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

STEVE SISOLAK
Governor

RICHARD WHITLEY, MS
Director

STEVE H. FISHER
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
		/ /	

Case Manager Signature	Print Name	Date	Telephone Number