



STEVE SISOLAK
Governor

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

RICHARD WHITLEY, MS
Director

STEVE H. FISHER
Administrator

TANF MEDICAID SNAP



Date: _____
Case Name: _____
Case ID: _____

AUTHORIZATION: I authorize you to release to the Division of Welfare and Supportive Services the requested information.

Client Signature _____ Date _____

FINANCIAL AID

Student Name: _____ SSN: _____

Student's Status: Full-time Half-time or More Less than Half-time

PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT FINANCIAL AID THE ABOVE-NAMED STUDENT RECEIVED/WILL BE RECEIVING

(1) Gross Grant Amount _____ Time Period Covered: From _____ To _____
Source: _____ Date Received/Will Receive: _____

Funding (Check One): TITLE IV OTHER FEDERAL NON-FEDERAL

(2) Gross Grant Amount _____ Time Period Covered: From _____ To _____
Source: _____ Date Received/Will Receive: _____

Funding (Check One): TITLE IV OTHER FEDERAL NON-FEDERAL

(3) Gross Grant Amount _____ Time Period Covered: From _____ To _____
Source: _____ Date Received/Will Receive: _____

Funding (Check One): TITLE IV OTHER FEDERAL NON-FEDERAL

(4) Gross Grant Amount _____ Time Period Covered: From _____ To _____
Source: _____ Date Received/Will Receive: _____

Funding (Check One): TITLE IV OTHER FEDERAL NON-FEDERAL



EXPENSES "EARMARKED" BY INSTITUTION/GRANTOR TO BE PAID WITH FINANCIAL AID

Tuition/Mandatory Fees	\$ _____	Fees Charged to All Students	\$ _____
Origination Fees	\$ _____	Dependent Care	\$ _____
Loan Insurance Premium	\$ _____	Transportation	\$ _____
Books/Supplies	\$ _____	Miscellaneous Personal Expenses	\$ _____

Is this student enrolled in a work study program? YES NO

Is a high school diploma/GED or equivalency test required? YES NO

Is medical coverage provided by the institution? YES NO

Signature	Print Name	Title	Date	Telephone Number
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