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: _____

CONFERENCE/HEARINGS

CONFERENCE: (*Include reason for conference and conference summary below*)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

I agree with the notes above.

Client Signature	Print Name	Date	Telephone Number
Case Manager Signature	Print Name	Date	Telephone Number

HEARING: *(Check one of the following)*
Note: **If you lose, abandon or withdraw your hearing, any benefits which you receive which you were not entitled to must be repaid.**

☐ I am requesting a hearing. The reason for this request is:

_____
_____
_____
_____

☐ I have had a prehearing conference and want to continue with a hearing.
☐ I am withdrawing my request for a hearing that was placed on _____
Date

Client Signature	Print Name	Date	Telephone Number
Witness Signature	Print Name	Date	Telephone Number