

Joe Lombardo  
Governor

Laura Rich  
Director



# DEPARTMENT OF HUMAN SERVICES

DIVISION OF SOCIAL SERVICES

*Serving Nevada. Supporting Community. Building Futures.*



Robert H. Thompson  
Administrator


## Child Care and Development Program

The Division of Social Services (DSS) works in partnership with The Children’s Cabinet and the Las Vegas Urban League to provide child care assistance to low income families so that parents can work. The Child Care and Development Program (CCDP) pays a portion of child care costs for eligible families based on household income and family size. Anyone can apply for child care assistance and receive a formal evaluation.


### How to Apply

You can contact any of the following locations in person, by phone, fax, or email to apply for assistance or receive more information about our program. Additionally, you may apply for assistance online via Access Nevada at <https://accessnevada.dwss.nv.gov>.

#### In Southern Nevada

 <b>Las Vegas Urban League</b>	<b>ADMINISTRATION</b> 2470 N. Decatur, Ste. 150 Las Vegas, NV 89108 Phone: (702) 473-9400 Toll Free: (855) 4UL-KIDS Fax: (702) 405-8583 Eligibility Fax: (702)410-9906 Email: <a href="mailto:childcareinfo@lvul.org">childcareinfo@lvul.org</a>	<b>FLAMINGO OFFICE</b> 3320 E. Flamingo Rd Suite #49 Las Vegas, NV 89121 Phone: (702) 473-9400 Fax: (702) 331-1417
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#### In Northern Nevada

 <b>The Children's Cabinet</b>	<b>ADMINISTRATION</b> 1090 S. Rock Blvd. Reno, NV 89502 Phone: (775) 856-6210 Fax: (775) 856-6208 Toll Free: 1-800-753-5500 Email: <a href="mailto:mail@childrencabinet.org">mail@childrencabinet.org</a>	<b>RENO OFFICE</b> 4055 S. Virginia St Reno, NV 89502 Phone: (775) 746-5511 Fax: (775) 746-5530	<b>CARSON OFFICE</b> 2527 N. Carson St. Ste. #255 Carson City, NV 89706 Phone: (775) 684-0880 Fax: (775) 887-1365 Toll Free: 1-866-434-2221
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### Help Finding a Child Care Provider

Quality child care supports your child’s growth and school readiness. If you need help finding a quality child care provider or other resource, contact one of our Child Care Resource and Referral program staff members by calling The Children’s Cabinet or the Las Vegas Urban League (listed above).

**KEEP THIS PAGE FOR YOUR RECORDS**

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## APPLICATION FOR CHILD CARE AND DEVELOPMENT PROGRAM

The Child Care and Development Program (CCDP) pays a portion of child care costs for eligible families based on household income and family size.

### VERIFICATIONS

Submit a completed application with all of the following verifications:

1. Proof of identification for all adult household members (such as a drivers license, government issued I.D., school I.D., etc.)
2. Proof of citizenship for all children applying for child care
3. Proof of ALL income for every person in the household for at least the last thirty (30) days
  - a. Examples of types of income: Employment, child support, social security, Veterans benefits, retirement, public assistance, unemployment insurance, money from a family and/or friends, or organizations, educational scholarships and/or grants, etc.
4. Proof of relationship for all household members
5. Proof of household composition
6. Purpose of care (For every required adult (and minor parent) must be in an approved activity, such as employment, or other activities authorized by CCDP)
7. Documentation for any child(ren) in your home who has a special need and requesting assistance.

### SELECTION OF A CHILD CARE PROVIDER

You must select a child care provider that meets the needs of your family. Parents are encouraged to visit more than one provider before making a decision. Your provider must meet the following:

- Must be enrolled with the CCDP and in good standing;
- Must not be the natural or adoptive parent or guardian to the child, whether or not they live with the child;
- Must not live in the same house as the child;
- Must not have an active child care case for their own child(ren);

If you need assistance finding a provider in your area, email [providersupport@childrencabinet.org](mailto:providersupport@childrencabinet.org)

**\*\* Failure to provide required information may delay the processing of your application. \*\***

Applications are processed in the order in which they are received.

Applicants will receive a notice of decision once an eligibility determination has been made.

**Please submit your CCDP application and verifications through one of the following:**

**Mail** to any location listed below, **Drop off** at any Division of Social Services office listed on the DSS website, or Northern Nevada location listed below, **Email** your application to [CCDP@DSS.NV.GOV](mailto:CCDP@DSS.NV.GOV) (South), [RENODISTRICTOFFICE@CHILDRENSCABINET.ORG](mailto:RENODISTRICTOFFICE@CHILDRENSCABINET.ORG) (North) or complete an application **Online** at [ACCESSNEVADA.NV.GOV](http://ACCESSNEVADA.NV.GOV).

Northern Nevada Residents			Southern Nevada Residents
1090 S. Rock Blvd. Reno, NV 89502	4055 S. Virginia St Reno, NV 89502	2527 N. Carson St. Ste. #255 Carson City, NV 89706	Any DSS office. See DSS Website at <a href="http://DSS.NV.GOV">DSS.NV.GOV</a> for a list.

STATE OF NEVADA  
DIVISION OF SOCIAL SERVICES

**Verification Examples**

Examples of documentation for required verification (not all-inclusive).

**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

**Nevada Residency**

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

**Educational Expenses**

- Financial Aid Statement from School
- Receipts
- Written confirmation of assistance amount

**Earned Income**

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

**Purpose of Care/Schedule**

- Signed letter from employer
- Employment Verification Form

**Household Composition**

- Copy of lease or rental agreement
- Signed statement from landlord listing all household members
- DFS placement letter

**Child with Special Needs**

- Letter signed by doctor

**Unearned & Other Income**

Copy of award letter/benefit verification:

- Social Security Benefits (RSDI)
- Supplemental Security Income (SSI)
- Worker's Compensation
- Unemployment Benefits
- Veteran's Benefits (retirement, disability, educational)
- Retirement Pensions/Benefits
- TANF or other Government Payment
- County or Indian General Assistance

Signed statement from individual(s) providing money or paying expenses

- Cash Contributions
- Loans

Copy of Divorce decree/ separation/ settlement, letter from individual paying support, letter from Child Support agency.

- Child Support Payments
- Alimony

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## CHILD CARE AND DEVELOPMENT PROGRAM

YOU CAN SUBMIT YOUR APPLICATION BY MAIL, FAX, OR DROP OFF AT ANY SOCIAL SERVICES OFFICE LISTED ON THE DSS WEBSITE, OR CHILDREN’S CABINET OFFICE. YOU MAY ALSO EMAIL YOUR APPLICATION TO [CCDP@DSS.NV.GOV](mailto:CCDP@DSS.NV.GOV), [RENODISTRICTOFFICE@CHILDRENSCABINET.ORG](mailto:RENODISTRICTOFFICE@CHILDRENSCABINET.ORG) OR COMPLETE IT ONLINE THROUGH [ACCESSNEVADA.NV.GOV](http://ACCESSNEVADA.NV.GOV).

### APPLICATION FOR ASSISTANCE

Please complete every section, answer each question, and sign the application.

#### APPLICANT/HOUSEHOLD INFORMATION

Complete the following for every person living in your home with you, whether you consider them household members or not (attach an additional page if necessary).

Please enter Race/Ethnicity/Marital status codes for each household member in the boxes below.

**Ethnicity** – H- Hispanic/Latino, N-Non-Hispanic/Latino, or X-Prefer not to disclose.

**Race** – A-Asian, B-Black or African American; G-North African; H-Middle Eastern; 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 or X-Prefer not to disclose.

**What sex were you assigned at birth, such as on your original birth certificate?** – M-Male, F-Female.

**How do you describe yourself?** – M-Male, F-Female, TM-Transgender Man/Trans Male, TW-Transgender Woman/Trans Female, G-Genderqueer/gender non-conforming, D-Different Identity (Please specify), X- Prefer not to disclose.

**Which of the following best represents your sexual orientation identity?** – S-Straight or Heterosexual, G-Gay, L-Lesbian, B-Bisexual, N-Not listed (Please specify), X- Prefer not to disclose.

#### Adults/Minor Parents:

Name (Last, First, Middle) (Jr., Sr., III)	Relationship to you	Ethnicity	Race	Sex Assigned at Birth	How do you describe yourself?	Sexual Orientation Identity	Date of Birth	Social Security Number	Marital Status	Active/Reserve Military	
										Yes	No
	SELF										

#### Children (Under the age of 18): if there are additional children in the home, list them on a separate sheet of paper

Name (Last, First, Middle) (Jr., Sr., III)	Relationship to you	Ethnicity	Race	Sex Assigned at Birth	How do you describe yourself?	Sexual Orientation Identity	Date of Birth	US Citizen		Social Security Number	Need Child Care?	
								Yes	No		Yes	No

Do any of the children in the household requesting child care have special needs?  Yes  No (If Yes, provide verification)

If yes, Name: \_\_\_\_\_ Reason: \_\_\_\_\_

Name: \_\_\_\_\_ Reason: \_\_\_\_\_

#### Address

Residential Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different from your residential address) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Is your family homeless (lack a fixed, regular, and adequate night-time residence)?  Yes  No

If yes, please explain: \_\_\_\_\_

Home Phone \_\_\_\_\_ Day/Message/Cell Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

### CHILD SCHOOL/PROVIDER

**Child's School Information:** *(attach additional page if necessary)*

**Name of School:** \_\_\_\_\_ **School Schedule/Track:** \_\_\_\_\_

**Child(ren) attending and Grade:** \_\_\_\_\_

**Name of School:** \_\_\_\_\_ **School Schedule/Track:** \_\_\_\_\_

**Child(ren) attending and Grade:** \_\_\_\_\_

**Selected Child Care Provider:** *(attach additional page if necessary)*

**Provider:** \_\_\_\_\_  
Name Address

**Child(ren) attending:** \_\_\_\_\_

**Provider:** \_\_\_\_\_  
Name Address

**Child(ren) attending:** \_\_\_\_\_

### INCOME

**1. Earned Income:** Does any member of the household, regardless of age, work:  Yes  No **If Yes,** complete the information below: (include employment, self-employment, housecleaning, odd jobs, temp agencies, non-profit organization, etc. income)

*Attach copies of all check stubs or other proof of gross income for at least the last thirty (30) days even if the person is no longer employed.*

Name of Person Working	Employer Name, Address and Phone	Start Date	End Date	Hourly Wage	Hours Worked /Week	How often Paid	Tips Per Month	Schedule/Shift
	Name: Address: Phone:					<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Commission		<b>Schedule:</b> <input type="checkbox"/> Varies <input type="checkbox"/> Thu <input type="checkbox"/> Mon <input type="checkbox"/> Fri <input type="checkbox"/> Tues <input type="checkbox"/> Sat <input type="checkbox"/> Wed <input type="checkbox"/> Sun <b>Shift From:</b>  <b>To:</b>
	Name: Address: Phone:					<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Commission		<b>Schedule:</b> <input type="checkbox"/> Varies <input type="checkbox"/> Thu <input type="checkbox"/> Mon <input type="checkbox"/> Fri <input type="checkbox"/> Tues <input type="checkbox"/> Sat <input type="checkbox"/> Wed <input type="checkbox"/> Sun <b>Shift From:</b>  <b>To:</b>

**2. Unearned Income:** 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 income.

Yes	No	Source	Person Applied/Receiving	Amount	How Often
<input type="checkbox"/>	<input type="checkbox"/>	Alimony		\$	
<input type="checkbox"/>	<input type="checkbox"/>	Adoption Subsidies		\$	
<input type="checkbox"/>	<input type="checkbox"/>	Contributions or Loans		\$	
<input type="checkbox"/>	<input type="checkbox"/>	Dividends		\$	
<input type="checkbox"/>	<input type="checkbox"/>	Educational Assistance/Pell Grants		\$	
<input type="checkbox"/>	<input type="checkbox"/>	Foster Care Payments		\$	
<input type="checkbox"/>	<input type="checkbox"/>	Housing Assistance		\$	
<input type="checkbox"/>	<input type="checkbox"/>	Insurance Settlements		\$	
<input type="checkbox"/>	<input type="checkbox"/>	Interest		\$	
<input type="checkbox"/>	<input type="checkbox"/>	Lump Sum Payments		\$	
<input type="checkbox"/>	<input type="checkbox"/>	Medicaid		\$	
<input type="checkbox"/>	<input type="checkbox"/>	Military Allotments		\$	
<input type="checkbox"/>	<input type="checkbox"/>	Pension/Retirement Trusts		\$	

Yes	No	Source	Person Applied/Receiving	Amount	How Often
<input type="checkbox"/>	<input type="checkbox"/>	Railroad Retirement		\$	
<input type="checkbox"/>	<input type="checkbox"/>	Royalties		\$	
<input type="checkbox"/>	<input type="checkbox"/>	SNAP		\$	
<input type="checkbox"/>	<input type="checkbox"/>	Social Security Benefits (RSDI)		\$	
<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Security Income (SSI)		\$	
<input type="checkbox"/>	<input type="checkbox"/>	TANF		\$	
<input type="checkbox"/>	<input type="checkbox"/>	Temporary Disability Insurance		\$	
<input type="checkbox"/>	<input type="checkbox"/>	Tips		\$	
<input type="checkbox"/>	<input type="checkbox"/>	Unemployment Insurance		\$	
<input type="checkbox"/>	<input type="checkbox"/>	Veteran's Benefits		\$	
<input type="checkbox"/>	<input type="checkbox"/>	WIC		\$	
<input type="checkbox"/>	<input type="checkbox"/>	Winnings (Gambling)		\$	
<input type="checkbox"/>	<input type="checkbox"/>	Worker's Compensation		\$	
<input type="checkbox"/>	<input type="checkbox"/>	Other: (Please List)		\$	
<input type="checkbox"/>	<input type="checkbox"/>	Other: (Please List)		\$	

**Meeting Expenses:**

1. If the household expenses (e.g. rent, utilities, food, etc.) are more than your household's income, explain how you are able to meet those expenses.
2. If someone is helping you meet your expenses or is giving you money, you must provide a signed statement from each person that includes their name, address, telephone number and the amount of help they provided to you during the last 6 months. Below, fill out the information of the person(s) who provided you a statement:

Name of Person Assisting	Address	Phone Number	Amount	How Often

3. Are you expected to repay this money?  Yes  No
4. Do you expect any changes in the household's income or benefits?  Yes  No If Yes, What? \_\_\_\_\_ When? \_\_\_\_\_

**RESOURCES**

Does your household have assets with a value of over one million dollars (\$1,000,000)?  Yes  No  
 If Yes, Name: \_\_\_\_\_ Type of Asset: \_\_\_\_\_

**ADDITIONAL HOUSEHOLD INFORMATION**

1. Is any adult (or minor parent) in your household unable to work and/or attend a training program?  Yes  No  
 If "YES", Name: \_\_\_\_\_ Reason: \_\_\_\_\_
2. Is any household member, including a minor child, temporarily out of the home?  Yes  No  
 If "YES", Name: \_\_\_\_\_ Reason: \_\_\_\_\_ Expected date of Return: \_\_\_\_\_

**TRAINING/EDUCATION**

*If any of the adults in the household are students participating in a training program or attending school, please complete the following. Attach verification of the schedule.*

Household Member Name	Training Site/School Name	Start Date	End Date	Schedule
	Name: _____ Address: _____ Phone: _____			<input type="checkbox"/> Mon <input type="checkbox"/> Fri <input type="checkbox"/> Tues <input type="checkbox"/> Sat <input type="checkbox"/> Wed <input type="checkbox"/> Sun <input type="checkbox"/> Thu
	Name: _____ Address: _____ Phone: _____			<input type="checkbox"/> Mon <input type="checkbox"/> Fri <input type="checkbox"/> Tues <input type="checkbox"/> Sat <input type="checkbox"/> Wed <input type="checkbox"/> Sun <input type="checkbox"/> Thu

**Parents/Guardians of children participating in the Child Care Development Program (CCDP) have the right to:**

- Enroll with a provider of their choice (within legal and licensing requirements as well as Nevada Division of Social Services and CCDP guidelines).
- Have unlimited access to the children and to the provider during operating hours and while the children are in the provider’s care.
- Receive information on all child care options, policies, licensing requirements and complaint procedures. Review the child care provider’s inspection reports completed by Child Care Licensing (for licensed homes, centers and Out of School Recreational programs (OSR)) and/or the Child Care Sub-Recipient (for FFNs and Out of School Time (OST) providers) at www.nevadachildcare.org.
- Parents/Guardians can file a complaint using various means of communication such as, in person, by telephone, fax, email, mail or by completing an online form at dss.nv.gov.
- Require that the child care provider pass a comprehensive background check to provide child care.

If your benefits are denied, reduced, or terminated, you will receive a notice with instructions to request a hearing. You can request a hearing by writing to your local child care office, Division of Social Services (DSS) district office or administration office, or by signing and returning the Notice of Appeal. Requests must be made within 90 days of the notice date, or within 14 days if you want continued benefits while your hearing is pending a decision. If you request a hearing, 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 before the conference/hearing. Please contact us if you need information on legal services that may be available to you at no cost. If you disagree with the hearing decision, you may appeal to your local Nevada District Court.

**Obligations**

The household must report the following changes to CCDP **within 10 calendar days of occurrence**, failure to report these changes timely may result in an overpayment of benefits that will have to be paid back to CCDP.

- Household Composition
- A new or increased source of income for the household
- Child care provider
- Schedule changes
- Loss of employment / approved activity
- Residence and/or mailing address

Respond to any requests for additional information needed to process your application **within 10 calendar days**. It is your responsibility to ensure requested materials are mailed or faxed early enough to meet the deadline provided to you. CCDP is not responsible for lost or misdirected mail or faxes.

**Important Information**

CCDP covers up to the state’s maximum rate, based on the child’s age, provider type, rate, and location. Approved rates and coverage dates are listed on the Certificate or Notice of Decision.

- Child care payments are based on actual attendance/ or allowed discretionary days, not the approved schedule.
- Participants are allowed up to **21 discretionary days** per child, per calendar year, to be used for absences from child care (sick days, holidays or vacation).
- Participants are allowed a maximum of **3 unexcused absences** per certification period. Families are financially responsible for these days and must pay the provider directly.
- CCDP will pay for provider registration fees not to exceed the State maximum.
- Parents/Guardians will pay any fees not covered by CCDP directly to their child care provider within the timeframe required by the provider (e.g. overages, late charges, school tuition, meals, transportation, clothing items/uniforms).
- Parents/Guardians must pay co-pays directly to their child care provider according to the providers’ policies. A zero co-pay balance or repayment agreement is required before switching to a new provider.
- Parents/Guardians will pay for all days of child care not authorized on the certificate.

**Authorization**

The Child Care and Development Program is funded by state and federal grants. All information provided is confidential and used solely to determine eligibility. False or misleading statements may result in reduced, denied, or terminated benefits, disqualification from future assistance, repayment of funds, and possible criminal penalties.

By signing, you authorize the program and the Division of Social Services to investigate you, your household, and your child(ren)’s legal or putative parent(s), and to access necessary information; including wage details, confidential data protected by law, and patient information privileged under NRS 49.225 or any other applicable law. You release the holders of such information from liability for its disclosure. A reproduced copy of this authorization is legally equivalent to the original.

You also acknowledge understanding the application and the penalties for providing false information. You confirm your chosen provider(s) and agree to hold harmless the State of Nevada, the Child Care and Development Program, and their representatives from any claims, costs, or liabilities related to your provider selection.

I agree that if I use child care services when I am not participating in an allowable activity, I may be responsible for any charges incurred. If I am found guilty of committing an Intentional Program Violation (IPV), my child care benefits may stop. In addition, I understand I must report any changes in my household circumstances to CCDP immediately.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**WITNESS: (Use if applicant cannot read or write or is visually impaired.) I have assisted with the completion of this application for Child Care and Development Program. The information in this application has been read to the applicant, and I have witnessed the above signature.**

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

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

(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 decide to 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, Nevada 89710.



# 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.

<b>1.</b>	Are you a citizen of the United States of America? <span style="float:right;"><input type="checkbox"/>Yes <input type="checkbox"/>No</span> <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? <span style="float:right;"><input type="checkbox"/>Yes <input type="checkbox"/>No</span> If you checked "No" to the above question but are at least 17 years of age, do you wish to preregister to vote? <span style="float:right;"><input type="checkbox"/>Yes <input type="checkbox"/>No</span> <i>If you checked "No" to both of the prior questions, do not complete this form.</i>			
<b>2.</b>	Last Name	First Name	Middle Name	Suffix
<b>3.</b>	Nevada Residential Address – See Instructions on Back (No P.O. Box/Business Address)		Apt.#	City
				State <b>NV</b>
<b>4.</b>	Mailing Address – If Different From Above (P.O. Box or Mail Service Address Acceptable)		Apt.#	City
				State
<b>5.</b>	Birth Date (MM/DD/YYYY)	<b>6.</b>	Place of Birth (State or Country)	<b>7.</b>
				Telephone Number (Optional)
<b>8.</b>	<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>			
<b>9.</b>	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			
<b>10.</b>	Email Address (Optional) – Email Address is Confidential	<b>11.</b>	<input type="checkbox"/> CHECK THIS BOX TO RECEIVE A SAMPLE BALLOT IN LARGER TYPE	
<b>12.</b>	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	<b>13.</b>	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><b>SIGNATURE OF APPLICANT (REQUIRED)</b></p> </div> <div style="text-align:right; margin-top: 10px;"> _____  (MM/DD/YYYY) </div>	
<b>14.</b>	Your name and residential address where you were last registered to vote (Optional) – (Name Used, Address, State, etc.)			
<b>15.</b>	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
<b>OFFICIAL USE ONLY. DO NOT WRITE IN THE SHADED AREA BELOW.</b>				
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 INACTIVE PRECINCT	<b>APPLICATION NO.</b> RECEIVED BY:
<b>✂ Detach Here ✂</b>	<b>✂ Detach Here ✂</b>		<b>✂ Detach Here ✂</b>	
<b>NAME OF PERSON RETAINING THIS APPLICATION</b> (Agency Stamp or Name of Agent, Election Official or Person Retaining Application)	<b>ELECTION OFFICIAL OR AGENCY</b> (Contact Information, Address, Telephone, Fax)		<b>VOTER APPLICATION RECEIPT</b> (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.	
			<b>APPLICATION No.</b>	

**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](http://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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NECESSARY  
FOR MAILING**

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