



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: _____



REQUEST FOR A RESOURCE ASSESSMENT

Please completely answer all questions. The Division will evaluate and assess the value of all countable resources owned by you and your spouse based on the information provided.

Name of the spouse who is institutionalized: _____

Social Security No.: _____ Birth Date: _____ Sex: _____

The date he/she entered the medical facility: _____

Name and address of the medical facility: _____

Check the box for each item below that you or your spouse owns or jointly owns with someone else, as of the date your spouse entered the medical facility.

a. Life Insurance YES NO

b. Funds for burial YES NO

c. Savings (Time) Certificates YES NO

d. Individual Retirement Account YES NO

e. Stocks or Bonds YES NO

f. Banking/Credit Union Accounts YES NO

g. Safe Deposit Box YES NO

h. Cash on Hand YES NO

i. Livestock YES NO

j. Machinery or Equipment YES NO

k. Real Property (located anywhere) YES NO

l. Vehicle (all kinds) YES NO

m. Anything other than above (specify) _____



