

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: _____

PARENTAL REIMBURSEMENT QUESTIONNAIRE

OVERVIEW

The Nevada State Division of Social Services requires parental financial responsibility for services provided to disabled children. The Division is seeking a monthly reimbursement of Medicaid costs from parents who meet certain financial thresholds. Consideration is given to family size and annual income. Credit is given when the child is cared for at home and for private comprehensive health insurance premium payments. There is a family deduction amount and a deduction for paid child support.

This form must be completed by the parents of _____, a disabled child receiving Medicaid services through the Division as a resident in a medical facility or as a recipient of home care services. The information is used to determine how much, if anything, the parents of this child are required to pay.

The completed form should be returned to the address above. Questions may be addressed to undefined at (702) 486-1646; (775) 684-7200; (800) 992-0900 ext 47200. Failure to return this form within fifteen days from the date it was mailed to you may result in your being assessed \$1,900 per month.

Remember, you are certifying to the correctness of your answers. The Division verifies the answers you provide on this form. If you make a false or misleading statement, misrepresent, conceal or withhold facts to avoid financial responsibility for your child's Medicaid expenses, you will be assessed \$1,900 per month.



HOUSEHOLD INFORMATION

1. Home Address:

(Number & Street) (Apt.)

(City) (State) (Zip)

Mailing Address: *(If different from the Home Address, if you have a box number, or if you live in a rural area or area difficult to find, give directions.)*

(Number & Street) (Apt.)

(City) (State) (Zip)

(Home Telephone No.) (Cell Telephone No.) (Work Telephone No.)

2. List all persons living in your home; include yourself, your spouse and all children.

FIRST	LEGAL NAME MI	LAST	RELATIONSHIP TO DISABLED CHILD	SOCIAL SECURITY NO.	DATE OF BIRTH

INCOME

3. You must provide proof of income by submitting copies of last year's income tax return, including all attachments. *(If your current source of income is different from last year, submit proof of current income.)*

RECEIVED BY	NAME AND ADDRESS OF EMPLOYER, COMPANY OR TRAINING FACILITY	DATE WORK BEGAN OR WILL BEGIN	DATES PAY IS RECEIVED OR EXPECTED TO BE RECEIVED	HOURLY PAY RATE	HOURS PER PAY- CHECK	PAY FREQUENCY (WK/BI-WK/ MO/SEMI-MO)	GROSS PAY (BEFORE DEDUCTIONS)PER PAY-CHECK (WK/BI-WK/ SEMI-MO)	TIPS
				\$			\$	\$
				\$			\$	\$
				\$			\$	\$



OTHER MONEY INFORMATION

4. You must provide proof of income. (If you are self-employed, you must provide copies of your last two (2) Income Tax returns, with all attachments.)

	RECEIVING?		RECEIVED BY WHOM?	CLAIM NUMBER (IF YOU HAVE ONE)	AMOUNT	(WK/MO/ SEMI-MO)
	NO	YES				
1) SUPPLEMENTAL SECURITY INCOME (SSI)	<input type="checkbox"/>	<input type="checkbox"/>			\$	per
2) SOCIAL SECURITY INCOME	<input type="checkbox"/>	<input type="checkbox"/>			\$	per
3) VETERAN BENEFITS	<input type="checkbox"/>	<input type="checkbox"/>			\$	per
4) RETIREMENT PENSIONS (CIVIL SERVICE, RAILROAD, MILITARY, PUBLIC EMPLOYEE-INCLUDE PRIVATE OR UNION ETC.) SOURCE:	<input type="checkbox"/>	<input type="checkbox"/>			\$	per
5) DISABILITY PAYMENTS FROM ANY SOURCE (SIIS, REHAB OR OTHER) SOURCE:	<input type="checkbox"/>	<input type="checkbox"/>			\$	per
6) UNEMPLOYMENT BENEFITS	<input type="checkbox"/>	<input type="checkbox"/>			\$	per
7) BOARDERS/ROOMERS	<input type="checkbox"/>	<input type="checkbox"/>			\$	per
8) INDIAN GENERAL ASSISTANCE	<input type="checkbox"/>	<input type="checkbox"/>			\$	per
9) MILITARY ALLOTMENT	<input type="checkbox"/>	<input type="checkbox"/>			\$	per
10) UNION ANNUITIES	<input type="checkbox"/>	<input type="checkbox"/>			\$	per
11) INTEREST OR PAYMENTS (STOCKS, BONDS, TRUSTS, OIL LEASES, ETC.) SOURCE:	<input type="checkbox"/>	<input type="checkbox"/>			\$	per
12) MONEY FROM PROPERTY RENTALS, LEASES, MORTGAGES	<input type="checkbox"/>	<input type="checkbox"/>			\$	per
13) MONEY FROM RELATIVES OR OTHERS NAME:	<input type="checkbox"/>	<input type="checkbox"/>			\$	per
14) STRIKE BENEFITS	<input type="checkbox"/>	<input type="checkbox"/>			\$	per
15) MONEY RECEIVED FOR EDUCATION (BEOG/PELL, SEOG, NDSL, USAF, NSIG, VA, STUDENT LOAN, ETC.) SOURCE: PERIOD COVERED: FROM: TO:	<input type="checkbox"/>	<input type="checkbox"/>			\$	per
16) INCOME GRANTS OR ASSISTANCE (COUNTY WELFARE, TANF OR FOSTER CARE, ETC.)	<input type="checkbox"/>	<input type="checkbox"/>			\$	per
17) ALIMONY PAID DIRECTLY TO YOU RECEIVED FROM:	<input type="checkbox"/>	<input type="checkbox"/>			\$	per
18) ANY OTHER INCOME NOT STATED ABOVE TYPE:	<input type="checkbox"/>	<input type="checkbox"/>			\$	per



