

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 Food Assistance (SNAP Outreach)

You can use this application to:

- Apply for Food Assistance from the Supplemental Nutrition Assistance Program (SNAP).

Time Frame

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 based on the date of the application.

The following households may qualify for 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.

Access your benefits faster.

Apply Online	<p>Did you know that you can apply online? Go to: https://accessnevada.dss.nv.gov</p> <ul style="list-style-type: none"> ▪ Takes about 45 minutes for a typical household. ▪ Follow the prompts and, when finished, click “SUBMIT.” ▪ Once you create an account, you can check the status of your benefits online. ▪ Sign-up for electronic communications from Access Nevada to receive notifications. ▪ Link your account with your Case ID Number and VRU Pin.
Personal Assistance	<p>Get assistance with your application.</p> <p>You can get personalized assistance completing your application at one of the Division’s district offices.</p> <p>To find a DSS location: Call 1-800-992-0900 (voice) or 1-800-326-6888 (TTY) or visit https://dss.nv.gov</p>
By Mail	<p>Fill out the attached paper application.</p> <p>A handwritten paper application is an option for those who prefer to use paper.</p> <ul style="list-style-type: none"> • Follow the instructions and complete ALL areas that apply to you and your family. • Submit your application to the local Welfare Office or mail to: <ul style="list-style-type: none"> DSS PO Box 15400 Las Vegas, NV 89114

Social Security Numbers	<p>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 an 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 receive benefits if they are otherwise eligible.</p> <p>SSNs are used to verify your family's income and resources and to conduct computer matching with other agencies such as the Social Security Administration, Employment Security Division, Child Support Enforcement Program, 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.</p>
Citizenship/ Immigration Status	<p>You will be required to provide information about citizenship and/or immigration status for all persons (including yourself) who are applying for assistance.</p> <p>For SNAP, if any of these persons do not want to give us information about their citizenship and/or immigration status, they will not be eligible for benefits. Other family or household members may still receive benefits if they are otherwise eligible.</p> <p>Qualified Non-Citizen status is verified with the United States Citizenship and Immigration Services (USCIS) for eligibility purposes. Information on non-applicants or non-qualified non-citizens will not be shared with USCIS.</p>
What does DSS do with my information?	<p>DSS will keep all information private and secure as required by law. The information is used to:</p> <ul style="list-style-type: none"> • Determine what types of assistance you are qualified to receive. • Determine how much assistance you are qualified to receive. • Make sure you get the right amount of assistance based on your situation. • 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.
<p>Non-Discrimination Statement</p> <p>Do Not Send Applications Here</p> <p>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, audiotape, 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.</p> <p>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:</p> <ol style="list-style-type: none"> 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 <p>This institution is an equal opportunity provider.</p> <p style="text-align: center;"><i>Applicant information, please keep this page for your records.</i></p>	

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>

2935-EG (03/26)

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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>

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Helping people. It's who we are and what we do.



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Application for Food Assistance (SNAP Outreach)

HEAD OF HOUSEHOLD (Must be an adult member of the family. Case will be registered to this person)				
Are you applying for Food Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No				
First Name, MI, Last Name & Suffix		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		If married, do you live with your spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Number		Age	Date of Birth	Relationship to you? SELF <input type="checkbox"/> Male <input type="checkbox"/> Female
State/Country of Birth				
Gender				
Race/Ethnicity (Optional)				
<input type="checkbox"/>	White	<input type="checkbox"/>	Middle Eastern or North African	<input type="checkbox"/>
<input type="checkbox"/>	African American or Black	<input type="checkbox"/>	Native Hawaiian	<input type="checkbox"/>
<input type="checkbox"/>	American Indian or Alaska Native	<input type="checkbox"/>	Other Pacific Islander	<input type="checkbox"/>
<input type="checkbox"/>	Asian Indian	<input type="checkbox"/>	Other Asian	<input type="checkbox"/>
<input type="checkbox"/>	Other			
American Indians or Alaska Natives (AI/AN) Tribal members who enroll in Medicaid, Nevada Check Up and through the Nevada Health Link can also get services from the Indian Health Services, Tribal Health Programs or Urban Indian Health Programs. If you or your family members are American Indian or Alaska Native, you may not have to pay premiums or cost sharing. We will ask additional questions to make sure you and your family get the most help possible. Tribal Affiliation Cards are required.				
Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No		American Indian or Alaska Native? <input type="checkbox"/> Yes <input type="checkbox"/> No Tribe:		
U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, are you an eligible immigrant? <input type="checkbox"/> Yes <input type="checkbox"/> No Alien Number:		
Full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No		Last School Grade Completed?		Date Completed (mm/yy)
CONTACT INFORMATION				
Home Address:		Apt #:	City:	State: Zip Code:
<i>(If you don't have a permanent address, you still need to give a valid mailing address.)</i>				
Mailing Address: (If different from above)		Apt #:	City:	State: Zip Code:
Home Phone #		Ext.	Cell / Message Phone #	Ext.
<i>(Currently, all notifications are sent in paper format. In the future, if available, would you like to receive information by:)</i>				
Text: <input type="checkbox"/> Yes <input type="checkbox"/> No		Email: <input type="checkbox"/> Yes <input type="checkbox"/> No	Email Address:	
Preferred language (if not English): <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____			Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you require special accommodations for your interview? <input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, what do you need?		

EMERGENCY CONTACT <i>(In case of emergency, who would you like us to contact?)</i>	
Name:	Relationship to you:
Daytime Phone #	Address:

AUTHORIZED REPRESENTATIVE	
Would you like someone 18 or older to be an authorized representative for you? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If Yes, Complete Appendix A</i>
	<i>You may name and give permission for someone 18 or older, a trusted friend, partner, or third-party representative to act as an authorized representative to talk to DSS, see your information, and act on all matters of your case.</i>

APPLYING FOR FOOD ASSISTANCE (SNAP)
<p>You may start the application process immediately by filling out your name and address information above, and your signature in the spaces provided below and submitting this page of the application. You will be contacted by the DSS to complete the remaining application details and will receive a benefit determination once processed. Your filing date is the date an application with your name, address, and signature is received.</p> <p>Does your household meet any of the following situations? (check all boxes that apply; if none, leave blank) If you qualify, expedited SNAP benefits will be available within 7 days.</p> <p><input type="checkbox"/> Your household has or will have less than \$150 income and less than \$100 in liquid resources (cash, checking, savings) this month</p> <p><input type="checkbox"/> Your household's income and resources are less than your monthly housing and utility cost</p> <p><input type="checkbox"/> Your household includes a migrant or seasonal farm worker</p> <p>I certify under penalty of perjury my answers are correct and complete to the best of my knowledge and ability.</p>

Signature of Applicant / Authorized Representative requesting SNAP	Printed Name of Applicant / Authorized Representative requesting SNAP	Date

FOR OFFICE USE ONLY	
IS THE HOUSEHOLD ELIGIBLE FOR EXPEDITED SERVICE?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Expedited Service Screener Signature:	Date

ADDITIONAL MEMBER 1 (Answer all questions in this box for this person)				
Applying for Food Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No				
First Name, MI, Last Name & Suffix		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		If married, do you live with your spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Number		Age	Date of Birth	State/Country of Birth
				Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Race/Ethnicity (Optional)				
<input type="checkbox"/>	White	<input type="checkbox"/>	Middle Eastern or North African	<input type="checkbox"/> Asian Indian
<input type="checkbox"/>	African American or Black	<input type="checkbox"/>	Native Hawaiian	<input type="checkbox"/> Other Asian
<input type="checkbox"/>	American Indian or Alaska Native	<input type="checkbox"/>	Other Pacific Islander	<input type="checkbox"/> Other
<p>American Indians or Alaska Natives (AI/AN) Tribal members who enroll in Medicaid, Nevada Check Up and through the Nevada Health Link can also get services from the Indian Health Services, Tribal Health Programs or Urban Indian Health Programs. If you or your family members are American Indian or Alaska Native, you may not have to pay premiums or cost sharing. We will ask additional questions to make sure you and your family get the most help possible. Tribal Affiliation Cards are required.</p>				
Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No		American Indian or Alaska Native? <input type="checkbox"/> Yes <input type="checkbox"/> No Tribe:		
U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, are you an eligible immigrant? <input type="checkbox"/> Yes <input type="checkbox"/> No Alien Number:		
Full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No		Last School Grade Completed?		Date Completed (mm/yy)

ADDITIONAL MEMBER 2 (Answer all questions in this box for this person)				
Applying for Food Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No				
First Name, MI, Last Name & Suffix		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		If married, do you live with your spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Number		Age	Date of Birth	State/Country of Birth
				Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Race/Ethnicity (Optional)				
<input type="checkbox"/>	White	<input type="checkbox"/>	Middle Eastern or North African	<input type="checkbox"/> Asian Indian
<input type="checkbox"/>	African American or Black	<input type="checkbox"/>	Native Hawaiian	<input type="checkbox"/> Other Asian
<input type="checkbox"/>	American Indian or Alaska Native	<input type="checkbox"/>	Other Pacific Islander	<input type="checkbox"/> Other
<p>American Indians or Alaska Natives (AI/AN) Tribal members who enroll in Medicaid, Nevada Check Up and through the Nevada Health Link can also get services from the Indian Health Services, Tribal Health Programs or Urban Indian Health Programs. If you or your family members are American Indian or Alaska Native, you may not have to pay premiums or cost sharing. We will ask additional questions to make sure you and your family get the most help possible. Tribal Affiliation Cards are required.</p>				
Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No		American Indian or Alaska Native? <input type="checkbox"/> Yes <input type="checkbox"/> No Tribe:		
U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, are you an eligible immigrant? <input type="checkbox"/> Yes <input type="checkbox"/> No Alien Number:		
Full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No		Last School Grade Completed?		Date Completed (mm/yy)

ADDITIONAL MEMBER 3 (Answer all questions in this box for this person)				
Applying for Food Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No				
First Name, MI, Last Name & Suffix		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		If married, do you live with your spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Number		Age	Date of Birth	State/Country of Birth
				Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Race/Ethnicity (Optional)				
<input type="checkbox"/>	White	<input type="checkbox"/>	Middle Eastern or North African	<input type="checkbox"/> Asian Indian
<input type="checkbox"/>	African American or Black	<input type="checkbox"/>	Native Hawaiian	<input type="checkbox"/> Other Asian
<input type="checkbox"/>	American Indian or Alaska Native	<input type="checkbox"/>	Other Pacific Islander	<input type="checkbox"/> Other
<p>American Indians or Alaska Natives (AI/AN) Tribal members who enroll in Medicaid, Nevada Check Up and through the Nevada Health Link can also get services from the Indian Health Services, Tribal Health Programs or Urban Indian Health Programs. If you or your family members are American Indian or Alaska Native, you may not have to pay premiums or cost sharing. We will ask additional questions to make sure you and your family get the most help possible. Tribal Affiliation Cards are required.</p>				
Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No		American Indian or Alaska Native? <input type="checkbox"/> Yes <input type="checkbox"/> No Tribe:		
U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, are you an eligible immigrant? <input type="checkbox"/> Yes <input type="checkbox"/> No Alien Number:		
Full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No		Last School Grade Completed?		Date Completed (mm/yy)

ADDITIONAL MEMBER 4 (Answer all questions in this box for this person)				
Applying for Food Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No				
First Name, MI, Last Name & Suffix		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		If married, do you live with your spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Number		Age	Date of Birth	State/Country of Birth
				Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Race/Ethnicity (Optional)				
<input type="checkbox"/>	White	<input type="checkbox"/>	Middle Eastern or North African	<input type="checkbox"/> Asian Indian
<input type="checkbox"/>	African American or Black	<input type="checkbox"/>	Native Hawaiian	<input type="checkbox"/> Other Asian
<input type="checkbox"/>	American Indian or Alaska Native	<input type="checkbox"/>	Other Pacific Islander	<input type="checkbox"/> Other
<p>American Indians or Alaska Natives (AI/AN) Tribal members who enroll in Medicaid, Nevada Check Up and through the Nevada Health Link can also get services from the Indian Health Services, Tribal Health Programs or Urban Indian Health Programs. If you or your family members are American Indian or Alaska Native, you may not have to pay premiums or cost sharing. We will ask additional questions to make sure you and your family get the most help possible. Tribal Affiliation Cards are required.</p>				
Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No		American Indian or Alaska Native? <input type="checkbox"/> Yes <input type="checkbox"/> No Tribe:		
U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, are you an eligible immigrant? <input type="checkbox"/> Yes <input type="checkbox"/> No Alien Number:		
Full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No		Last School Grade Completed?		Date Completed (mm/yy)

(Additional copies of this sheet can be attached to add more household members)

EMPLOYMENT AND INCOME INFORMATION

Not employed – Skip to "INCOME QUESTIONS" section

EMPLOYMENT INFORMATION 1

Who is working?

In the past 3 months, did you: Change jobs Stop working Work fewer hours None of these

Employer Name: (If self-employed, write "SELF")	Average hours worked each week
-------------------------------------------------	--------------------------------

Employer Address	Employer Phone Number
------------------	-----------------------

City	State	Zip Code
------	-------	----------

Gross wages/tips per pay period \$ _____	How often are you paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
---------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

If self-employed, please answer the following questions

Type of work:

How much net income (profits once expenses are paid) will you receive this month? \$

EMPLOYMENT INFORMATION 2

Who is working?

In the past 3 months, did you: Change jobs Stop working Work fewer hours None of these

Employer Name: (If self-employed, write "SELF")	Average hours worked each week
-------------------------------------------------	--------------------------------

Employer Address	Employer Phone Number
------------------	-----------------------

City	State	Zip Code
------	-------	----------

Gross wages/tips per pay period \$ _____	How often are you paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
---------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

If self-employed, please answer the following questions

Type of work:

How much net income (profits once expenses are paid) will you receive this month? \$

INCOME QUESTIONS: (Please answer all the questions below)

Are you or anyone in your household registered with or working for a temporary employment agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who?	Which agency?
Are you or anyone in your household currently on strike?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who?	
Are you or any person 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 begin?
Do you or any person in your household work in exchange for food or shelter?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who?	
What is the value of this exchange?	When did this begin?	What do you receive for your work?	

(Additional copies of this sheet can be attached to add more employment information)

OTHER INCOME (Check all that apply and provide the information requested)

Please check the box for each of the types of other income you or anyone in your household receives or has applied for. If you do not check a box for any of the unearned income below you are acknowledging neither you nor anyone in your household have any other income. Also mark any money received considered tribal income.

 None

Source of Income	Is this Tribal	Amount	How Often	Who receives this income
<input type="checkbox"/> Unemployment	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
<input type="checkbox"/> Pensions	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
<input type="checkbox"/> Retirement/ Railroad	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
<input type="checkbox"/> Social Security (RSDI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
<input type="checkbox"/> Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
<input type="checkbox"/> Boarder/ Roomer Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
<input type="checkbox"/> Cash Advances	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
<input type="checkbox"/> Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
<input type="checkbox"/> Gambling Winnings	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
<input type="checkbox"/> Insurance Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
<input type="checkbox"/> Loans (Type: _____)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
<input type="checkbox"/> Military Allotment	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
<input type="checkbox"/> Mining Claims	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
<input type="checkbox"/> Panhandling	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
<input type="checkbox"/> Strike Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
<input type="checkbox"/> Subsidized Housing	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
<input type="checkbox"/> Supportive Living Arrangement (SLA)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
<input type="checkbox"/> TANF/ General Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
<input type="checkbox"/> Trust Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
<input type="checkbox"/> Veteran's Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
<input type="checkbox"/> Workers Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
<input type="checkbox"/> Annuities	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
<input type="checkbox"/> Interest/Dividends	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
<input type="checkbox"/> Capital Gains	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
<input type="checkbox"/> Farming/ Fishing Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
<input type="checkbox"/> Rental/ Royalties	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
<input type="checkbox"/> Scholarship/ Grants	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		

HOUSEHOLD QUESTIONS (Please answer all the questions below)			
Do you plan to continue living in Nevada?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, explain:	Date you started living in Nevada:
Are you or anyone in your household currently pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who:	How many babies expected? Due Date:
Are you or anyone in your household applying for or receiving Tribal Commodities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who:	
Has anyone in your household been disqualified from assistance due to an intentional program violation (IPV)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who:	Date of violation (mm/dd/yyyy)
		State where the IPV was given:	
Has anyone in your household been convicted of trading SNAP benefits for drugs after Sept 22, 1996?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who:	
Has anyone in your household been convicted of buying or selling SNAP benefits over \$500 after Sept 22, 1996?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who:	
Has anyone in your household been convicted of receiving duplicate SNAP benefits in any state after Sept 22, 1996?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who:	
Has anyone in your household been convicted of trading SNAP benefits for guns, ammunition, or explosives after Sept 22, 1996?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who:	
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; (b) Murder; (c) Sexual exploitation and other abuse of children; (d) Sexual assault?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who?	Are you/they in compliance with the terms of their sentence? <input type="checkbox"/> Yes <input type="checkbox"/> No
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(s):
Are you or anyone in your household 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(s):
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:	
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?	How much was won in each game? \$

RESOURCES (Check and answer all that apply, including the owner, value, and account number)

Please mark the "YES" box for each type of resource 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 nor any person(s) in your household have any resources.

 None
BANK/ INVESTMENT/ RETIREMENT ACCOUNTS:

YES	TYPE OF ACCOUNT	OWNER(S)	VALUE	NAME OF FINANCIAL INSTITUTION	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 Account		\$		
<input type="checkbox"/>	Business Account		\$		
<input type="checkbox"/>	Christmas Club Account		\$		
<input type="checkbox"/>	Crowdfunding Account		\$		
<input type="checkbox"/>	Education Savings		\$		
<input type="checkbox"/>	Patient Trust Fund		\$		
<input type="checkbox"/>	Individual Indian Money		\$		
<input type="checkbox"/>	Saving Bonds		\$		
<input type="checkbox"/>	Stock		\$		
<input type="checkbox"/>	Certificate of Deposit		\$		
<input type="checkbox"/>	Individual Retirement Account (IRA)		\$		
<input type="checkbox"/>	Annuity		\$		
<input type="checkbox"/>	Other: _____		\$		

LIFE INSURANCE / TRUSTS / BURIAL PLANS

YES	TYPE OF ACCOUNT	OWNER(S)	FACE VALUE	NAME OF FINANCIAL INSTITUTION	ACCOUNT NUMBER (Please list the last 4 numbers only)
<input type="checkbox"/>	Life Insurance		\$		
<input type="checkbox"/>	Available Trust		\$		
<input type="checkbox"/>	Unavailable Trust		\$		
<input type="checkbox"/>	Burial Fund / Plan		\$		
<input type="checkbox"/>	Life Estates				

PERSONAL / MISCELLANEOUS PROPERTY					
YES	TYPE OF PROPERTY	OWNER(S)	CURRENT MARKET VALUE	CONTENTS OR TYPE OF RESOURCE	LOCATION
<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		\$		
<input type="checkbox"/>	Promissory Notes		\$		
<input type="checkbox"/>	Cash on Hand		\$		
<input type="checkbox"/>	Other: (Please List)		\$		
			\$		
			\$		

VEHICLES					
Please list any vehicles you own, or that you are buying, (a car, motorcycle, tractor, trailer, truck, camper, RV, boat, ATV), etc. working or not.					
OWNER(S)	TYPE OF VEHICLE	YEAR, MAKE & MODEL	FAIR MARKET VALUE	AMOUNT OWED	IS THE VEHICLE REGISTERED?
			\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	\$	<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		
Have you or any person(s) in your household sold, traded, or given away any money, vehicles, property, or other resource, or closed any bank accounts in the past 3 Months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who:
What was the resource transferred?	Who was the resource transferred to?	Relationship to you?
When was the resource transferred?	Value of the resource? \$	Why was it transferred?

HOUSING EXPENSES							
Are you RENTING your home?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how much do you pay for rent? \$			
Are you receiving a Rental Subsidy?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how much is subsidized? \$		Which Agency helps you?	
What is your landlord's name?							
What is your landlord's address?							
What is your landlord's phone number?							
Are you a HOMEOWNER ?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how much do you pay on your mortgage (include second mortgages)? \$		How often paid?	
Do you pay Mortgage taxes separate from your mortgage?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how much do you pay? \$		How often paid?	
Do you pay Homeowners Insurance separate from your mortgage?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how much do you pay? \$		How often paid?	
Do you pay Association (HOA) fees separate from your mortgage?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how much do you pay? \$		How often paid?	
Do you pay Lot / Space rent?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how much do you pay? \$		How often paid?	
Are you or any person(s) in your household responsible for paying for utilities?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
a: If yes, does this include Heating or Cooling?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
b: If no, please indicate which expenses you are responsible for paying:							
<input type="checkbox"/> Electricity	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Propane	<input type="checkbox"/> Wood	<input type="checkbox"/> Water	<input type="checkbox"/> Sewer	<input type="checkbox"/> Garbage	<input type="checkbox"/> Phone
Does anyone outside your home pay any of your expenses?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how much do they help you? \$		How often paid?	
Who is helping you pay your expenses?		What is their phone number?					
OTHER EXPENSES							
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 you pay each month? \$	
Do you or any person(s) in your household pay childcare or for the care of a disabled adult?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, who?		How much do you pay each month? \$	
Does an agency or anyone outside your home pay a portion of your daycare costs?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, which agency/person?		How much do you pay each month? \$	
Does anyone age 60 or older, or any person(s) who is disabled have out-of-pocket medical expenses including the cost for Medicare or medical insurance in excess of \$35 or more?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, who?		How much do you pay each month? \$	
Does an agency or anyone outside your home pay a portion of your medical expenses?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, which agency/person?		How much do you pay each month? \$	

RIGHTS AND OBLIGATIONS

Read and initial each statement below if anyone is applying for SNAP assistance.

	My signature certifies that the information on this application is true and accurate. I may be sanctioned and required to return any benefit I receive if my information is not true. Sanctions may include administrative, civil, or criminal actions against me, including prosecution.
	I consent to the gathering, use, and disclosure of my information, including my SSN, by the Nevada Department of Human Services (DHS), Division of Social Services (DSS) or its designees. I understand the information is needed for the purpose of providing benefits or services, obtaining payment for my benefits or services, and for normal business operations of the Department. I have the right to revoke this consent, in writing, at any time, except to the extent the DSS has already used and disclosed my information. If I revoke this consent, the DSS will not provide further benefits or services.
	My signature indicates I have read and/or received a copy of the DSS Privacy Policy (<i>refer to Appendix B</i>).
	I am required to report all changes in my household circumstances, including the people who live with me, birth of a new child, school attendance, or changes in living expenses, marital status and resources which may affect my household benefits. Unreported information may affect my eligibility determination. If I do not report or verify any of the expenses listed on this application, it will be considered that I do not want to receive a deduction for the unreported or unverified expense. DSS will inform me of specific program reporting requirements in a notice of decision.
	I am required to report when my household's monthly income exceeds the gross limit for my household size.
	Information available through the Instant Eligibility Verification System (IEVS), and other online sources, is used and may be verified through a third-party contact when differences are discovered between the system and what you report. This information may affect your eligibility and level of benefits.
	I understand that all adult household members may be responsible for repaying benefits if the household received benefits, it was not entitled to receive. This applies to an over-issuance of benefits as a result of an agency error, an inadvertent household error, and intentional program violations. If there is an overpayment of benefits to my household, the information on this application, including all adult SSNs, may be referred to federal and state agencies, as well as private claims collection agencies for collection action. Additionally, I may be disqualified from receiving benefits in the future. I understand if I am found guilty of an intentional program violation in SNAP, I will be 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. I understand the unlawful use of SNAP is punishable by a fine up to \$250,000, imprisonment for up to 20 years, or both.
	This information may be disclosed to other federal and state agencies for official examination, and to law enforcement officials, for apprehending persons fleeing to avoid the law.
	I may be required to cooperate with federal or state reviewers who are making sure my benefits are correct. I may not be eligible to receive benefits if I do not cooperate. Making false or misleading statements, misrepresenting, concealing, or withholding facts used to determine my eligibility may also result in future program disqualification and criminal prosecution per state and federal laws.
	I will be notified of the right to appeal/request a hearing on the DSS decisions, and I can contact the DSS for information about the process. A request must be submitted within 90 days of the date of the notice of decision. An appeal/hearing may be requested in person, in writing, or by phone. I can have someone act on my behalf, but written permission must be provided to the DSS before the appeal/hearing. If I disagree with the appeal/hearing decision, I can appeal my case to the local District Court of the State of Nevada.
	To receive SNAP, I may be required to participate in work programs. Failure to do so may result in a loss or decrease in benefits.
	It is illegal to give my EBT card away or to trade the benefits on my card for cash, firearms, drugs, or other goods and services. Penalties include fines, imprisonment, and disqualification from future benefits. The benefits I receive are for me and members of my household only. I may not use my SNAP benefits for individuals outside of my household.
	Federal law states the intended period of use for SNAP benefits is 274 days from the date of issuance. The 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.

RESPONSIBILITIES

Read and initial each statement below if anyone is applying for SNAP assistance.

	I am required to report all changes in my household from the date I submit my application through the day of my interview. Once my SNAP benefits are approved, I must report required changes within 10 days from the date the change occurred, based on my household's specific reporting requirements. I will receive a notice informing me of my specific reporting requirement.
	If my household is designated as a <i>Simplified Reporting Household</i> , I must report when my household's income exceeds 130% of the federal poverty level for my household size. If SNAP benefits are approved, I will be notified of the income level for my household size. If I or any household member is between the ages of 18-64 and currently working, I 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. My case manager may request additional proof of the change. I will be required to provide the proof by a certain date to continue my eligibility or to avoid overpayment or underpayment of benefits.
	If my household is designated as a <i>Change Status Reporting Household</i> I will be required to report changes such as my physical address, living expenses, subsidized housing value, marital status, employment status if I or any household member is between the ages of 18-64 and currently working I 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 I receive or income from any source, assets/resources, number of people in the home, birth of a child in my 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 my household benefits.
	I understand my case manager may request additional proof of any reported change. I am required to provide the requested proof by the specified date to continue my eligibility or to avoid overpayment or underpayment of benefits.
	Substantial Lottery or Gambling Winnings Regardless of my reporting requirement, I must report if I or anyone in my household receives substantial lottery or gambling winnings. I am 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 my household's circumstances and determine whether any benefit adjustments are needed. Substantial lottery and gambling winnings are based on the SNAP resource limit for an elderly or disabled household (even if my household is not elderly or disabled). This amount is updated each year on October 1.
	SNAP allows certain household expenses—such as rent, mortgage, property taxes, homeowner's insurance, utility expenses, child or dependent care, and child support paid by the household—to be deducted when determining the amount of SNAP benefits my household may be eligible to receive, 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 in my household. If I do not report or verify any of the expenses listed on my application, it will be considered that I do not want to receive a deduction for the unreported or unverified expense.
	Felony Convictions / Parole Violations / Fleeing Felon If I, or anyone in my household, am applying for SNAP and have been convicted of certain felony offenses or are in violation of the terms and conditions of your parole, or are fleeing the judicial system to avoid questioning, prosecution, custody or confinement after being convicted, I am 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 the terms and conditions of their parole.

Acknowledgement, Signature, and Release of Information by applicant:	<p>I understand the questions on this application and the penalty for hiding or giving false information. I agree to notify the 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 will be responsible to pay back, and for which I could be prosecuted in a court of law.</p> <p>I understand if I fail to initial page 9 where indicated on this application, it does not release me or my household members from those requirements and obligations.</p> <p>I swear I have honestly reported the citizenship of myself and anyone I am applying for.</p>			
	Release of Information			
	<p>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 493225, 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.</p>			
	<p>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 information from liability, if any resulting from the release (disclosure) of the required information.</p>			
	Signature or Mark of Applicant/ Authorized Representative		Date	
Signature or Mark of Spouse/ Second parent of Children/ Responsible Adult		Date		
Printed Name		Printed Name		
<p>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.</p>				
Signature of Witness		Date		
Printed Name				

VOTE	IF YOU ARE NOT REGISTERED TO VOTE WHERE YOU LIVE NOW, WOULD YOU LIKE TO REGISTER TO VOTE HERE TODAY?	
(Please check one)		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<p>If you do not check either box, you will be considered to have decided not to register to vote at this time.</p> <p>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.</p>		
<p>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.</p>		
Your Signature	Date	
<p>CONFIDENTIALITY: Whether you decide to register to vote or not, your decision will remain confidential.</p>		
<p>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:</p> <p style="text-align: center;">Office of the Secretary of State Capitol Complex Carson City, Nevada 89701.</p>		

APPENDIX A

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

DESIGNATION OF AUTHORIZED REPRESENTATIVE

Case Name: _____ Case ID: _____

Applicants and beneficiaries can designate an individual or organization to act responsibly on their behalf. This includes assisting with the individual's application for assistance, renewals of eligibility and other ongoing communications with the agency. This designation must include the applicant's signature, either electronically, telephonically or handwritten.

A designated authorized representative agrees to act responsibly on behalf of the applicant/recipient by providing all necessary information to determine eligibility for assistance. The rights and obligations of an authorized representative are the same as if they were the applicant/recipient to the extent of the applicant/recipient's financial ability to pay.

I. DESIGNATION OF AUTHORIZED REPRESENTATIVE BY APPLICANT/ RECIPIENT

I, _____, request the following person/ agency:
Print Name of Applicant/ Recipient

_____ to be my authorized representative.
Print Name of Person or Agency

I understand that I or the designated authorized representative may terminate this designation in writing at any time.

Signature of Applicant Date of Birth Date

Relationship to Applicant if Signature is Not Applicant (Must be a Family Member) Date

STATEMENT OF DESIGNATED REPRESENTATIVE

I believe the above-named applicant/recipient understands the nature and consequences of his/her acts and is able to exercise his/her own will. I certify the above-named applicant/recipient made the decision to designate me as his/her representative under no threat or duress of any kind.

I certify under penalty of perjury, the information I provide is correct and complete to the best of my knowledge.

Signature of Representative Position/ Relationship Print Name Date

Address Telephone Number

Hospital, Nursing Home or County Agency

II. DESIGNATION OF AUTHORIZED REPRESENTATIVE BY OTHER

I, _____, have made a good faith effort to contact family members and/or any legal guardian of the applicant/recipient. My efforts to find a family member to act as authorized representative/provide information or a legal guardian have been unsuccessful. I therefore request to be designated as an authorized representative for the above-mentioned applicant/beneficiary.

I certify under penalty of perjury, the information I provide is correct and complete to the best of my knowledge.

Signature of Representative Position/ Relationship Print Name Date

Address Telephone Number

Hospital, Nursing Home or County Agency

DSS Privacy Policy

The Nevada Division of Social Services (DSS) is committed to protecting the privacy of its customers and potential customers. All data provided to DSS will be used to determine eligibility for public assistance; assistance purchasing medical insurance; investigations of misuse of public assistance benefits and repayment; quality control reviews of casework; and internal, state, and federal audits.

Per Section 5 of the U.S. Code (5 USC) § 552a(e)(1), when applying for the public assistance programs offered by DSS, you must provide DSS with your personal information. In doing so, you are consenting for DSS to collect, use, disseminate, and maintain this information for the purpose of determining eligibility for public assistance programs and the ancillary uses as mentioned above, on an as needed basis.

Per Section 7 of the Code of Federal Regulations (CFR), Chapter 273.2(b) for the Supplemental Nutrition Assistance Program (SNAP); 45CFR 206.10a for the Temporary Assistance for Needy Families (TANF) Program; 42CFR 435.600a for the Medical Assistance Program; and 5USC § 552a(e)(1) of the Privacy Act, DSS requires applicants to submit an application for public assistance containing personal information to determine if the applicant is eligible for public assistance.

Information obtained by DSS from individuals will be used for internal purposes only. DSS will not knowingly disclose or sell your personal information to any third party. DSS will take all reasonable measures to protect your information.

DSS keeps your information private, as required by law. Your answers on this application will only be used to determine eligibility for the public assistance program(s) for which you are applying. The DSS and the Department of Human Services (DHS) will check your eligibility using the Division's electronic databases and the databases of federal agencies. If the information does not match, you may be asked to send in proof.

DSS will collect and store all information you provide through the Access Nevada site. This includes:

- Your Name
- Address
- Contact Information
- Usernames
- Passwords
- PINs
- Social Security Numbers
- Financial and Similar Information
- Along with copies of any documents you upload, like:
 - Rent Receipts
 - Pay Stubs and;
 - Pictures of your driver's license

The State of Nevada's Privacy Policy can be found at nv.gov/privacy-policy.



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		



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