



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: _____



ASSESSMENT AND DOCUMENTATION OF RESOURCES

An evaluation of resources reported to be owned by you and your spouse (in whole or in part) has been completed. The following resource assessment is made:

Institutionalized Client's Resources	Community Spouse's Resources	Joint Resources
\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____
Sub Total \$ _____	Sub Total \$ _____	Sub Total \$ _____

The total value of all resources \$ _____
Spousal Share \$ _____

