



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 \_\_\_\_\_

### VA BENEFIT INQUIRY

The individual referenced below has applied to this agency for assistance. We are requesting information concerning authorized benefits that are being or have been received by our client.

Please provide the information below and return this form in to the address above. Your cooperation will help insure integrity and maintain accountability in the administration of public funds in Nevada. The information provided will be used only in conjunction with the official duties of this department and will be considered confidential.

If our identifying information (name and Social Security Number) does not agree with your records, please indicate the change.

RE: \_\_\_\_\_  
(Name) (Social Security Number)

**PLEASE SUPPLY THE FOLLOWING INFORMATION:**

- Has a claim been filed?     YES  NO    Claim No.: \_\_\_\_\_  
Status:     Pending     Approval     Denial     Termination     Reinstatement     Appeal
- Are benefits currently being paid?     YES  NO    Type of benefit? \_\_\_\_\_  
Date benefits began: \_\_\_\_\_    Date benefits end: \_\_\_\_\_

**PLEASE FURNISH INFORMATION REGARDING BENEFITS PAID DURING THE FOLLOWING PERIOD(S):**

Month	Base Amount	Amount of Housebound or Aid and Attendance	Amount of Spouse's Benefit (if included in total paid amount)	Total Paid (Sum of previous 3 columns)	Date Paid



3. Has the client reported or claimed medical expenses?  YES  NO
4. In computing the VA benefit payment, was the client's countable income reduced by medical expenses reported?  YES  NO
5. Has the client applied for Aid and Attendance or Housebound benefits:  YES  NO

COMMENTS:

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Signature                      Print Name                      Title                      Date                      Telephone Number

