	-	0%	
207 450 6905 SAFETY/PERMANENCY FUNDS	8,736.00	5,149.00	2,161.00	10,000.00		8,000.00	8,000.00	(2,000.00)	-20%	
207 450 6907 SHELTER CARE	3,000.00	2,750.00	1,250.00	3,600.00		3,600.00	3,600.00	-	0%	
207 450 6908 FOOD STAMP COST	4,939.00	0.00	0.00	0.00		-	-	-	#DIV/0!	
207 450 6909 SUPERVISION	21,621.00	0.00	0.00	0.00		-	-	-	#DIV/0!	
207 450 6912 CWB PER DIEM	2,101.00	1,365.00	407.00	2,500.00		2,500.00	2,500.00	-	0%	
207 450 6913 HIGH RISK DAY CARE	580.00	0.00	0.00	0.00		-	-	-	#DIV/0!	
207 450 6927 TERMINAL COST	34,235.00	75.00	30.00	0.00		0.00	0.00	-	#DIV/0!	
207 450 6932 PRINTER EXPENSE	1,988.00	2,210.00	1,151.00	2,712.00		3,500.00	3,500.00	788.00	29%	
207 450 6938 PUBLIC ADMINISTRATOR	11,237.00	0.00	0.00	0.00		0.00	0.00	-	#DIV/0!	
	\$ 2,933,966.00	\$ 2,966,517.00	\$ 1,270,377.00	\$ 3,123,991.00		\$ 3,131,012.35	\$ 7,021.35		0%	