

Joe Lombardo
Governor

Laura Rich
Director



**DEPARTMENT OF
HUMAN SERVICES**
DIVISION OF SOCIAL SERVICES
Working for the Welfare of ALL Nevadans.



Robert H. Thompson
Administrator

Application for Assistance

Programs You May Apply For:

Food Assistance from the Supplemental Nutrition Assistance Program (**SNAP**) helps people buy food.

Temporary Assistance for Needy Families (TANF) helps families with children meet their basic needs with cash assistance.

Time Frames

- **SNAP** benefits are processed within 30 days from the date of the application. If your household has little or no income, you could receive SNAP benefits within 7 days from the date of your application. SNAP benefits are paid from the date of the application.
- **TANF** benefits are paid from the date of approval or 30 days from the date of the application, whichever is sooner. TANF applications are processed within 45 days from the application date unless there are unusual circumstances.

Denial of benefits for one program does not automatically affect the decision on another program you may be applying for.

SNAP Expedite Rules

The following households are entitled to expedited service and should receive SNAP benefits within 7 days:

- Households with less than \$150 in monthly gross income and no more than \$100 in liquid resources;
- Migrant or seasonal farm worker households who are destitute, provided their liquid resources do not exceed \$100;
- Households with combined monthly gross income and liquid resources less than the household's monthly rent or mortgage and utilities.

Social Security Numbers

You will be asked to provide Social Security Numbers (SSN) for all persons (including yourself) **who are applying for assistance**, pursuant to Title 42 USC 1320b-7 and is authorized under the Food and Nutrition Act of 2008 (formerly the Food Stamp Act), as amended 7 U.S.C. 2011-2036. Providing or applying for a SSN is voluntary. For SNAP, any person who wants assistance but does not want to give information about his or her SSN will not be eligible for benefits. Other family or household members may still get benefits if they are otherwise eligible. For TANF, if a required household member fails or refuses to provide an SSN without good cause, the entire household will be ineligible for TANF benefits. This includes all individuals whose income and needs are used to determine eligibility for the TANF program.

SSNs are used to verify your household's income and resources and to conduct computer matching with other agencies such as the Social Security Administration, Employment Security Division, Child Support Enforcement Programs and the Internal Revenue Service. It is also used to gather workforce information, investigations, recover overpaid benefits and to ensure duplicate benefits are not received.

Citizenship/Immigration Status

You will be required to provide information about citizenship and/or immigration status for all persons (including yourself) **who are applying for assistance**. For SNAP, if any of these individuals do not want to give us information about his/her citizenship and/or immigration status, he/she will not be eligible for benefits. Other family or household members may still receive benefits if they are otherwise eligible. For TANF, if a required household member fails or refuses to provide verification of their status, the entire household will be ineligible for TANF benefits. Qualified Non-Citizen status is verified with the United States Citizenship and Immigration Service (USCIS) for eligibility purposes. Information on non-applicants or non-qualified non-citizens will not be shared with USCIS.

Where do I mail my completed application?

Send or submit your complete, signed application to the address below. Eligibility determinations will be based on rules and requirements which pertain to the program you are applying for. We will notify you if you are eligible or not or give you further instructions for completing your application.

What if I need help with this application?

Email	Mail	Apply Online	Fax	In Person
welfare@dss.nv.gov	State of Nevada DSS P.O. Box 15400 Las Vegas, NV 9114-5400	accessnevada.dss.nv.gov	Visit the website below to find a fax number for all local offices. dss.nv.gov/Contact/Welfare	Visit our website or call 1-800-992- 0900 to find a local DSS office.

Applicant information, please keep this page for your records.

Need help with your application?

Call 1-800-992-0900 (voice) or 1-800-326-6888 (TTY) or visit us online at <https://dss.nv.gov>

2905-EG (03/26)

Non-Discrimination

DO NOT SEND APPLICATIONS HERE

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

1. **mail:**

Food and Nutrition Service,
USDA 1320 Braddock Place,
Room 334 Alexandria, VA
22314; or

2. **fax:**

(833) 256-1665 or (202) 690-7442; or

3. **email:**

FNSCIVILRIGHTSCOMPLAINTS@usda.gov

This institution is an equal opportunity provider.

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the [State Information/Hotline Numbers](#) (click the link for a listing of hotline numbers by State); found online at: http://www.fns.usda.gov/snap/contact_info/hotlines.htm.

DO NOT SEND APPLICATIONS HERE

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), such as TANF,

write: Centralized Case Management Operations
US Department of Health and Human Services
200 Independence Avenue, S.W. Room 509F, HHH Building
Washington, D.C. 20201

or call: (202) 619-0403, (800) 368-1019 (voice) or (800) 537-7697 (TTY).

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Notice of Required Verification

You may be required to provide proof of your household's circumstances to determine which benefits your household will receive. This proof will be required for all people in your household. It will help the application process if you provide the proof needed prior to or at your interview. The information below are examples of items you may be required to provide to meet this requirement.

The documents you provide to us should cover a 30-60-day period prior to your date of application for benefits. Your worker will provide you with more information regarding time periods.

If you are having trouble getting the required information, we can assist you. Please contact us at 702-486-1646 or 775-684- 7200 if you need assistance. You can also refer to our website, dss.nv.gov, for general information.

Identification/Citizenship

- United States Passport
- Government Issued Driver's License/Identification Card
- U.S. Military ID (active, dependent, retired)
- USCIS Verification of Citizenship
- Certified United States Birth Certificate

Unearned & Other Income

Copy of award letter or other statement/verification for:

- Social Security Benefits (RSDI)
- Supplemental Security Income (SSI)
- Worker's Compensation
- Unemployment Benefits
- Veteran's Benefits (retirement, disability, educational)
- Retirement pensions/benefits
- Child Support Payments – Copy of Court Order
- Alimony
- Cash Contributions/Loans
- TANF or other Government Payment
- County or Indian General Assistance
- Educational Income (Government Grants, Student Loans, Scholarships, etc.)
- Any other income received by any household member

Earned Income

- Paycheck Stubs or Employer Statement
- If employment has ended in the last 90 days, proof of termination and final pay
- If unable to work, doctor's statement
- Self-Employment Records/Tax Returns

Nevada Residency

- Current Lease or Rental Agreement
- Nevada Driver's License
- Statement regarding homeless situation

Out of State Benefits

- Proof of any benefits received from another state
- Verification out-of-state benefits have been terminated

Resources

- Bank or Credit Union Statement
- Savings Bonds
- Vehicle Registration
- Life Insurance Policies
- Retirement Account Statements
- Trust Documents
- Proof of Stocks and Bonds
- Proof of Home or Property Ownership

Expenses

Shelter Expenses

- Rent or Mortgage Receipt
- Current Utility Bill
- Signed & Dated Landlord Statement
- Proof of Home Taxes & Insurance

Educational Expenses

- Financial Aid Statement from School
- Receipts

Dependent Care

Receipt/Statement from sitter or daycare center with the following information:

- Name of Sitter or Center Monthly Payment
- Names and ages of persons cared for Reason for Care

Court Ordered Child Support Paid

- Copy of Court Order
- Verification of Payments Made

Need help with your application?

Call 1-800-992-0900 (voice) or 1-800-326-6888 (TTY) or visit us online at <https://dss.nv.gov>

2905-EG (03/26)

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APPLICATION FOR ASSISTANCE

Please list everyone who lives in the home with you, whether you consider them household members or not. If someone is pregnant, please list the unborn child(ren) as household members as well. Please list the head of household first; you may choose who this individual will be. The person chosen as the head of household will be the case name. Fill out as much of the application as you can; you may ask for help if you need it. **You may complete only your name, address and signature in order to start the application process for Food Assistance. The remainder of the application may be submitted at or prior to your interview. You only need to answer the questions designated for the programs for which you are applying.** The remaining pages may be turned in, mailed or faxed to the district office.

Last Name	First Name	Middle Initial	Modifier Jr. Sr.	Relation to You	Gender	Date of Birth	Age	Marital Status **	Social Security Number	State or Country of Birth	U.S. Citizen Y/N	*Race/Ethnicity	Last Grade Completed	Month/Year Completed	FOOD	TANF	NONE
				SELF											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
															<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
															<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
															<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
															<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
															<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
															<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
															<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are there additional people in your home? YES NO If "YES", list them on a separate sheet of paper.

Race - Please check one of the boxes that best describes your household - Hispanic/Latino or Non-Hispanic or Latino

*Ethnicity (Optional) - Please choose one of the following ethnicity codes for each household member: A-Asian; B-African American or Black;

G - Middle Eastern or North African I-American Indian or Alaska Native; J-American Indian or Alaska Native and White; L-Asian and White; M-Black or African American and White; N-American Indian or Alaska Native and Black or African American; U-Native Hawaiian or Other Pacific Islander; W- White; Z-2 or more combinations not listed above.

**Marital Status - Please choose one of the following marital status codes for each household member: D-Divorced; L-Legally Separated; M-Married; N-Never Married; P-Separated; W-Widowed

Home Address (Give directions if you do not have an address.)	City	State	Zip Code
Mailing Address (If different from your home address.)	City	State	Zip Code
Home Phone	Cell/Message/Daytime Phone	E-mail Address	

If you are applying for Food Assistance, please answer questions 1 through 6 about your household. A Food Assistance household includes all people who live and share food with you. Based on your answers below, you may qualify for expedited service.

1. Do you usually buy, prepare and eat with others you live with? YES NO
If "NO", list who buys their food separately _____
2. List the total gross amount of money your household received or expects to receive this month. \$ _____
3. How much do all persons have in cash, checking and savings accounts? \$ _____
4. How much is your current monthly cost for housing (rent/mortgage) and utilities? \$ _____
5. Are you or any person(s) in your household a migrant or seasonal farm worker? YES NO
6. Have you or any person in your household received TANF, Food Assistance or Indian Commodities in Nevada or any other state? YES NO
If "YES", who? _____ What benefits? _____
Where? _____ Last month and year benefits were received _____

I certify under penalty of perjury, my answers are correct and complete to the best of my knowledge and ability. I swear I have honestly reported the citizenship of myself and anyone I am applying for.

Your Signature	Date
FOR OFFICE USE ONLY - EXPEDITED SERVICE SCREENING: HOUSEHOLD ELIGIBLE FOR EXPEDITED SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Expedited service screener signature:	Date:

SPECIAL ACCOMMODATIONS

To get SNAP (food assistance) and/or TANF (cash assistance), most people are required to come into the office for a face-to-face interview; you need to bring identification with you.

- 7. Do you have a physical or mental condition that requires special accommodations during your interview? YES NO
 If "YES", what do you need? _____ (Most services are free to you.)
 Do you speak English? YES NO If "NO", what language do you speak? _____
 Do you need an interpreter for your interview? YES NO (This service is free to you.)

AUTHORIZED REPRESENTATIVE

You have the right to assign up to two individuals to act on your behalf either to apply for benefits or to use your benefits for the household.

- 8. Do you want someone other than yourself, age 18 or older, to apply for benefits or act on your behalf? YES NO
 If "YES", who? _____ Age: _____ Telephone #: _____
 Address: _____
- 9. Is this individual currently serving a disqualification for an Intentional Program Violation? YES NO
 Do you want an additional person to apply for benefits or act on your behalf?
 If "YES", who? _____ Age: _____ Telephone #: _____
 Is this individual currently serving a disqualification for an Intentional Program Violation? YES NO
- 10. In case of emergency, who would you like us to contact? Name: _____ Relationship: _____

ADDITIONAL HOUSEHOLD INFORMATION

- 11. Do you plan to continue living in Nevada? YES NO
 If "NO", explain: _____
 List the most recent date you started living in Nevada. _____ (MM/YYYY)
- 12. Are you or any person(s) in your household a member of American Indian or Alaska Native Tribe? YES NO
 If "YES", who? _____ What Tribe? _____
- 13. Are you or any person(s) in your household currently disqualified for an Intentional Program Violation (IPV)? YES NO
 If "YES", who? _____ What State? _____
- 14.a. Have you or any person(s) in your household been convicted of trading SNAP benefits for drugs after September 22, 1996? YES NO
 If "YES", who? _____ When? _____ Where? _____
- b. Have you or any person(s) in your household been convicted of buying or selling SNAP benefits over \$500 after September 22, 1996? YES NO
 If "YES", who? _____ When? _____ Where? _____
- c. Have you or any person(s) in your household been convicted of fraudulently receiving duplicate SNAP benefits in any State after September 22, 1996? YES NO
 If "YES", who? _____ When? _____ Where? _____
- d. Have you or any person(s) in your household been convicted of trading SNAP benefits for guns, ammunition or explosives after September 22, 1996? YES NO
 If "YES", who? _____ When? _____ Where? _____
- 15. Has anyone in your household been convicted, as an adult, of one or more of the following crimes after February 7, 2014:
 - a. Aggravated sexual abuse? YES NO
 - b. Murder? YES NO
 - c. Sexual exploitation and other abuse of children? YES NO
 - d. Sexual assault? YES NO

If "Yes", Are you/they in compliance with the terms of their sentence? YES NO

If there are any additional household members who have been convicted, after February 7, 2014, of any of the following crimes: aggravated sexual abuse, murder, sexual exploitation or other abuse of children, and/or sexual assault. Please provide the name of the individual on a separate sheet of paper and include it with your application.

16.	Are you or any person(s) in your household currently participating in or have participated in a Drug Addiction or Alcohol Treatment Program?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	If "YES", who? _____	Date Entered: _____	Date Completed: _____
	Facility Name: _____	Facility Address: _____	
17.	Are you or any person(s) in your household hiding or running from the law to avoid prosecution, being taken into custody, or going to jail for a felony crime or attempted felony crime, or violating a condition of parole or probation?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	If "YES", who? _____	Why? _____	
18.	Have you or any person(s) in your household ever served in a branch of the United States Armed Forces?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	If "YES", who? _____		

If there are any additional household members who have served in a branch of the United States Armed Forces, please include them on a separate sheet of paper.

PREGNANCY			
19.	Are you or anyone in your household pregnant?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	If "YES", Who? _____	Expected due date? _____	(MM/DD/YYYY)

DISABILITY			
20.	Are you or any person(s) in your household blind, disabled or unable to work due to illness or injury?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	If "YES", Who? _____	When did this condition begin? _____	(MM/DD/YYYY)
	What is the disability? _____		

NON-CITIZEN INFORMATION			
21.	Are you or any person(s) in your household NOT a U.S. Citizen?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	If "YES", Who? _____	Alien Registration # _____	
	When did this person enter the United States? _____	(MM/DD/YYYY)	
	If "YES", Who? _____	Alien Registration # _____	
	When did this person enter the United States? _____	(MM/DD/YYYY)	

SCHOOL ATTENDANCE (TANF)			
22.a.	Are you or any person(s) in your household between the ages of 7 and 11 or over 16 attending school?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	If "YES", who? _____	School Name: _____	
	If additional person(s) "yes", Who? _____	School Name: _____	

SCHOOL ATTENDANCE (FOOD)			
b.	Are you or any person(s) in your home between the ages of 18 and 49 attending school above the high school level?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	If "YES", who? _____	School Name: _____	Hours per week? _____
	If additional person(s) "yes":		
	Who? _____	School Name: _____	Hours per week? _____

STATE LOTTERY OR GAMBLING WINNINGS			
23.	Have you or anyone in your household received money from a state lottery or from gambling winnings?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	If "YES", who received the winnings? _____	How much was won? _____	

If there are any additional household members who have received money from a state lottery or from gambling winnings. Please provide the name of the individual on a separate sheet of paper and include it with your application.

EARNED INCOME/ WORK HISTORY			
24.	Are you or any person(s) in your household currently working, including self-employment?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
a.	If "YES", who is employed? _____	Hourly wage? \$ _____	Hours worked per week? _____
	How often are they paid? _____	Tips paid per month \$ _____	Start Date? _____
	Employer's name? _____	Employer's telephone? _____	
	Employer's address? _____		
	If self-employed, please list any business-related expenses. _____		
b.	If "YES", for additional household members:		
	Who is employed? _____	Hourly wage? \$ _____	Hours worked per week? _____
	How often are they paid? _____	Tips paid per month? \$ _____	Start Date? _____
	Employer's name? _____	Employer's telephone? _____	

	Employer's address? _____
	If self-employed, please list any business-related expenses. _____

If more than two persons are currently working, please attach an additional sheet of paper.

25.	Have you or any person(s) in your household had a job that ended in the last 60 days ? _____			<input type="checkbox"/> YES <input type="checkbox"/> NO
a.	Who is employed? _____	Hourly wage? \$ _____	Hours worked per week? _____	
	How often are they paid? _____	Tips paid per month? \$ _____	Start Date? _____	
	Employer's name? _____	When did the job end? _____		
	Employer's address? _____	Employer's telephone? _____		
	Reason for leaving?	<input type="checkbox"/> Quit	<input type="checkbox"/> Fired	<input type="checkbox"/> Leave of absence
		<input type="checkbox"/> Applied worker's compensation	<input type="checkbox"/> Other	
b.	Who is employed? _____	Hourly wage? \$ _____	Hours worked per week? _____	
	How often are they paid? _____	Tips paid per month? \$ _____	Start Date? _____	
	Employer's name? _____	When did the job end? _____		
	Employer's address? _____	Employer's telephone? _____		
	Reason for leaving?	<input type="checkbox"/> Quit	<input type="checkbox"/> Fired	<input type="checkbox"/> Leave of absence
		<input type="checkbox"/> Applied worker's compensation	<input type="checkbox"/> Other	
26.	Are you or any person(s) in your household currently registered with or working for a temporary employment service/ agency?			<input type="checkbox"/> YES <input type="checkbox"/> NO
	If "YES", who? _____	Which service/ agency? _____		
27.	Are you or any person(s) in your household currently on strike?			<input type="checkbox"/> YES <input type="checkbox"/> NO
	If "YES", who? _____			
28.	Do you or any person(s) in your household work in exchange for food, shelter or something else?			<input type="checkbox"/> YES <input type="checkbox"/> NO
	If "YES", who? _____	What do they receive for their work? _____		
	What is the value of this exchange? \$ _____	When did this begin? _____		

UNEARNED/ OTHER INCOME

29. Please check the "YES" box for each of the types of the unearned income you or any person(s) in your household receives or has applied for. If you do not check the "yes" box for any of the unearned income below you are acknowledging neither you or any person(s) in your household have any unearned or other income.

YES	SOURCE	Person Applied/Receiving	Gross Amount Per Month
<input type="checkbox"/>	Alimony		\$
<input type="checkbox"/>	Boarder/Roomer Income		\$
<input type="checkbox"/>	Child Support (Voluntary or Court Ordered)		\$
<input type="checkbox"/>	Contributions/Gifts		\$
<input type="checkbox"/>	Educational Assistance/Student Loans		\$
<input type="checkbox"/>	Foster Care		\$
<input type="checkbox"/>	General Assistance		\$
<input type="checkbox"/>	Insurance Settlements		\$
<input type="checkbox"/>	Interest/Dividends		\$
<input type="checkbox"/>	Loans		\$
<input type="checkbox"/>	Military Allotment		\$
<input type="checkbox"/>	Mining Claims		\$
<input type="checkbox"/>	Panhandling		\$
<input type="checkbox"/>	Pensions/Retirement		\$
<input type="checkbox"/>	Property Rentals		\$
<input type="checkbox"/>	Railroad Retirement		\$
<input type="checkbox"/>	Royalties		\$
<input type="checkbox"/>	Social Security Benefits (RSDI)		\$
<input type="checkbox"/>	Strike Benefits		\$
<input type="checkbox"/>	Subsidized Housing		\$
<input type="checkbox"/>	Supplemental Security Income (SSI)		\$
<input type="checkbox"/>	Supported Living Arrangement (SLA)		\$
<input type="checkbox"/>	TANF Assistance		\$
<input type="checkbox"/>	Trust Income		\$
<input type="checkbox"/>	Unemployment Insurance		\$
<input type="checkbox"/>	Utility Allowance/Rebate Check		\$

<input type="checkbox"/>	Veteran's Benefits		\$
<input type="checkbox"/>	Gambling Winnings		\$
<input type="checkbox"/>	Worker's Compensation or Temporary Disability		\$
<input type="checkbox"/>	Other: (please list)		\$

INCOME MANAGEMENT

30. If you do not have any income, please explain how you are paying your bills and buying personal items for your household?

RESOURCES

31. Please mark the "YES" box for each type of resources you or any person(s) in your household has, even if jointly owned with someone outside the household. If you do not check the "YES" box for any of the resources below you are acknowledging neither you or any person(s) in your household have any resources:

BANK ACCOUNTS

YES	TYPE OF ACCOUNT	OWNER(S)	NAME OF BANK	VALUE	ACCOUNT NUMBER (Please list the last 4 numbers only)
<input type="checkbox"/>	Savings Account			\$	
<input type="checkbox"/>	Checking Account			\$	
<input type="checkbox"/>	Credit Union Account			\$	
<input type="checkbox"/>	Minor Savings			\$	
<input type="checkbox"/>	Business Account			\$	
<input type="checkbox"/>	Christmas Club Account			\$	
<input type="checkbox"/>	Educational Savings Account			\$	
<input type="checkbox"/>	Patient Trust Fund			\$	
<input type="checkbox"/>	Individual Indian Money Account			\$	

LIFE INSURANCE/TRUSTS/BURIALS

YES	TYPE OF ACCOUNT	OWNER(S)	NAME OF COMPANY OR BANK	FACE VALUE	POLICY OR ACCOUNT NUMBER (Please list the last 4 numbers only)
<input type="checkbox"/>	Life Insurance			\$ /CSV\$	
<input type="checkbox"/>	Available Trusts			\$	
<input type="checkbox"/>	Unavailable Trusts			\$	
<input type="checkbox"/>	Burial Funds/Plans			\$ /CSV\$	
<input type="checkbox"/>	Life Estates				

INVESTMENT & RETIREMENT ACCOUNTS					
YES	TYPE OF ACCOUNT	OWNER(S)	NAME OF BANK OR COMPANY	VALUE	ACCOUNT NUMBER (Please list the last 4 numbers only)
<input type="checkbox"/>	Savings Bonds			\$	
<input type="checkbox"/>	Stocks or Bonds			\$	
<input type="checkbox"/>	Certificates of Deposit			\$	
<input type="checkbox"/>	Individual Retirement Accounts (IRA)			\$	
<input type="checkbox"/>	Keogh Account (401K)			\$	
<input type="checkbox"/>	Annuities			\$	

PERSONAL PROPERTY					
YES	TYPE OF PROPERTY	OWNER(S)	LOCATION	CONTENTS OR TYPE OF RESOURCE	CURRENT OR MARKET VALUE
<input type="checkbox"/>	Safe Deposit Box				\$
<input type="checkbox"/>	Livestock				\$
<input type="checkbox"/>	Land Mineral Rights				\$
<input type="checkbox"/>	Mining Claims				\$
<input type="checkbox"/>	Business Equipment/ Inventory				\$
<input type="checkbox"/>	Houses/Land or Buildings			<i>Is this property currently for sale?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	\$

MISCELLANEOUS			
YES	TYPE OF RESOURCE	OWNER(S)	CURRENT VALUE
<input type="checkbox"/>	Promissory Notes		\$
<input type="checkbox"/>	Cash on Hand		\$
<input type="checkbox"/>	Gambling/Winnings		\$
<input type="checkbox"/>	Other: (please list) _____		\$

Are any of the resources in question 29 designated as money for burial? YES NO

If "YES", which resources? _____

VEHICLES						
32.	Do you or any person(s) in your household own, or are they buying a car, motorcycle, trailer, truck, camper, boat, ATV, etc.? (Please include any vehicles that are not currently working.) If "YES", please complete the information below:					<input type="checkbox"/> YES <input type="checkbox"/> NO
OWNER(S)	TYPE OF VEHICLE	YEAR, MAKE & MODEL	IS THE VEHICLE REGISTERED	FAIR MARKET VALUE	AMOUNT OWED	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	

TRANSFERRED RESOURCES		
33.	Have you or any person(s) in your household sold, traded or given away any money, vehicles, property or other resources, or closed any bank accounts in the last 3 months?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	If "YES", who? _____	What resources were transferred? _____
	When? _____ (MM/YY)	What was the value of this resource when it was transferred? \$ _____
	Who was the resource transferred to? _____	Relationship to you? _____
	Why was the resource transferred? _____	

HOUSING EXPENSES		
34.	Please choose which of the following housing costs that you or any person(s) in your household pays.	
	<input type="checkbox"/> RENT	<input type="checkbox"/> MORTGAGE/ RELATED EXPENSES <input type="checkbox"/> NONE
	If you are renting your home, how much is the monthly rent? (Including space/lot rent) \$ _____	

What is your landlord's name? _____		Landlord's telephone number? _____	
What is your landlord's address? _____			
Is your rent subsidized by an agency?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", by which agency? _____		How much is subsidized? \$ _____	
If you are buying your home, please complete the areas with the current expenses:			
Mortgage Amount (including second)	\$ _____	How Often Paid?	
Taxes (if paid separately)	\$ _____	How Often Paid?	
Homeowners Insurance (if paid separately)	\$ _____	How Often Paid?	
Association Fees (if paid separately)	\$ _____	How Often Paid?	
Lot/Space Rent	\$ _____	How Often Paid?	
35. Does anyone outside the home pay any of your rent or mortgage expenses?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", who? _____		Telephone? _____	How much? \$ _____
		How often? _____	
36. Are you or any person(s) in your household responsible for paying any utility expenses?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", does this utility expense include costs for heating or cooling?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If "NO", please choose the utilities your household is responsible for paying:			
<input type="checkbox"/> Electricity	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Sewer	<input type="checkbox"/> Water
<input type="checkbox"/> Garbage	<input type="checkbox"/> Propane	<input type="checkbox"/> Telephone	<input type="checkbox"/> Wood
a. Does anyone outside your household pay a portion of your utility expenses?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", who? _____		Telephone? _____	How much? \$ _____
		How often? _____	
b. Does your household receive or expect to receive assistance from the Energy Assistance Program?			<input type="checkbox"/> YES <input type="checkbox"/> NO
OTHER EXPENSES			
37. Do you or any person(s) in your household pay court ordered child support to someone outside the household?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", who? _____		How much do they pay per month? \$ _____	
38. Do you or any person(s) in your household pay child care or for the care of a disabled adult?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", who? _____		For whom? _____	How much do they pay per month? \$ _____
39. Does any agency or anyone outside your home pay a portion of your daycare costs?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", who? _____		How much do they pay per month? \$ _____	
40. Does anyone age 60 or over, or any person(s) who is disabled have out-of-pocket medical expenses including costs for Medicare or medical insurance?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", who? _____		How much do they pay per month? \$ _____	
41. Does anyone outside the household pay for any of these medical expenses?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", who? _____		How much do they pay per month? \$ _____	
INJURIES/ ACCIDENTS			
42. Have you or anyone in your household been injured or in an accident in the last 12 months?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", who? _____		When? _____	
a. Is there a pending lawsuit because of the injury or accident?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", what is the attorney's name? _____		Attorney's address? _____	
b. Have you or anyone in your household received or expect to receive an insurance reimbursement, payment or legal settlement?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", who? _____		When? _____	How much? \$ _____
		From where? _____	
ABSENT PARENT INFORMATION			
43. Is the parent(s) of the child(ren) you are applying for: (check one) <input type="checkbox"/> Living somewhere else <input type="checkbox"/> Disabled <input type="checkbox"/> Deceased			
If anyone in your home is pregnant, is the father of the unborn in the home?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", who is the father? _____			

Complete the following form with the information about the absent parent of your child(ren) who is not living with you (including the parent of the unborn child). If there is more than one possible parent, complete a form for each one. Please provide as much information as possible.

Please make copies or request additional copies of this page for additional parents.

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Joe Lombardo
Governor

Laura Rich
Director



**DEPARTMENT OF
HUMAN SERVICES**
DIVISION OF SOCIAL SERVICES
Working for the Welfare of ALL Nevadans.



Robert H. Thompson
Administrator

NON-CUSTODIAL PARENT (NCP) FORM

When applying for TANF the law requires you to cooperate with Child Support Enforcement (CSE) to establish paternity to get child support owed to you and/or any child(ren) that you are applying for. This may include genetic testing. If the test proves the person, you named is not the father, you may be required to pay the cost of the test. You are also responsible for providing all available information requested by the CSE Program such as certified copies of divorce decrees and/or support orders, birth certificates and photographs of the absent parent.

The CSE Program locates absent parents and/or sources of income and assets, establishes and enforces financial support, reviews and adjusts existing child support orders, and collects and distributes financial payments.

The CSE Program has sole discretion in determining which legal remedies are used in pursuing support and cannot guarantee success. CSE may request assistance from another state, and thereby, be subject to the laws of that state. CSE does not provide services involving custody or visitation. CSE may close your case when your case meets closure rules established by federal and state regulation.

The CSE Program represents the State of Nevada when providing services and no attorney-client privilege exists. CSE is authorized to endorse and cash payments made payable to you for support payments and may collect past-due support by intercepting an IRS tax refund or other federal payment. If a tax intercept occurs, the CSE Program has the authority to hold a joint tax refund for a period of six (6) months before distributing the funds. No interest is paid on the funds held. Funds collected from a tax intercept are applied first to pay off any past-due support assigned to the State of Nevada. A non-refundable fee is deducted by the federal government of any tax or federal payment intercepted by the CSE Program.

Good cause for not cooperating in pursuing child support or paternity may be allowed. If you do not cooperate with CSE and good cause has not been determined, your household will be ineligible for TANF. Good cause for not cooperating will be considered if you request it in writing. Examples of good cause are as follows:

- ***The child was conceived as a result of rape or incest.***
- ***Legal proceedings for adoption of the child are pending before a court.***
- ***You are being assisted by a public or licensed private social service agency to decide whether to keep or relinquish the child for adoption (no longer than three (3) months).***
- ***Your cooperation in establishing paternity or securing support will result in physical or emotional harm to yourself or the child(ren).***

You must provide your case manager with verification within twenty (20) days after claiming good cause. You will receive written notification of the good cause decision. If you are found to have good cause for not cooperating, CSE will NOT attempt to establish paternity or collect child support.

YES, I wish to claim good cause.

NO, I am not claiming good cause at this time.

Signature

You must report changes whenever a name change occurs; you have a new address or telephone number for home or work; you hire a private attorney or collection agency; another child support or paternity legal action is filed; you file for divorce; you receive support payments directly from the absent parent; you have a new address, telephone number, employment for the absent parent; a child(ren) no longer lives with you; a child(ren) is still in high school after age 18; a child(ren) becomes disabled before age 18; a child(ren) comes to live with you or you give birth to another child; a child marries, is adopted, joins the armed forces or is declared an adult by court order.

You are responsible for repayment of support amounts received in error, including payments from an IRS tax refund, which are adjusted by the IRS. If you fail to enter into a repayment agreement with the CSE Program, the outstanding balance may be reported to a credit reporting agency and money collected on your behalf by the CSE Program may be withheld for repayment. Additionally, legal action may be initiated against you.

NON-CUSTODIAL PARENT (NCP) FORM

Complete one form for each parent who does not live with the child(ren) for whom you are requesting assistance. For example, if you have two children and each have a different father/ mother, you need to complete two forms. If you are not the parent of the child(ren) you are requesting assistance for, you need to complete one form for the absent mother and one form for the absent father. Do not leave any question blank. Write or type unknown or N/A (not applicable) for any question that does not apply, or you do not know the answer.

YOUR NAME:		YOUR SSN:		YOUR DOB:		YOUR RELATIONSHIP TO THE CHILD(REN):	
Have you or the children received public assistance in the past? <input type="checkbox"/> YES <input type="checkbox"/> NO				If YES, where? (City, State)			
<i>Fill in whatever you know about the Non-Custodial Parent. If you do not know the answer to the question, write unknown or N/A.</i>							
LAST NAME:		FIRST NAME:		MIDDLE INITIAL:		MODIFIER (Jr., Sr., etc.):	
ADDRESS:							
CITY:			STATE:		ZIP:		
SOCIAL SECURITY NUMBER:				TELEPHONE / CELL PHONE:			
DATE OF BIRTH:				BIRTH CITY AND STATE:			
IF DECEASED, DATE OF DEATH:				IF DECEASED, PLACE OF DEATH:			
DATE LAST SEEN OR CONTACTED:				IS HE OR SHE DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
RACE:		SEX:	HAIR COLOR:		EYE COLOR:		HEIGHT:
AT ANY TIME WAS THE MOTHER MARRIED TO THIS NON-CUSTODIAL PARENT? <input type="checkbox"/> YES <input type="checkbox"/> NO				DATE OF MARRIAGE:		PLACE OF MARRIAGE:	
IF MARRIED, ARE THEY DIVORCED? <input type="checkbox"/> YES <input type="checkbox"/> NO				DATE OF DIVORCE:		PLACE DIVORCE FILED:	
WAS THE MOTHER MARRIED TO SOMEONE ELSE? <input type="checkbox"/> YES <input type="checkbox"/> NO				ARE THERE OTHER POSSIBLE FATHERS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
EXISTING CHILD SUPPORT COURT ORDER? <input type="checkbox"/> YES <input type="checkbox"/> NO				CITY AND STATE:			
INFORMATION ON THE CHILDREN FOR THIS ABSENT PARENT:							
Child's Social Security Number	Child's Last Name	Child's First Name	Child's Middle Initial	Child's date of birth (MM/DD/YY)	Did the mother have sexual relations with another man (not named above), during 30 days before or after when pregnancy began for this child?	Custody Month	
					<input type="checkbox"/> YES <input type="checkbox"/> NO		
					<input type="checkbox"/> YES <input type="checkbox"/> NO		
					<input type="checkbox"/> YES <input type="checkbox"/> NO		
<p>All cases for Temporary Assistance for Needy Families (TANF) must be referred for Child Support Enforcement. This information is correct to the best of my knowledge. I have read the "Important Child Support Information" section found on the eligibility application. I understand if I have intentionally withheld or misrepresented information, I could be disqualified from receiving public assistance.</p> <p>I declare under penalty of perjury that the information I have provided on this document is true to the best of my knowledge and belief and that the statements contained herein are made for the purposes stated here, including but not limited to, obtaining assistance in establishing paternity and/or an order for child support along with the collection of child support.</p>							
Your Signature:				Date Signed:			

Important Child Support Information

By signing this application and by receiving TANF benefits, you agree to assign your child support rights to the State of Nevada Division of Social Services (DSS). This is a condition of eligibility for your household to receive TANF benefits. If you are receiving TANF, any court ordered or stipulated child support paid directly to you is required by law to be surrendered immediately to DSS or Child Support Enforcement (CSE). By signing this application, you are authorizing DSS to transfer all or part of the support collected each month to pay back the TANF benefits your household received.

When applying for TANF, the law requires you to cooperate with CSE to establish paternity to get child support owed to you and/or any child(ren) for which you are applying. Good cause for not cooperating in pursuing child support or paternity may be allowed. If you do not cooperate with Child Support Enforcement and good cause is not established, your household will be ineligible for TANF.

If TANF is terminated and child support is collected, any portion due to you will be made as a direct deposit onto a Nevada Debit Card or into your bank account. A Nevada Debit Card will be issued to you unless you request payments by direct deposit into your bank account. Visit our website: dss.nv.gov for more information.

You are responsible for the repayment of child support amounts received in error, including child support payments from an IRS tax refund which are adjusted by the IRS. If you fail to enter into a repayment agreement with the CSE program, money collected on your behalf by the CSE program may be withheld for repayment and the outstanding balance may be reported to a collection agency.

DSS may charge a \$25.00 fee for child support services provided to clients who have never received public assistance.

Do you wish to pursue child support if your household is found ineligible for TANF?
 Yes No

Initials _____

Electronic Benefits Transfer (EBT)

Federal law states the intended period of use for SNAP benefits is 9 months from the date of issuance. DSS is required to remove any unused SNAP benefits from an account 274 days after the benefit was issued and return them to the Federal government. Unused benefits are frozen 269 days after their issuance. If the client, or any adult member of the client's household, has any outstanding SNAP debt, the frozen benefit will be applied towards the SNAP debt.

Unused TANF benefits are removed from a client's EBT account 180 days after the benefit was issued.

Per Federal Law, TANF EBT benefits cannot be accessed from ATM machines or used to purchase items in the following locations: casinos, gaming establishments, liquor stores or retail establishments which provide adult entertainment.

It is illegal to misuse, sell, attempt to sell, trade, purchase or alter an EBT card.

Initials _____

Work Requirements

If you are approved for TANF and/or SNAP, you may be required to cooperate with certain work requirements. Failure to comply with certain work requirements could disqualify you and/or other members of your household from participating in either program. For SNAP, if you or any other household member voluntarily quits a job or reduces work hours without good cause, this may be considered failure to comply with work requirements. The SNAP disqualification period for failure to comply with work requirements is one month and until compliance for the first violation, three months and until compliance for the second violation, and six months and until compliance for the third violation. For TANF, failure to cooperate with work requirements agreed to in their Personal Responsibility Plan may result in the household losing their TANF benefits for three full months.

Initials _____

Reviews and Investigations

By signing this application, you are authorizing the Department of Human Services to make investigations concerning you, other members of your household, and/or your child(ren)'s legal or natural parent(s) that may be necessary to determine eligibility for benefits you or your household receives or will receive under programs administered by the DSS, including childcare assistance. **Information provided to the DSS may be verified or investigated by federal, state and local officials including Quality Control staff. If you do not cooperate in the investigation, your benefits may be denied or terminated. If you make false or misleading statements, misrepresent, conceal or withhold facts necessary for the DSS to make an accurate determination on your benefits or alter any document, your benefits may be denied, reduced or terminated.** You are responsible for repayment of all monies, services and benefits (including childcare assistance) for which you were not entitled to. Additionally, you may be disqualified from receiving benefits in the future and criminally prosecuted or otherwise penalized according to state and federal law.

Individuals found guilty of an intentional program violation in TANF and/or SNAP are barred from program benefits for twelve (12) months for the first violation, twenty-four (24) months for a second violation and PERMANENTLY for the third violation. The unlawful use of SNAP is punishable by a fine up to \$250,000, imprisonment for up to 20 years or both.

If a court of law finds you guilty of using or receiving SNAP benefits in a transaction involving the sale of a controlled substance, you will not be eligible for benefits for two years for the first offense, and permanently for the second offense.

If a court of law finds you guilty of having used or received SNAP benefits in a transaction involving the sale of firearms, ammunition or explosives, you will be permanently ineligible to participate in the Program upon the first occasion of such violation.

If a court of law finds you guilty of having trafficked SNAP benefits for an aggregate amount of \$500 or more, you will be permanently ineligible to participate in the Program upon the first occasion of such violation.

If you are found to have made a fraudulent statement or representation with respect to the identity or place of residence in order to receive multiple SNAP benefits simultaneously, you will be ineligible to participate in the Program for a period of 10 years.

Initials _____

Initials _____

Your Rights

Anyone whose application for assistance has been denied, not acted on within a reasonable time frame, or whose benefits have been reduced or terminated may request a conference or hearing. You may request a conference or hearing by writing your local district office or the administration office. For SNAP, you may request a hearing by calling your local district office. You may also request a hearing by signing and returning the Notice of Decision you receive. You must request a hearing for TANF or SNAP within 90 days of the notice date.

You will be notified of the hearing date, time and location in writing ten (10) days prior to the scheduled hearing. You may be represented at a conference/hearing by anyone whom you have given written authorization. This written authorization must be given to the DSS office prior to the conference/hearing. You may request information on the various legal services that may be available in your community at no cost; please contact us for information. If you are dissatisfied with the hearing decision, you may appeal your case to your local District Court of the State of Nevada.

Important Information

If you are applying for TANF and SNAP with this application and your TANF benefits are approved, any adjustment to your SNAP benefits will be made at the same time. With this application, you are waiving your right to 13 days advance notice of any change in your SNAP benefits resulting from TANF approval. If your TANF benefit is less than \$10.00, you will receive no cash payment.

The DSS may mail information to you that may require you to respond by a certain date. If you are away from home, you are still responsible to respond by the required date. You may wish to make arrangements for your mail while you are away.

In accordance with Nevada State law and applicable federal regulations, this application may also serve as an application for General Assistance when an extraordinary circumstance exists as defined in NRS 422A. DSS may use information from this application, including retroactively, to jointly process eligibility for General Assistance without requiring a separate application.

Your Responsibilities

If you are applying for TANF:

You must report changes to your mailing address immediately. Additional changes must be reported immediately after you apply and before you are approved benefits. Once your benefits are approved you must report the following changes, and the change must be reported by the 5th of the following month. You must report changes such as your physical address, living expenses, subsidized housing value, marital status, employment status, any money you receive or income from any source, assets/resources, absent parent's address, number of people in the home, the birth of a child, school attendance, absence of any household member even if it is temporary (if more than 30 days), and any other change which may affect your household benefits.

Initials _____

Initials _____

Your Responsibilities

If you are applying for Supplemental Nutrition Assistance Program (SNAP):

You are required to report all changes in your household from the date you submit your application to the day of your interview. Once SNAP benefits are approved, you must report required changes within 10 days from the date the change happened based on your household's specific reporting requirements. You will receive a notice informing you of your specific requirement.

If your household is designated as a **Change Status Reporting Household** you will be required to report changes such as your physical address, living expenses, subsidized housing value, marital status, employment status if you or any household member is between the ages of 18-64 and currently working you must report within 10 days if working hours drop below 20 hours per week; for purposes of this provision, 20 hours a week averaged monthly means 80 hours a month, and any money you receive or income from any source, assets/resources, number of people in the home, birth of a child in your home, school attendance, absence of any household member even if it is temporary (if more than 30 days), and any other change which may affect your household benefits.

If your household is designated as a **Simplified Reporting Household**, you must report when your household's income exceeds 130% of the federal poverty level for your household size. If SNAP benefits are approved, you will be notified of the income level for your household size. If you or any household member is between the ages of 18-64 and currently working, you must report within 10 days if working hours drop below 20 hours per week; for purposes of this provision, 20 hours a week averaged monthly means 80 hours a month. Your case manager may request additional proof of the change. You will be required to provide the proof by a certain date to continue your eligibility or to avoid overpayment or underpayment of benefits.

Substantial Lottery or Gambling Winnings

Regardless of your reporting requirement you must report if you or anyone in your household receives substantial lottery or gambling winnings equal to or above the SNAP resource limit for elderly or disabled households, you are required to report this information within 10 days from the date the winnings are received.

Federal rules require the reporting of substantial lottery or gambling winnings so the agency can verify your household's circumstances and determine whether any adjustments are needed. Substantial lottery and gambling winnings are based on the SNAP resource limit for an elderly or disabled

household, (even if your household is not elderly or disabled.) This amount is updated each year on October 1.

SNAP allows certain household expenses like rent, mortgage, property taxes, homeowner's insurance, utility expenses, child/dependent care and child support paid by the household as a deduction to determine the amount of SNAP benefits your household is eligible for as long as the expense is reported and verified. Medical expenses over \$35.00 are allowed if there is an elderly (age 60 or over) or disabled person applying for benefits. **If you do not report or verify any of the expenses listed on the application, it will be considered that you do not want to receive a deduction for the unreported or unverified expense.**

Your case manager may request additional proof of the change. You will be required to provide the proof by a certain date in order to continue your eligibility or to avoid an overpayment or underpayment of benefits.

Felony Convictions/Parole/Probation/ Violations/Fleeing Felon

If you, or anyone in your household, are applying for the Supplemental Nutrition Assistance Program (SNAP) and are convicted of certain felony offenses, or are not in compliance with the terms and conditions of your parole/probation, or fleeing the judicial system to avoid questioning, prosecution, custody or confinement after being convicted, you are not eligible to receive SNAP benefits.

Individuals convicted after February 7, 2014, of Aggravated Sexual Abuse, Murder or Sexual Exploitation and other abuse of children involving sexual assault are not eligible to receive SNAP assistance if they are in violation of terms and conditions of their parole. Individuals must attest to whether they or any member of the household has been convicted of one or more of those crimes and whether the convicted member is complying with the terms of their sentence. This attestation is binding in the State of Nevada.

	<i>Initials</i> _____	<i>Initials</i> _____
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Release of Information

I hereby authorize and consent to the release of all information concerning me or my household members to the Department of Human Services by the holder of the information such as, but not limited to, wage information, information made confidential by law, as well as patient information privileged under NRS 49.225, or any other provision of law. I hereby release the holder of the information from liability, if any, resulting from the release (disclosure) of the required information.

If I am 60 years of age or older, I hereby consent to the disclosure of my identity and waive my right as an older person to have my identity kept confidential. I hereby release the holder of the information from liability, if any resulting from the disclosure of the required information.

	<i>Initials</i> _____	<i>Initials</i> _____
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I understand if I fail to initial pages 11-13 where indicated on this application, it does not release me or my household members from those requirements / obligations. If I am under age 18 and applying for TANF assistance I understand I must have an additional signature of an adult over age 18 to complete the application.

I understand the questions on this application and the penalty for hiding or giving false information. I agree to notify the Nevada State Division of Social Services of any changes in my household circumstances that may affect my benefits. I understand failure to report changes may cause an overpayment that I would be responsible to pay back and could even be prosecuted by a court of law. I certify under penalty of perjury, my answers are correct and complete to the best of my knowledge and ability. I swear I have honestly reported the citizenship of myself and anyone I am applying for.

Signature or Mark of Applicant	Date	Signature or Mark of Spouse/ Second Parent of Child(ren)/ Adult Representative	Date
---------------------------------------	-------------	---	-------------

Witness: (Use if applicant cannot read or write or is blind.) The information in this application has been read to the applicant, and I have witnessed the above signature.

Signature of Witness	Date
-----------------------------	-------------

Your completed application may be submitted to your local Social Services office or mailed to PO Box 15400, Las Vegas, NV 89774

IF YOU ARE NOT REGISTERED TO VOTE WHERE YOU LIVE NOW, WOULD YOU LIKE TO REGISTER TO VOTE?

(Please check one)

YES NO

If you do not check either box, you will be considered to have decided not to register to vote at this time.

The **NATIONAL VOTER REGISTRATION ACT** provides you with the opportunity to register to vote at this location. If you would like help in filling out a voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

IMPORTANT NOTICE: Applying to register or declining to register to vote WILL NOT AFFECT the amount of assistance you will be provided by this agency.

Signature:

Date:

CONFIDENTIALITY: Whether you register to vote or not, your decision will remain confidential.

IF YOU BELIEVE SOMEONE HAS INTERFERED with your right to register or to decline to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Office of the Secretary of State, Capitol Complex, Carson City, NV 89701

Your Rights

Anyone whose application for assistance has been denied, not acted on within a reasonable time frame, or whose benefits have been reduced or terminated, may request a conference or hearing. You may request a conference or hearing by writing your local district DSS office or the administration office. For SNAP, you may request a hearing by calling your local DSS office. You may also request a hearing for assistance programs such as TANF or SNAP within 90 days of the notice date. You will be notified in writing 10 days prior to the hearing date, the time and location of the hearing. You may be represented at a conference/ hearing by anyone you have given written authorization to which must be given to the DSS office prior to the conference/ hearing. You may request information on the various legal services which may be available in your community at no cost, please contact us for information. If you are dissatisfied with the hearing decision, you may appeal your case to your local District Court of the State of Nevada.

Your responsibilities

If you are applying for TANF:

You must report changes in your mailing address immediately. Additional changes must be reported immediately after you apply and before you are approved benefits. Once your benefits are approved you must report the following changes, and the change must be reported by the 5th of the following month. You must report changes such as your physical address, living expenses, subsidized housing value, marital status, employment status, any money you receive or income from any source, assets/resources, absent parent's address, number of people in the home, the birth of a child, school attendance, absence of any household member even if it is temporary (if more than 30 days), and any other change which may affect your household benefits.

If you are applying for Supplemental Nutrition Assistance Program (SNAP):

You are required to report all changes in your household from the date you submit your application to the day of your interview. Once SNAP benefits are approved, you must report required changes within 10 days from the date the change happened based on your household's specific reporting requirements. You will receive a notice informing you of your specific requirement.

If your household is designated as a **Change Status Reporting Household** you will be required to report changes such as your physical address, living expenses, subsidized housing value, marital status, employment status if you or any household member is between the ages of 18-64 and currently working you must report within 10 days if working hours drop below 20 hours per week; for purposes of this provision, 20 hours a week averaged monthly means 80 hours a month, and any money you receive or income from any source, assets/resources, number of people in the home, birth of a child in your home, school attendance, absence of any household member even if it is temporary (if more than 30 days), and any other change which may affect your household benefits.

If your household is designated as a **Simplified Reporting Household**, you must report when your household's income exceeds 130% of the federal poverty level for your household size. If SNAP benefits are approved, you will be notified of the income level for your household size. If you or any household member is between the ages of 18-64 and currently working, you must report within 10 days if working hours drop below 20 hours per week; for purposes of this provision, 20 hours a week averaged monthly means 80 hours a month. Your case manager may request additional proof of the change. You will be required to provide the proof by a certain date to continue your eligibility or to avoid overpayment or underpayment of benefits.

SNAP allows certain household expenses like rent, mortgage, property taxes, homeowner's insurance, utility expenses, child/dependent care and child support paid by the household as a deduction to determine the amount of SNAP benefits your household is eligible for as long as the expense is reported and verified. Medical expenses over \$35.00 are allowed if there is an elderly (age 60 or over), or disabled person applying for benefits. **If you do not report or verify any of the expenses listed on the application, it will be considered that you do not want to receive a deduction for the unreported or unverified expense.**

Utilizing TANF funds, DSS through the Nevada Public Health Foundation (NPHF), has developed a class to target pregnant and parenting teens receiving TANF cash assistance. Teen parents receiving TANF benefits and services are known as STARS (Supporting Teens Achieving Real-life Success) participants. This class has been expanded to include other pregnant and parenting teens receiving other forms of assistance such as SNAP and Child Welfare. This one-day class places emphasis on employment, success in the workplace, decision-making, money management and health, such as birth control and sexually transmitted diseases.

In addition, Community Action Teams, an entity of the Nevada Public Health Foundation, conduct community assessments of teen pregnancy and its prevention and identify potential methods for reducing teen pregnancy through abstinence-based programs. Youths, parents, business, churches, health care providers, law enforcement, schools and other organizations are encouraged to serve on the Community Action Teams. Men of all ages are also encouraged to serve as positive role models, reinforcing the postponement of sexual involvement message.

In accordance with Nevada State law and applicable federal regulations, this application may also serve as an application for General Assistance when an extraordinary circumstance exists as defined in NRS 422A. DSS may use information from this application, including retroactively, to jointly process eligibility for General Assistance without requiring a separate application.

After you submit your application, you may call our Voice Response Unit (VRU) system to find out if your case has been approved, denied, terminated or is still pending. The VRU system will also let you know when your benefits have been issued and the amount.

For Southern Nevada, call (702) 486-1646; Northern Nevada, call (775) 684-7200; Rural Nevada, call (800) 992-0900, extension 47200. Your Personal Identification Number (PIN) for the VRU system is _____.

You may contact your case manager at _____ between the hours of _____ to _____.

Visit our website at dss.nv.gov

THIS IS YOUR COPY, KEEP THIS PAGE FOR YOUR RECORDS

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Joe Lombardo
Governor

Laura Rich
Director



**DEPARTMENT OF
HUMAN SERVICES**
DIVISION OF SOCIAL SERVICES
Working for the Welfare of ALL Nevadans.



Robert H. Thompson
Administrator

Medicaid Estate Recovery Notification of Program Operation

Please be advised that if you are applying for or receiving benefits from the Medicaid Program, this is important information that could affect your decision to receive benefits from Medicaid.

Pursuant to State and Federal law, the State of Nevada administers a Medicaid Estate Recovery Program whereby correctly paid Medicaid assistance is recovered from the undivided estate of the person who received Medicaid benefits. Medicaid recipients aged 55 or older and certain inpatients in nursing facilities or institutions¹ are affected by this program. When those individuals pass away, Medicaid requires that the undivided estates of those individuals pay back any benefits paid by Medicaid.

“Undivided estate” is defined broadly in Nevada. It includes all real and personal property and other assets in or to which an individual had any interest or legal title at the time of death. This includes assets conveyed to someone else through joint tenancy, life estate, living trust, annuity, homestead or other arrangement. A Medicaid claim cannot be defeated by a homestead exemption or by the operation of bankruptcy or insolvency law.

Certain individuals are protected from Medicaid recovery. Medicaid cannot recover if the Medicaid recipient has a surviving spouse, a child under the age of 21 or a blind and/or disabled child of any age. If Medicaid is prevented from recovering because of a surviving spouse, blind or disabled child or a child under the age of 21, Medicaid may place a lien on the deceased recipient’s interest in real and/or personal property.

However, Medicaid must release the lien if the spouse, blind or disabled child or child under the age of 21 sells the property to a bona fide purchaser for fair market value. If the exempted individual chooses to refinance the property, Medicaid will subordinate its lien.

In addition, certain income, resources and property of American Indians and Alaska Natives are exempt from Medicaid estate recovery. Please reference the Medicaid Operations Manual at www.dhcfp.nv.gov for a detailed explanation of the property exempt from recovery for these groups.

The above language refers to benefits that are correctly paid to eligible Medicaid recipients. When benefits are paid to persons who are not otherwise eligible, those benefits are considered as incorrectly paid. Medicaid may recover incorrectly paid benefits immediately upon discovery and without the restrictions that apply to correctly paid benefits.

Medicaid recovery may be waived, compromised or delayed if it would cause undue hardship for the heirs. Heirs may submit a hardship waiver request at the time of Medicaid recovery. The denial of a hardship waiver or compromise may be appealed through the appropriate legal system. Medicaid will provide hardship waiver application information to the known heirs at the time of recovery.

Please share this form with all family members and potential heirs.

If you have questions or need additional clarification, please contact the Medicaid Estate Recovery Program at (775) 687-8416, email mer@nvha.nv.gov or visit its website at www.dhcfp.nv.gov under “Programs.”

¹Certain inpatients in nursing Facilities or institutions refers to individuals with respect to whom the State determines, after notice and opportunity for hearing, that the inpatient cannot reasonably be expected to be discharged from the medial institution and return home.



STATE OF NEVADA REGISTRATION APPLICATION

Application No. _____

USE BLACK OR BLUE INK ONLY – PLEASE PRINT CLEARLY

WARNING: GIVING FALSE INFORMATION IS A FELONY AND INCLUDES A CIVIL PENALTY OF UP TO \$20,000.

All fields are required unless marked Optional. If you do not provide all of the required information, your application to register to vote will not be complete.

1.	Are you a citizen of the United States of America? <input type="checkbox"/>Yes <input type="checkbox"/>No <i>If you checked "No" to the above question, do not complete this form.</i> Will you be at least 18 years of age on or before election day? <input type="checkbox"/>Yes <input type="checkbox"/>No If you checked "No" to the above question but are at least 17 years of age, do you wish to preregister to vote? <input type="checkbox"/>Yes <input type="checkbox"/>No <i>If you checked "No" to both of the prior questions, do not complete this form.</i>			
2.	Last Name	First Name	Middle Name	Suffix
3.	Nevada Residential Address – See Instructions on Back (No P.O. Box/Business Address)		Apt.#	City
				State NV
4.	Mailing Address – If Different From Above (P.O. Box or Mail Service Address Acceptable)		Apt.#	City
				State
5.	Birth Date (MM/DD/YYYY)	6.	Place of Birth (State or Country)	7.
				Telephone Number (Optional)
8.	<input type="checkbox"/> I have a valid NV Driver's License or ID Card and that number is: _____ <input type="checkbox"/> I have not been issued a NV Driver's License or ID Card. The last 4 digits of my Social Security Number are: XXX-XXX-_____ <input type="checkbox"/> I have not been issued a NV Driver's License or ID Card, and I do not have a Social Security Number. If you select this option, you will be contacted by your County Election Department for more information once your application is received. <i>Note: ID numbers provided above are confidential and not available for public inspection.</i>			
9.	If applicable, check one of the following: <input type="checkbox"/> Military Domestic (or military spouse or dependent) – Only check if you are on active duty and will be absent from your place of registration <input type="checkbox"/> Military Overseas (or military spouse or dependent) <input type="checkbox"/> U.S. Citizen Overseas			
10.	Email Address (Optional) – Email Address is Confidential		11.	<input type="checkbox"/> CHECK THIS BOX TO RECEIVE A SAMPLE BALLOT IN LARGER TYPE
12.	Party Registration – Check Only One Box <input type="checkbox"/> Democratic Party <input type="checkbox"/> Independent American Party <input type="checkbox"/> Libertarian Party of Nevada <input type="checkbox"/> Nonpartisan (No Political Party) <input type="checkbox"/> Republican Party <input type="checkbox"/> Other Party – Write in below		13. I swear or affirm I am a U.S. citizen. I will be at least 18 years old by the date of the next election, or if I indicated in Box 1 above that I am preregistering to vote, I am at least 17 years old. I will have continuously resided in Nevada at least 30 days in my county and at least 10 days in my precinct before the next election at which I intend to vote. The residential address listed herein is my sole legal place of residence and I claim no other place as my legal residence. If I am preregistering to vote, I understand and acknowledge that I will be deemed to have registered to vote as of the date of my 18th birthday unless my preregistration is cancelled by any of the means or for any of the reasons for cancelling voter registration pursuant to Chapter 293 of the Nevada Revised Statutes. I am not currently serving a term of imprisonment for a felony conviction. I declare under penalty of perjury that the foregoing is true and correct. <div style="text-align:center;"> <p>↓ SIGNATURE OF APPLICANT (REQUIRED) ↓</p> </div> <div style="text-align:right; margin-top: 10px;"> _____ (MM/DD/YYYY) </div>	
14.	Your name and residential address where you were last registered to vote (Optional) – (Name Used, Address, State, etc.)			
15.	Important! If you are assisting a person to register to vote and you are not a Field Registrar appointed by a County Clerk/ Registrar of Voters or an employee of a voter registration agency, you MUST complete the following. Your signature is required. Failure to do so may be a felony.			
	Full Name	Mailing Address	City/State/Zip Code	Signature
OFFICIAL USE ONLY. DO NOT WRITE IN THE SHADED AREA BELOW.				
DATE STAMP	<input type="checkbox"/> AGENCY <input type="checkbox"/> FIELD REGISTRAR <input type="checkbox"/> MAIL <input type="checkbox"/> IN PERSON <input type="checkbox"/> OTHER	CANCELLED	APPLICATION NO.	
		INACTIVE	RECEIVED BY:	
		PRECINCT		
✂ Detach Here ✂		✂ Detach Here ✂		✂ Detach Here ✂
NAME OF PERSON RETAINING THIS APPLICATION (Agency Stamp or Name of Agent, Election Official or Person Retaining Application)		ELECTION OFFICIAL OR AGENCY (Contact Information, Address, Telephone, Fax)		VOTER APPLICATION RECEIPT (Please retain Receipt) Your voter registration information has been transmitted to your County Election Office for processing. Within 10 days after receiving your information, your County Election Office will mail your Nevada Voter Registration Card or a notice that additional information is required to complete your registration.
				APPLICATION No.

INSTRUCTIONS

Box 1 – PREREGISTRATION: Every citizen of the United States who is 17 years of age or older but less than 18 years of age and has continuously resided in this state for 30 days or longer may preregister to vote by any of the means available for a person to register to vote pursuant to Nevada law. If a person preregisters to vote, he or she shall be deemed to be a registered voter on his or her 18th birthday unless the person’s preregistration has been cancelled or he or she does not satisfy the voter eligibility requirements.

Box 2 – NAME: Required. Please write your name exactly as it appears on your Nevada Driver’s License, ID Card, or Social Security Card.

Box 3 – ADDRESS WHERE YOU LIVE: Required. Your home address is the street address assigned to the location at which you actually reside. If you reside at a location that has not been assigned a street address, a description of the location at which you actually reside must be provided. A P.O. Box or business address cannot be listed as a home address.

Box 4 – ADDRESS WHERE YOU RECEIVE MAIL: Optional. Include your mailing address if it is different than your physical address. Include P.O. Boxes and Mail Service Addresses, if applicable.

Box 8 – IDENTIFICATION: Required. Include your Nevada Driver’s License or Nevada Identification Card number. If you do not have a driver’s license or identification card issued by a Nevada DMV, include the last four digits of your Social Security Number. If you do not have a Nevada Driver’s License or Social Security Number, you will be contacted by your County Election Department for more information once your application is received.

Box 9 – MILITARY: Required, if applicable. Mark the applicable box.

Box 12 – POLITICAL PARTY AFFILIATION: Required. Mark your choice of a qualified political party, “Nonpartisan” or “Other.” If you mark “Other,” you may print the name of an unlisted political party. If you register with a minor political party or as a nonpartisan, you will receive a nonpartisan ballot for the Primary Election.

Box 13 – DECLARATION: Required. Sign and date. Voting Rights are immediately restored for all felony convictions upon release from prison.

Box 14 – UPDATING INFORMATION: Optional. You may include the last address where you were registered to vote. This helps the County Clerk / Registrar of Voters identify you as the applicant.

Box 15 – ASSISTANCE: Required, if applicable. If you are assisting a person to preregister or register to vote, you must complete Box 15. **FAILURE TO DO SO MAY BE A FELONY.** **DEADLINES FOR SUBMITTING APPLICATION:**

- ❖ By Mail – Postmarked by the fourth Tuesday preceding the primary or general election.
- ❖ In Person at your local County Clerk’s or Registrar of Voters Office – By the fourth Tuesday preceding the primary or general election.
- ❖ Online – By the Thursday preceding the primary or general election. Online Registration available at: www.RegisterToVoteNV.gov
- ❖ For Special / Recall Elections – Contact your County Clerk or Registrar of Voters.

SAME-DAY VOTER REGISTRATION: Eligible Nevada voters can register to vote or update existing voter registration information in person at the polling place either during early voting or on Election Day.

INTERESTED IN BEING A POLL WORKER? Please contact your local County Clerk or Registrar of Voters Office.

NOTICE: You are urged to return your application to the County Clerk or Registrar of Voters in person or by mail. If you choose to give your completed application to another person to return to the County Clerk or Registrar of Voters on your behalf, and the person fails to deliver the application to the County Clerk or Registrar of Voters, you will not be preregistered or registered to vote, as applicable. Please retain the duplicate copy or receipt from your application to preregister or register to vote.

COUNTY	ELECTION DEPARTMENT ADDRESS	COUNTY	ELECTION DEPARTMENT ADDRESS
Carson City Clerk (775) 887-2087	885 East Musser Street, Suite 1025. Carson City, NV 89701	Lincoln Clerk (775) 962-8077	P.O. Box 90, Pioche, NV 89043 181 North Main Street, Suite 201, Pioche, NV 89043
Churchill Clerk (775) 423-6028	155 North Taylor Street, Suite 110, Fallon, NV 89406	Lyon Clerk (775) 463-6501	27 South Main Street, Yerington, NV 89447
Clark Registrar (702) 455-8683	965 Trade Drive, Suite A, North Las Vegas, NV 89030 P.O. Box 3909, Las Vegas, NV 89127	Mineral Clerk (775) 945-2446	105 South A Street, Suite 1, Hawthorne, NV 89415 P.O. Box 1450, Hawthorne, NV 89415
Douglas Clerk (775) 782-9014	1616 8th Street, 2nd Floor, Minden, NV 89423 P.O. Box 218, Minden, NV 89423	Nye Clerk (775) 482-8127	101 Radar Road, Tonopah, NV 89049 P.O. Box 1031, Tonopah, NV 89049
Elko Clerk (775) 753-4600	550 Court Street, 3rd Floor, Elko, NV 89801	Pershing Clerk (775) 273-2208	398 Main Street, Lovelock, NV 89419 P.O. Box 820, Lovelock, NV 89419
Esmeralda Clerk (775) 485-6309	233 Crook Avenue, Goldfield, NV 89013 P.O. Box 547, Goldfield, NV 89013	Storey Clerk (775) 847-0969	26 South B Street, Drawer D, Virginia City, NV 89440
Eureka Clerk (775) 237-5263	P.O. Box 540, Eureka, NV 89316	Washoe Registrar (775) 328-3670	1001 E. 9th St., Reno, NV, 89512
Humboldt Clerk (775) 623-6343	50 West 5th Street, #207, Winnemucca, NV 89445	White Pine Clerk (775) 293-6509	1786 Great Basin Blvd., Suite 3, Ely, NV 89301
Lander Clerk (775) 635-5738	50 State Route 305, Battle Mountain, NV 89820		



**FIRST CLASS
STAMP
NECESSARY
FOR MAILING**
