

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

RICHARD WHITLEY, MS Director

ROBERT THOMPSON Administrator

		Date:		
		Case Name:		
		Case ID:		
	CONFERENCE/HE			
NFERENCE: (Include reason for o	conference and conference sum	mary below)		
ree with the notes above.				
Client Signature	Print Name		Date	Telephone Number
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Case Manager Signature	Print Name		Date	Telephone Number
	Print Name ng) draw your hearing, any benefi	its which you rec	Date	Telephone Numbe
Case Manager Signature ARING: (Check one of the followir te: If you lose, abandon or witho must be repaid.	Print Name ng) draw your hearing, any benefi reason for this request is:		Date	Telephone Numbe
Case Manager Signature ARING: (Check one of the followir te: If you lose, abandon or witho nust be repaid. I am requesting a hearing. The I have had a prehearing confere	Print Name ng) draw your hearing, any benefi reason for this request is:	a hearing.	Date	Telephone Number

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