

Joe Lombardo
Governor

Laura Rich
Director



DEPARTMENT OF HUMAN SERVICES

DIVISION OF SOCIAL SERVICES

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



Robert H. Thompson
Administrator

MEDICAID

Date: _____

Case Name: _____

Case ID: _____



Medical Assistance for the Aged, Blind, and Disabled (MAABD) ADDENDUM

Please complete the following questions so your application for medical assistance can be evaluated properly.

Have you or your spouse been in a hospital, nursing home, or other medical institution during the past 3 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Who: _____ What Months? _____	
Are you or your spouse currently in a hospital, nursing home, or other medical facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Who: _____ Date Entered: _____ Date Left: _____	
Facility Name/Address: _____	
Have you or your spouse been in an accident	<input type="checkbox"/> Yes <input type="checkbox"/> No Who: _____ When: _____
If you or your spouse resides in a medical facility regardless of medical condition, do you intend to return home?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please check the box for all resources you or a member of your household have:

- | | | |
|--------------------------------------------------------|-----------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Individual Indian Money Accounts (IIM) | <input type="checkbox"/> Other Account Types |
| <input type="checkbox"/> Burial Funds/ Plans | <input type="checkbox"/> Individual Retirement Accounts (IRA) | <input type="checkbox"/> Other Houses, Land or Buildings |
| <input type="checkbox"/> Business Check Accounts | <input type="checkbox"/> Keogh Accounts (401K) | <input type="checkbox"/> Promissory Notes or Contracts |
| <input type="checkbox"/> Business Equipment/ Inventory | <input type="checkbox"/> Land/ Mineral Rights | <input type="checkbox"/> Safe Deposit Box |
| <input type="checkbox"/> Cash on Hand | <input type="checkbox"/> Life Estates/ Life Leases | <input type="checkbox"/> Savings Accounts |
| <input type="checkbox"/> Certificates of Deposit (CD) | <input type="checkbox"/> Life Insurance Policies | <input type="checkbox"/> Savings Bonds |
| <input type="checkbox"/> Checking Accounts | <input type="checkbox"/> Livestock/ Horses | <input type="checkbox"/> Stocks/ Bonds |
| <input type="checkbox"/> Christmas Club | <input type="checkbox"/> Mining Claims | <input type="checkbox"/> A Home You Own |
| <input type="checkbox"/> Credit Union Accounts | <input type="checkbox"/> Available Trust Funds | <input type="checkbox"/> Unavailable Trust Funds |
| <input type="checkbox"/> Other | | |

If you have checked any boxes above, please provide details below:

Owner(s)	Resource Type	Account/Policy #	Value	Amount Owed

Are any of the resources listed above designated for burial? Yes No Which One? _____



List all cars, trucks, recreational vehicles, trailers, etc. you own or are purchasing. Include vehicles that are not currently running.

Owner(s)	Year, Make, and Model	Value	Registered?	Owner(s)	Year, Make, and Model	Value	Registered?

Has anyone transferred, sold, traded or given away money, vehicles, property or other resources, closed any bank accounts or purchased annuities in the last 60 months? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, list date:	List Item:	Value:	Total Sale Price:
Have you or your spouse executed a trust, annuity, court order and/or purchased a promissory note, loan or life estate? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, attach a copy(ies) of the document(s) with this application.			

Be aware that by virtue of the provisions of medical assistance for institutional care, amenities purchased on or after February 8, 2006 must name the State of Nevada as remainder beneficiary.

INCOME INFORMATION

Do you or your spouse receive income from any source? Yes No

Person	Frequency	Amount



Spouse Information

Please complete the following about your current and all previous spouses, even if you are separated, but not divorced. If a spouse is deceased, all possible information must still be completed. Please use a separate page if there are more than 3 spouses.

Spouse Name:		
Address:		
Social Security #:	Date of Birth:	
Are you divorced? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Divorce:	Are you separated? <input type="checkbox"/> Yes <input type="checkbox"/> No Date separated:	Are you widowed? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Widowed:
Employer Name/Address:	Medical Insurance Information:	Are you covered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Railroad, federal or local government employee? <input type="checkbox"/> Yes <input type="checkbox"/> No Railroad or government Claim #:		Years employed:
Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		Claim #:

Spouse Name:		
Address:		
Social Security #:	Date of Birth:	
Are you divorced? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Divorce:	Are you separated? <input type="checkbox"/> Yes <input type="checkbox"/> No Date separated:	Are you widowed? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Widowed:
Employer Name/Address:	Medical Insurance Information:	Are you covered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Railroad, federal or local government employee? <input type="checkbox"/> Yes <input type="checkbox"/> No Railroad or government Claim #:		Years employed:
Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		Claim #:

Spouse Name:		
Address:		
Social Security #:	Date of Birth:	
Are you divorced? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Divorce:	Are you separated? <input type="checkbox"/> Yes <input type="checkbox"/> No Date separated:	Are you widowed? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Widowed:
Employer Name/Address:	Medical Insurance Information:	Are you covered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Railroad, federal or local government employee? <input type="checkbox"/> Yes <input type="checkbox"/> No Railroad or government Claim #:		Years employed:
Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		Claim #:



AMERICAN INDIAN OR ALASKAN NATIVE:

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.

Health Plan Selection / Managed Care Organization Preference

Nevada households are covered by a managed care organization (MCO). You are being asked to choose one of the following health plans. If you do not select a preference, you will be assigned a plan randomly. Your choice does not guarantee enrollment into the Nevada Medicaid or Nevada Check Up programs. If you or any family members are already enrolled in one of the current MCOs, you might not be able to switch at this time. Enrolled families will receive a member handbook explaining their benefits.

Which Managed Care Option Would You Like?	Available Region	Contact Phone	Website <i>(Visit for more information)</i>
<input type="checkbox"/> Anthem Blue Cross and Blue Shield Healthcare Solutions	Urban Clark Urban Washoe	1-844-396-2329	mss.anthem.com/nevada-medicaid/home.html
<input type="checkbox"/> CareSource	Rurals Urban Clark Urban Washoe	1-833-230-2058	caresource.com/nv/plans/medicaid/
<input type="checkbox"/> Health Plan of Nevada	Urban Clark	1-800-962-8074	myHPNmedicaid.com/Member
<input type="checkbox"/> Molina Healthcare	Urban Clark Urban Washoe	1-844-327-7136	meetmolina.com/nv-medicaid
<input type="checkbox"/> SilverSummit Healthplan	Rurals Urban Clark Urban Washoe	1-844-366-2880	silversummithealthplan.com

 No Preference

(Note: If you do not choose a Managed Care option, you will be randomly assigned to one by Medicaid)

For more information on the different MCO plans, visit <https://dhcfp.nv.gov/Members/BLU/MCOMain/>. If you need to find a provider, visit <https://www.medicaid.nv.gov/hcp/provider/Home/tabid/135/Default.aspx>, and search for a provider or you can call one of the local Medicaid district offices below:

Statewide Toll Free	TTY	Carson City	Reno	Las Vegas	Elko
(800) 992-0900	(800) 326-6888	(775) 684-3651	(775) 687-1900	(702) 668-4200	(775) 753-1191

In order to assist us in processing your application timely, please provide verification of any income and resources you have listed on this form. Provide copies of the most current bank statement for all accounts, value of life insurance policies, and vehicle registration.

Applicant Signature

Print Name

Date

Telephone Number

Spouse Signature

Print Name

Date

Telephone Number





Medicaid Estate Recovery Notification of Program Operation

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

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

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

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

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

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

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

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

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

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

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



STATE OF NEVADA VOTER 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? <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.	<table style="width:100%; border:none;"> <tr> <td style="width:30%;">Last Name</td> <td style="width:30%;">First Name</td> <td style="width:20%;">Middle Name</td> <td style="width:20%;">Suffix</td> </tr> </table>	Last Name	First Name	Middle Name	Suffix						
Last Name	First Name	Middle Name	Suffix								
3.	<table style="width:100%; border:none;"> <tr> <td style="width:50%;">Nevada Residential Address – See Instructions on Back (No P.O. Box/Business Address)</td> <td style="width:10%;">Apt. #</td> <td style="width:15%;">City</td> <td style="width:10%;">State</td> <td style="width:15%;">Zip Code</td> </tr> <tr> <td colspan="4"></td> <td style="text-align:center;">NV</td> </tr> </table>	Nevada Residential Address – See Instructions on Back (No P.O. Box/Business Address)	Apt. #	City	State	Zip Code					NV
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				NV							
4.	<table style="width:100%; border:none;"> <tr> <td style="width:50%;">Mailing Address – If Different From Above (P.O. Box or Mail Service Address Acceptable)</td> <td style="width:10%;">Apt. #</td> <td style="width:15%;">City</td> <td style="width:10%;">State</td> <td style="width:15%;">Zip Code</td> </tr> </table>	Mailing Address – If Different From Above (P.O. Box or Mail Service Address Acceptable)	Apt. #	City	State	Zip Code					
Mailing Address – If Different From Above (P.O. Box or Mail Service Address Acceptable)	Apt. #	City	State	Zip Code							
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 – XX - ____ _ <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 canceled by any of the means or for any of the reasons for canceling voter registration pursuant to Chapter 293 of the <i>Nevada Revised Statutes</i> . 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 style="border: 1px solid black; width: 200px; height: 50px; margin: 0 auto;"></div> <p style="text-align:right;">_____/_____/_____ (MM / DD / YYYY)</p> </div>								
14.	Your name and residential address where you were last registered to vote (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	181 North Main Street, Suite 201, Pioche, NV 89043 P.O. Box 90, 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 8 th Street, 2 nd 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, 3 rd 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	10 South Main Street, Eureka, NV 89316 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 5 th Street, #207, Winnemucca, NV 89445	White Pine Clerk (775) 293-6509	1786 Great Basin, Blvd., Suite 3, Ely, NV 89301
Lander Clerk (775) 635-5738	50 State Route 305, Battle Mountain, NV 89820		



FIRST CLASS
STAMP
NECESSARY
FOR MAILING
