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: _____

☐ **INSUFFICIENT INFORMATION**
The following information is necessary to complete your case and must be IN our office on or before .
FAILURE TO PROVIDE THIS INFORMATION MAY CAUSE TANF/MEDICAID AND/OR SNAP INELIGIBILITY.
POSTPONED VERIFICATION *(Supplemental Nutrition Assistance Program (SNAP))*

☐ To continue your eligibility, the following postponed verification is needed by . If this information is not received by this date, your case will be terminated effective . Additional benefits will not be issued until you reapply and the requested postponed verification is returned or the new application is processed under normal processing time frames.

☒ This is to advise you that your SNAP application is still pending. You must provide the following information

OTHER:

Attachments, if any:

IF YOU HAVE QUESTIONS, NEED ASSISTANCE, OR CANNOT PROVIDE THE REQUESTED INFORMATION, PLEASE CONTACT CUSTOMER SERVICE PRIOR TO THE DUE DATE.

Southern Nevada	Northern Nevada	Toll Free
(702) 486-1646	(775) 684-7200	(800) 992-0900

***IF YOU ARE UNABLE TO VERIFY A CLAIMED EXPENSE, THE AGENCY WILL COMPUTE A BUDGET NOT ALLOWING THE EXPENSE AS A DEDUCTION. IN THIS INSTANCE, YOUR HOUSEHOLD MAY NOT BE ELIGIBLE OR MAY NOT RECEIVE ALL THE BENEFITS TO WHICH IT IS ENTITLED.**

Client Signature	Print Name	Date	Telephone Number
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☐ N/A (Mailed)