



JOE LOMBARDO
Governor

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF WELFARE AND SUPPORTIVE SERVICES

RICHARD WHITLEY, MS
Director

ROBERT THOMPSON
Administrator

TANF MEDICAID SNAP

Date: _____
Case Name: _____
Case ID: _____



STATEMENT OF APPLICANT/RECIPIENT DESIGNATING BURIAL FUNDS

1. In what form are the funds held? (burial contract, bank account, life insurance policy, etc.) _____

2. For whose burial are the funds set aside? _____

3. Who is the owner of the funds? _____

4. What is the current value of this resource? _____

5. How long have you held these funds? _____

6. Have you needed to use these funds in the past for another reason? YES NO
If YES, when did this occur and why? _____

COMMENTS: _____

Client Signature	Print Name	Date	Telephone Number
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Case Manager Signature	Print Name	Date	Telephone Number
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