

**FAIRFIELD TOWNSHIP
RESOLUTION NO. 25-80**

**RESOLUTION TO AUTHORIZE PAYMENT FOR THE INDIGENT CREMATION OF A
TOWNSHIP RESIDENT TO WEBSTER FUNERAL HOME
IN THE AMOUNT OF \$1,000.00.**

WHEREAS: The resident, who was deceased in the Township and did not qualify for public assistance or reside in a county home, is eligible for aid with burial expense pursuant to RC 9.15;

NOW, THEREFORE, BE IT RESOLVED, by the Board of Trustees of Fairfield Township, Butler County, Ohio, as follows;

SECTION 1: The Board hereby authorizes the payment for the Indigent Cremation of Township resident Douglas Fiscus to Webster Funeral Home, 3080 Homeward Way, Fairfield, OH, 45014 in the amount of \$1,000.00, paid from Fund No. 1000 as set forth on the attached Exhibit "A".

SECTION 2: The Board hereby dispenses with the requirement that this resolution be read on two separate days, pursuant to RC 504.10, and authorizes the adoption of this resolution upon its first reading.

SECTION 3 This resolution is the subject of the general authority granted to the Board of Trustees through the Ohio Revised Code and not the specific authority granted to the Board of Trustees through the status as a Limited Home Rule Township.

SECTION 4: That it is hereby found and determined that all formal actions of this Board concerning and relating to the passage of this Resolution were taken in meetings open to the public, in compliance with all legal requirements including §121.22 of the Ohio Revised Code.

SECTION 5: This resolution shall take effect at the earliest period allowed by law.

Adopted: May 13, 2025

Board of Trustees

Michael Berding: _____

Shannon Hartkemeyer: _____

Joe McAbee: _____

Vote of Trustees

yes

yes

yes

AUTHENTICATION

This is to certify that this is a resolution which was duly passed and filed with the Fairfield Township Fiscal Officer this 13th day of may, 2025.

ATTEST:

Shelly Schultz
Shelly Schultz, Fairfield Township Fiscal Officer

APPROVED AS TO FORM:

Katherine Barbieri
Katherine Barbieri, Township Law Director



Application for Burial at Fairfield Township's Expense

Application Information

First Name: JoAnn Last Name: FISCUS
Address: 190 Westbrook DR, Apt. 14
City: Hamilton State: Ohio Zip Code: 45013
Home Phone Number: _____ Cell Phone Number: 513 580 2568
Age: 68 Please provide written documentation of age, such as driver's license
Size of Household: 1
Age(s) of Number in Household: Self - 68 yrs. old

INCOME DOCUMENTATION

Household Income Source(s): Please attach to this application documentation of each income source, including SS or Medicare cards, pay stubs, income tax returns and such.**

1466.00 month monthly / yearly amount \$ 17,592. (circle one)
_____ monthly / yearly amount \$ _____ (circle one)
_____ monthly / yearly amount \$ _____ (circle one)
_____ monthly / yearly amount \$ _____ (circle one)
_____ monthly / yearly amount \$ _____ (circle one)
_____ monthly / yearly amount \$ _____ (circle one)

For Office Use

Application filed on: 5/6/25 Received by: Noelle M. Stennae
(Date Filed) (Twp. Personnel Receiving Application)

Documentation of income attached: Yes or No Purchase Order No.: _____

Approved: _____
(Date)

AFFIDAVIT OF DECEASED'S REPRESENTATIVE

STATE OF OHIO §

COUNTY OF Butler §

I, Jo Ann Fiscus (the "Affiant"), as the representative of the deceased Douglas Fiscus (the "Decedent"), being first duly sworn, do depose and state that:

1. Decedent died a resident of the unincorporated area of Fairfield Township.
2. To the best of Affiant's knowledge, neither the funeral director nor the funeral home has received any compensation, either directly or indirectly, in any form, for the cremation of the Decedent.
3. To the best of Affiant's knowledge, the Decedent is indigent and has no real or personal property, employment benefits, pensions, annuities, social security, unemployment compensation, inheritances, insurance, or other assets.
4. Affiant agrees to reimburse Fairfield Township for disposition expenses, if it is determined that the Decedent died owning assets, property, and/or insurance sufficient to cover the Decedent cremation and/or burial expenses.
6. Affiant says he or she is the individual making the foregoing application; and that the answers to the foregoing questions and other statements contained herein are true to the best of his or her knowledge.

Further Affiant sayeth naught.

Jo Ann Fiscus

(Signature)

Sworn to before me and subscribed in my presence this 6th day of May, 2025.

Noelle M. Sizemore

NOTARY PUBLIC



NOELLE M. SIZEMORE
Notary Public, State of Ohio
My Commission Expires
October 5, 2029



Application for Burial at Fairfield Township's Expense

Application Information

First Name: Douglas Last Name: Fiscus

Address: 3472 Hamilton Mason Rd

City: FF TWP State: OH Zip Code: 45001

Home Phone Number: (513) 8633102 Cell Phone Number: X3016

Age: 64 Please provide written documentation of age, such as driver's license

Size of Household: 0 Resident Resides in Nursing Home LTC

Age(s) of Number in Household: _____

INCOME DOCUMENTATION

Household Income Source(s): Please attach to this application documentation of each income source, including SS or Medicare cards, pay stubs, income tax returns and such.**

1,414.00 monthly yearly amount \$ _____ (circle one)

_____ monthly / yearly amount \$ _____ (circle one)

_____ monthly / yearly amount \$ _____ (circle one)

_____ monthly / yearly amount \$ _____ (circle one)

_____ monthly / yearly amount \$ _____ (circle one)

_____ monthly / yearly amount \$ _____ (circle one)

For Office Use

Application filed on: _____ Received by: _____
(Date Filed) (Twp. Personnel Receiving Application)

Documentation of income attached: Yes or No Purchase Order No.: _____

Approved: _____

(Date)

Medicaid
Requires
1364.00 to
Be Paid to
Nursing Home
as part of
care

Has
237.58
in
Account
@
Facility
& will
Render to
you



Policy for Defining Indigent for Purposes of Burial at Fairfield Township's Expense Resolution No.

Generally:

The purpose of this policy is to ensure compliance with Ohio Revised Code §9.15(C) which mandates that a township must bury or cremate a body at the township's expense when the body is claimed by an indigent person. ORC §9.15(C) defines "indigent person" as someone whose income does not exceed 150% of the federal poverty line when adjusted to the correct family size.

This policy provides guidelines intended for use by the Fairfield Township Board of Trustees when determining indigency status for the person claiming the body of a deceased person residing within the township. The guidelines below adhere to Ohio's indigency determination as set forth in ORC §9.15 and federal poverty threshold criterion.

Upon examination of the indigent person's financial and familial data (in conformance with the guidelines below), the Board shall make a determination as to whether the claimant is indigent. If the Application meets all requirements, Fairfield Township shall pay the funeral home contracted for the indigent burial at a cost not to exceed \$1,000.00.

Claimant's Indigent Status:

When determining indigency status of the person claiming the deceased's body, the Fairfield Township Board of Trustees shall consider gross income of all household members, minus the wage of salary income earned by dependent minors under 18 years of age.

Gross income includes:

- Wages and earnings from employment, interest, annuities, pensions, Social Security, retirement, employment disability, public assistance, Supplemental Security Income (SSI), alimony, child support, unemployment benefits, Workers' Compensation, and any other indirect income:

- Do not incorporate noncash benefits, i.e. food stamps and housing subsidies, or capital gains and losses
- Calculate wages before taxes

The definitions set forth in Attachment A apply to this policy.

Claimant shall provide Fairfield Township with the number and age of claimant's dependents.

Claimant shall provide documentation of income.

Limitations:

The Township shall not be responsible for burying or cremating any body found within Fairfield Township, which is claimed by a person not found to be indigent.

All expenses made by a non-indigent claimant shall be paid by the claimant.

When the claimant is determined to be indigent, the manner of cremation, burial, and aspects thereof shall be solely the decision of Fairfield Township and in accordance with ORC §9.15.

An indigent person claiming a body may not make independent funeral arrangements and have the bill submitted to Fairfield Township. Should this occur, Fairfield Township is not liable for costs under these circumstances.

Public Records Notification

Some of the records submitted by claimants, as part of the indigency determination process, may be confidential and not a public record under applicable State and Federal Law. Fairfield Township will consult with legal counsel prior to releasing any such documents to third parties.

**150% of the 2025 Federal Poverty Guidelines
as Reported by the U.S. Department of Health & Human Services**

Persons in Family / Household	Poverty Guidelines (Annual Income) *	150% Poverty Guideline (Annual Income)
1	15,650.00	23,475.00
2	21,150.00	31,725.00
3	26,650.00	39,975.00
4	32,150.00	48,225.00
5	37,650.00	56,475.00
6	43,150.00	64,725.00
7	48,650.00	72,975.00
8	54,150.00	81,225.00

*For families/households with more than 8 persons, add \$4,060 for each additional person.

Attachment A

Definitions

Income

Income consists of the following 23 components:

1. Earnings (wages, salaries, and self-employment income)
2. Interest income
3. Dividend income
4. Rents, royalties, estate, and trust income
5. Non-government survivor pensions and annuities
6. Non-government survivor pensions and annuities
7. Non-government disability pensions and annuities
8. Social Security
9. Unemployment compensation
10. Workers' compensation
11. Veterans' payments other than pensions
12. Government retirement pensions and annuities
13. Government survivor pensions and annuities
14. Government disability pensions and annuities
15. Public assistance (Includes TANF and other cash welfare)
16. Supplemental Security Income (SSI)
17. Veterans' pensions
18. Government educational assistance
19. Non-government educational assistance
20. Child Support
21. Alimony
22. Regular contributions from persons not living in the household
23. Money income not elsewhere classified

Income does not include the following:

1. Noncash benefits (such as food stamps and housing subsidies)
2. Capital gains or losses

Household

A household consists of all the people who occupy a housing unit. A house, an apartment or other group of rooms, is regarded as a housing unit when it is occupied or intended for occupancy as separate living quarters; that is, when the occupants do not live with any other persons in the structure and there is direct access from the outside or through a common hall. A household includes the related family members and all the unrelated people, if any, such as lodgers, foster children, wards, or employees who share the housing unit.

Household, Size of

The term "size of household" includes all the people occupying a housing unit. "Size of family" includes the family householder and all other people in the living quarters that are related to the householder by birth, marriage, or adoption. "Size of related subfamily" includes the husband and wife or the lone parent and their never-married sons and daughters under 18 years of age. If a family has a related subfamily among its members, the size of the family includes the members of the related subfamily.

Alimony

Includes all periodic payments people receive from ex-spouses. Alimony excludes one-time property settlements.

Child Support

Includes all periodic payments a parent receives from an absent parent for the support of children, even if these payments are made through a state or local government office.

Dividends

Includes income people receive from stock holdings and mutual fund shares. Does not include capital gains from the sale of stock holdings as income.

Earnings

The Census Bureau classifies earnings from longest job (or self-employment) and other employment earnings into three types:

- 1.) Money wage or salary income is the total income people receive for work performed as an employee during the income year. This category includes wages, salary, armed forces pay, commissions, tips, piece-rate payments, and cash bonuses earned, before deductions are made for items such as taxes, bonds, pensions, and union dues.
- 2.) Net income from nonfarm self-employment is the net money income (gross receipts Minus expenses) from one's own business, professional enterprise, or partnership. Gross receipts include the value of all goods sold and services rendered. Expenses include items such as costs of goods purchased, rent, heat, power, depreciation charges, wages and salaries paid, and business taxes (not personal income taxes). In general, the Census Bureau considers inventory changes in determining net income from nonfarm self-employment; replies based on income tax returns or other official records do reflect inventory changes. However, when respondents do not report values of inventory changes, interviewers will accept net income figures exclusive of inventory changes. The Census Bureau does not include the value of saleable merchandise consumed by the proprietors of retail stores as part of net income.

3.) Net income from farm self-employment is the net money income (gross receipts minus Operating expenses) from the operation of a farm by a person on their own account, an owner, renter, or sharecropper. Gross receipts include the value of all products sold, payments from government farm programs, money received from the rental of farm equipment to others, rent received from farm property if payment is made based on a percent of crops produced, and incidental receipts from the sale of items such as wood, sand, and gravel. Operating expenses include items such as cost of feed, fertilizer, seed, and other farming supplies; cash wages paid to farmhands; depreciation charges; cash rent; interest on farm mortgages; farm building repairs, and farm taxes (not state and federal personal income taxes). The Census Bureau does not include the value of fuel, food, or other farm products used for family living as part of net income. In determining farm self-employment income, the Census Bureau considers inventory changes in determining net income only when they are accounted for in replies based on income tax returns, or other official records which reflect inventory changes; otherwise, the Census Bureau does not take inventory changes into account.

Educational Assistance

Includes Pell Grants; other government educational assistance; any scholarships or grants; or financial assistance students receive from employers, friends, or relatives not residing in the student's household.

Financial Assistance from Outside of Household

Includes periodic payments people receive from nonhousehold members. This type of assistance excludes gifts or sporadic assistance.

Interest

Includes payments people receive (or have credited to accounts) from bonds, treasury notes, IRAs, certificates of deposit, interest-bearing savings and checking accounts, and all other investments that pay interest.

Other Income

Includes all other payments people receive regularly that are not included elsewhere on the questionnaire. Some examples are state programs such as foster child payments, military family allotments, and income received from foreign government pensions.

Pensions or Retirement

Includes payments people receive from eight sources: companies or unions; federal government (Civil Service); military; state or local governments; railroad retirement; annuities or paid-up insurance policies; individual retirement accounts (IRAs), Keogh, or 401(k) payments; or other retirement income.

Public Assistance or Welfare Payments

Includes cash public assistance payments low-income people receive, such as aid to families with dependent children (AFDC, ADC), temporary assistance to needy families (TANF), general assistance, and emergency assistance.

Rents, Royalties, and Estates and Trusts

Includes the net income people receive from the rental of a house, store, or other property, receipts from boarders or lodgers, net royalty income, and periodic payments from estate or trust funds.

Social Security

Includes social security pensions and survivors' benefits and permanent disability insurance payments made by the Social Security Administration prior to deductions for medical insurance.

Supplemental Security Income

Includes federal, state, and local welfare agency payments to low-income people who are 65 years old or over or people of any age who are blind or disabled.

Unemployment Compensation

Includes payments the respondent received from government unemployment agencies or private companies during periods of unemployment and any strike benefits the respondent received from union funds.

Veterans' Payments

Includes payments disabled members of the armed forces or survivors of deceased veterans receive periodically from the Department of Veterans Affairs for education and on-the-job training and means-tested assistance to veterans.

Workers' Compensation

Includes payments people receive periodically from public or private insurance companies for injuries received at work.

First Financial Bank
 PO Box 476
 Hamilton OH 45012-0476
 877-322-9530
Activity Statement

Joann M Fiscus
 190 Westbrook Dr Apt 14
 Hamilton OH 45013-6109

Customer Number: FAA1236
 Account Number: XXXXXXXXX7552
 Interest Rate: 0.010000 %
 Previous Statement Balance: \$2,116.67
 Average Balance: \$1,797.11

Date	Check #	Tran Code	Description	Amount	Balance
05/02/2025		163	ACH Credit SSA TREAS 310 XXSOC SEC	\$1,466.00	\$2,635.43
05/02/2025	3045	90	Check	(\$430.00)	\$2,205.43
05/05/2025		229	POS Pre-Authorized Debit - DDA DBT CRD 2145 05/03/25 25720262 MCDONALD S F1226 HAMILTONOH Card# **9796	(\$5.42)	\$2,200.01
05/05/2025		229	POS Pre-Authorized Debit - DDA DBT CRD 0513 05/04/25 25500858 WENDYS 8798 HAMILTONOH Card# **9796	(\$5.79)	\$2,194.22
05/05/2025		229	POS Pre-Authorized Debit - DDA DBT CRD 1032 05/05/25 22001498 Pet Supplies Plus 4382 HamiltonOH Card# **9796	(\$8.05)	\$2,186.17
05/05/2025		229	POS Pre-Authorized Debit - DDA D/C SETTLEMENT MCDONALD S F1226 LOC: HAMILTONOH	(\$5.42)	\$2,180.75

This temporary statement from First Financial Bank is not a formal statement of your account.
 These items will be reflected again on your regularly scheduled statement.

First Financial Bank
 PO Box 476
 Hamilton OH 45012-0476
 877-322-9530
Activity Statement

Joann M Fiscus
 190 Westbrook Dr Apt 14
 Hamilton OH 45013-6109

Customer Number: FAA1236
 Account Number: XXXXXXXXX7552
 Interest Rate: 0.010000 %
 Previous Statement Balance: \$2,116.67
 Average Balance: \$1,797.11

Date	Check #	Tran Code	Description	Amount	Balance
04/07/2025		230	Recurring POS Debit - DDA POS DEB 0614 04/07/25 06690018 APPLE COM BILL ONE APPLE PARK WAY CUPERTINOCA C# **9796	(\$0.99)	\$2,115.68
04/08/2025		183	ACH Debit CFNA PYMT CREDIT FIRST NA TEL	(\$125.00)	\$1,990.68
04/09/2025		183	ACH Debit MOBILE PMT CAPITAL ONE WEB 434RSIVT5T3UULL	(\$28.00)	\$1,962.68
04/10/2025		229	POS Pre-Authorized Debit - DDA DBT CRD 1524 04/10/25 23102891 SYNCB PHONE PAYMENT 800-292-7508GA Card# **9796	(\$29.68)	\$1,933.00
04/14/2025		183	ACH Debit MOBILE PMT CAPITAL ONE WEB 435ENNAXLD3MCDZ	(\$25.00)	\$1,908.00
04/17/2025		183	ACH Debit SYF PAYMNT AMAZON CORP WEB 604578118557192	(\$46.00)	\$1,862.00
04/17/2025		183	ACH Debit HANDSET T-MOBILE TEL	(\$110.44)	\$1,751.56
04/18/2025		229	POS Pre-Authorized Debit - DDA DBT CRD 0746 04/19/25 27109777 CITY OF HAMILTON 513-785-7100OH Card# **9796	(\$47.00)	\$1,704.56
04/23/2025		229	POS Pre-Authorized Debit -	(\$5.79)	\$1,698.77

This temporary statement from First Financial Bank is not a formal statement of your account.
 These items will be reflected again on your regularly scheduled statement.

May 6, 2025

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Resident Statement Landscape

CHS-GLENWELL, INC
Facility ID # GM NDC # 8899

Name: FISCUS, DOUGLAS

Account Type:
Transferring

Account #: 889907143

Allowance: 50.00

Direct Deposit #: 77707140933203896

Date Opened: 08/25/22

Current Balance: \$237.58

Admission Date:
08/17/22

Status Reason: Open

Res ID: GM50991

Status: Active

Restrains: None

Interest: Yes

Date	Description	Debits	Credits	Rejects	Balance	Batch	Record Number	Seq	Account Credited	Disbursing Check	Bill Pay Type	Payee	Issue Date	Clear Date	Date Of Service
1/31/24	WALMART PURCHASES	2.12			187.56	8A542P	5567	10	0000934316830	5567	F	PETTY CASH	02/05/24	02/09/24	01/24/2024
2/01/24	INTEREST PAID		0.01		187.57	40201		0							
2/02/24	SSA TREAS 310 XSOC		1380.00		1,567.57	20202		0							
2/02/24	CARE COST AUTO WDL	1330.00			237.57	20202		0	0000934316791						
2/05/24	WALMART PURCHASES	18.02			219.55	8H996P	5570	12	0000934316830	5570	F	PETTY CASH	02/06/24	02/09/24	02/01/2024
2/27/24	RESIDENT ADVANCE CASH	10.00			209.55	8C468P	5586	18	0000934316830	5586	F	PETTY CASH	02/27/24	03/05/24	02/21/2024
2/27/24	WALMART PURCHASES	7.43			202.12	8C468P	5586	19	0000934316830	5586	F	PETTY CASH	02/27/24	03/05/24	02/21/2024
3/01/24	SSA TREAS 310 XSOC		1380.00		1,582.12	20301		0							
3/01/24	CARE COST AUTO WDL	1330.00			252.12	20301		0	0000934316791						
3/01/24	INTEREST PAID		0.01		252.13	40301		0							
3/05/24	TOBACCO	53.36			198.77	8D398P	5588	18	0000934316830	5588	F	PETTY CASH	03/06/24	03/07/24	02/26/2024
3/25/24	RESIDENT ADVANCE CASH	10.00			188.77	8C172P	5593	12	0000934316830	5593	F	PETTY CASH	03/25/24	03/26/24	03/21/2024
3/25/24	RESIDENT ADVANCE CASH	10.00			178.77	8C172P	5593	17	0000934316830	5593	F	PETTY CASH	03/25/24	03/26/24	03/05/2024
4/01/24	INTEREST PAID		0.01		178.78	40401		0							
4/03/24	SSA TREAS 310 XSOC		1380.00		1,558.78	20403		0							
4/03/24	CARE COST AUTO WDL	1330.00			228.78	20403		0	0000934316791						
4/05/24	RESIDENT ADVANCE CASH	20.00			208.78	8G561P	5604	9	0000934316830	5604	F	PETTY CASH	04/07/24	04/11/24	03/28/2024
4/15/24	WALMART PURCHASES	5.24			203.54	8C574P	5619	18	0000934316830	5619	F	PETTY CASH	04/22/24	04/24/24	04/11/2024
4/15/24	RESIDENT ADVANCE CASH	5.00			198.54	8C574P	5619	4	0000934316830	5619	F	PETTY CASH	04/22/24	04/24/24	04/09/2024
4/22/24	RESIDENT ADVANCE CASH	10.00			188.54	8E797P	5621	11	0000934316830	5621	F	PETTY CASH	04/22/24	04/24/24	04/17/2024

Resident Statement Landscape

CHS-GLENWELL, INC
Facility ID # GM NDC # 8899

Name: FISCUS, DOUGLAS

Account Type: Transferring Account #: 889907143

Allowance: 50.00 Direct Deposit #: 77707140933203896
Date Opened: 08/25/22 Current Balance: \$237.58
Admission Date: 08/17/22 Status Reason: Open

Res ID: GM50991

Status: Active
Interest: Yes

Restraints: None

Date	Description	Debits	Credits	Rejects	Balance	Batch	Record Number	Seq	Account Credited	Disbursing Check	Bill Pay Type	Payee	Issue Date	Clear Date	Date Of Service
4/30/24	TOBACCO	53.36			135.18	88805P	5609	10	0000934316830	5609	F	PETTY CASH	04/30/24	05/06/24	04/29/2024
5/01/24	INTEREST PAID		0.01		135.19	40501		0							
5/03/24	SSA TREAS 310 XXSOC		1380.00		1,515.19	20503		0							
5/03/24	CARE COST AUTO WDL	1330.00			185.19	20503		0	0000934316791						
5/06/24	RESIDENT ADVANCE CASH	10.00			175.19	8H336P	5623	7	0000934316830	5623	F	PETTY CASH	05/06/24	05/09/24	04/29/2024
5/16/24	RESIDENT ADVANCE CASH	10.00			165.19	8F533P	5629	4	0000934316830	5629	F	PETTY CASH	05/20/24	05/23/24	05/07/2024
5/23/24	RESIDENT ADVANCE CASH	10.00			155.19	8A657P	5635	6	0000934316830	5635	F	PETTY CASH	05/29/24	05/30/24	05/14/2024
6/03/24	SSA TREAS 310 XXSOC		1380.00		1,535.19	20603		0							
6/03/24	CARE COST AUTO WDL	1330.00			205.19	20603		0	0000934316791						
5/03/24	INTEREST PAID		0.01		205.20	40603		0							
5/05/24	RESIDENT ADVANCE CASH	10.00			195.20	8D278P	5644	5	0000934316830	5644	F	PETTY CASH	06/09/24	06/11/24	06/03/2024
5/14/24	TOBACCO	54.21			140.99	8A503P	5652	12	0000934316830	5652	F	PETTY CASH	06/17/24	06/20/24	06/13/2024
5/25/24	RESIDENT ADVANCE CASH	10.00			130.99	8A167P	5659	6	0000934316830	5659	F	PETTY CASH	06/25/24	06/26/24	06/21/2024
5/28/24	WALMART PURCHASES	5.84			125.15	8A148P	5662	1	0000934316830	5662	F	PETTY CASH	07/02/24	07/08/24	06/24/2024
7/01/24	INTEREST PAID		0.01		125.16	40701		0							
7/03/24	SSA TREAS 310 XXSOC		1380.00		1,505.16	20703		0							
7/03/24	CARE COST AUTO WDL	1330.00			175.16	20703		0	0000934316791						
7/16/24	WALMART PURCHASES	5.24			169.92	8E875P	5670	8	0000934316830	5670	F	PETTY CASH	07/16/24	07/17/24	07/09/2024
7/29/24	RESIDENT ADVANCE CASH	10.00			159.92	8E109P	5675	5	0000934316830	5675	F	PETTY CASH	07/29/24	07/31/24	07/25/2024
3/01/24	INTEREST PAID		0.01		159.93	40801		0							

Resident Statement Landscape

CHS-GLENWELL, INC

Facility ID # GM NDC # 8899

Name: FISCUS, DOUGLAS

Account Type:
Transferring

Account #: 889907143

Allowance: 50.00

Direct Deposit #: 7707140933203896

Date Opened: 08/25/22

Current Balance: \$237.58

Admission Date:

Status Reason: Open

Res ID: GM50991

Status: Active

Restrains: None

Interest: Yes

Date	Description	Debits	Credits	Rejects	Balance	Batch	Record Number	Seq	Account Credited	Disbursing Check	Bill Pay Type	Payee	Issue Date	Clear Date	Date Of Service
8/02/24	SSA TREAS 310 XXSOC		1380.00		1,539.93	20802		0							
8/02/24	CARE COST AUTO WDL	1330.00			209.93	20802		0	0000934316791						
8/13/24	TOBACCO	54.21			155.72	8A218P	5693	9	0000934316830	5693	F	PETTY CASH	08/13/24	08/15/24	08/09/2024
9/03/24	SSA TREAS 310 XXSOC		1380.00		1,535.72	20903		0							
9/03/24	CARE COST AUTO WDL	1330.00			205.72	20903		0	0000934316791						
9/03/24	INTEREST PAID		0.01		205.73	40903		0							
9/03/24	TOBACCO	55.00			150.73	8H797P	5711	12	0000934316830	5713	F	PETTY CASH	09/05/24	09/17/24	09/03/2024
9/04/24	WALMART PURCHASES	7.24			143.49	8G940P	5712	12	0000934316830	5712	F	PETTY CASH	09/16/24	09/17/24	08/30/2024
0/01/24	INTEREST PAID		0.01		143.50	41001		0							
0/03/24	SSA TREAS 310 XXSOC		1380.00		1,523.50	21003		0							
0/03/24	CARE COST AUTO WDL	1330.00			193.50	21003		0	0000934316791						
0/15/24	WALMART PURCHASES	7.24			186.26	8C763P	5731	1	0000934316830	5731	F	PETTY CASH	10/15/24	10/16/24	10/08/2024
1/01/24	INTEREST PAID		0.01		186.27	41101		0							
1/04/24	SSA TREAS 310 XXSOC		1380.00		1,566.27	21101		0							
1/04/24	CARE COST AUTO WDL	1330.00			236.27	21101		0	0000934316791						
1/19/24	WALMART PURCHASES	6.77			229.50	8A779P	5753	11	0000934316830	5753	F	PETTY CASH	11/20/24	11/21/24	11/18/2024
2/02/24	INTEREST PAID		0.01		229.51	41202		0							
2/03/24	SSA TREAS 310 XXSOC		1380.00		1,609.51	21203		0							
2/03/24	CARE COST AUTO WDL	1330.00			279.51	21203		0	0000934316791						
2/05/24	TOBACCO	54.21			225.30	8A296P	5758	8	0000934316830	5758	F	PETTY CASH	12/10/24	12/16/24	12/03/2024
1/02/25	INTEREST PAID		0.01		225.31	40102		0							
1/03/25	SSA TREAS 310 XXSOC		1414.00		1,639.31	20103		0							

Resident Statement Landscape

CHS-GLENWELL, INC
Facility ID # GM NDC # 8899

Name: FISCUS, DOUGLAS

Account Type: Transferring

Account #: 889907143

Allowance: 50.00

Direct Deposit #: 7707140933203896

Date Opened: 08/25/22

Current Balance: \$237.58

Admission Date: 08/17/22

Status Reason: Open

Res ID: GM50991

Status: Active

Restraints: None

Interest: Yes

Date	Description	Debits	Credits	Rejects	Balance	Batch	Record Number	Seq	Account Credited	Disbursing Check	Bill Pay Type	Payee	Issue Date	Clear Date	Date Of Service
1/03/25	CARE COST AUTO WDL	1364.00			275.31	20103		0	0000934316791						
1/06/25	PATIENT LIABILT COR	1.00			274.31	8H931C	JANSWEEP	3	0000934316791						01/06/2025
1/13/25	WALMART PURCHASES	4.93			269.38	8C427P	5785	11	0000934316830	5785	F	PETTY CASH	01/15/25	01/21/25	01/08/2025
1/21/25	WALMART PURCHASES	54.21			215.17	8J666P	5794	6	0000934316830	5794	F	PETTY CASH	01/21/25	01/29/25	01/21/2025
2/03/25	SSA TREAS 310		1414.00		1,629.17	20203		0							
2/03/25	XXSOC														
2/03/25	CARE COST AUTO WDL	1364.00			265.17	20203		0	0000934316791						
2/03/25	INTEREST PAID		0.01		265.18	40203		0							
2/10/25	PATIENT LIABILT COR	1.00			264.18	88877C	FEB25PLC	3	0000934316791						02/07/2025
2/18/25	WALMART PURCHASES	10.52			253.66	8D289P	5812	17	0000934316830	5812	F	PETTY CASH	02/19/25	02/26/25	02/12/2025
3/03/25	SSA TREAS 310		1414.00		1,667.66	20303		0							
3/03/25	XXSOC														
3/03/25	CARE COST AUTO WDL	1364.00			303.66	20303		0	0000934316791						
3/03/25	INTEREST PAID		0.01		303.67	40303		0							
3/04/25	TOBACCO	54.21			249.46	8G986P	5821	12	0000934316830	5821	F	PETTY CASH	03/06/25	03/11/25	03/03/2025
3/18/25	WALMART PURCHASES	6.90			242.56	8E118P	5834	9	0000934316830	5834	F	PETTY CASH	03/20/25	03/26/25	03/17/2025
3/01/25	INTEREST PAID		0.01		242.57	40401		0							
3/03/25	SSA TREAS 310		1414.00		1,656.57	20403		0							
3/03/25	XXSOC														
3/03/25	CARE COST AUTO WDL	1364.00			292.57	20403		0	0000934316791						
3/04/25	TOBACCO	55.00			237.57	8A526P	5847	10	0000934316830	5847	F	PETTY CASH	04/08/25	04/09/25	04/02/2025
3/01/25	INTEREST PAID		0.01		237.58	40501		0							

Notice of Cost-of-Living Adjustment (COLA)

Hello DOUGLAS FISCUS

Your Social Security benefit will increase by **2.5%** in January 2025 because of a rise in the cost of living. You can use this letter as proof of your benefit amount if you need to apply for food, rent, or energy assistance. You can also use it to apply for bank loans or for other business. Keep this letter with your important financial records or access this information online by signing into your **my Social Security** account.

Your benefit in 2025 before deductions	Monthly Amount
Your monthly benefit in 2025 <u>before</u> deductions	\$1,414.00
Deductions	Monthly Amount
Medicare Medical Insurance (Part B and Part C) If you did not have Medicare as of November 21, 2024, or if someone else pays your premium, we show \$0.00.	-\$0.00
Medicare Prescription Drug Plan (Part D) We will notify you if the amount changes in 2025. If you did not elect withholding as of November 1, 2024, we show \$0.00.	-\$0.00
U.S. federal tax withholding for non-citizens	-\$0.00
Voluntary federal tax withholding If you did not elect voluntary tax withholding as of November 21, 2024, we show \$0.00.	-\$0.00
Your benefit in 2025 after deductions	Monthly Amount
Your monthly benefit in 2025 <u>after</u> deductions This monthly amount may include deductions not listed above.	\$1,414.00

For more information about your COLA and other benefits-related topics such as Medicare, Ticket to Work, Reporting Wages, Earnings Limits, Other Pensions, and more, go to www.ssa.gov/cola or scan the QR code.

If you would like a paper copy of any of this information, please contact us.

