

Resident Trust Fund/Personal Care Account/Excess Burial Funds

Enclosed please find our check representing funds remaining in the Resident Trust Fund/
Personal Care Account/Excess Burial Funds for the resident identified below.

_____ The resident's family indicated that there has been no estate created for probate.

_____ There is no next of kin.

It is our intention to send these funds to be applied against the amount paid by the State of PA
on behalf of our nursing home resident/decedent.

Resident/Decedent Name: _____

SSN/CIS (if known): _____

Date of Death: _____

Check Amount: _____

Nursing/Funeral Home: _____

NH/FH Contact: _____

Phone: _____

E-Mail: _____

Send To:

**Department of Human Services
Estate Recovery Program
P O Box 8486
Harrisburg, PA 17105-8486**