STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF WELFARE AND SUPPORTIVE SERVICES
ENERGY ASSISTANCE PROGRAM

TO:

☐ **Energy Assistance Program**
Nevada Division of Welfare and Supportive Services
2527 N. Carson St., Suite 260
Carson City, Nevada 89706-0246
(775) 684-0730 – FAX: (775) 684-0740

☐ **Energy Assistance Program**
Nevada Division of Welfare and Supportive Services
3330 E. Flamingo Rd., #55
Las Vegas, Nevada 89121-4397
(702) 486-1404 – FAX: (702) 486-1441

Date: _____

FROM: _____
Name/Agency or Company

_____
Mailing Address, Street Number or P.O. Box

_____
City, State, Zip Code

_____ _____
Contact Telephone Number **Contact E-mail Address**

SUBJECT: REQUEST FOR MATERIALS

Please send the following Energy Assistance Program (EAP) materials:

QUANTITY	ITEM
_____	EAP Applications (English)
_____	EAP Applications (Spanish)
_____	Intake Site Logs
_____	Completed Application Checklists
_____	Cash Contribution Forms
_____	Authorized Representative Forms
_____	Earnings Verification Forms
_____	Rental Verification Forms

Date Order Filled: _____ By: _____
EAP Employee Name