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: _____

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

JOINT OWNERSHIP OF BANK ACCOUNT

RE: _____ _____ _____
Bank Name Account No.

You have legal title to the above joint bank account and all funds are considered available to you. This means the total amount of money in this account is considered your resource and deposits made to this account are considered your income.

If you disagree with this, you may provide information which may prove who owns the funds in the account.

☐ ***I AGREE*** all funds in the account are mine.

☐ ***I DO NOT AGREE*** all funds in the account are mine and agree to provide the following information:

1. Form 2615, STATEMENT OF APPLICANT/RECIPIENT OR OTHER PERSON, (enclosed) completed by each person on the account explaining why the account was set up jointly, who made deposits to and withdrawals from the account and why. If any are minors or incompetent, a third party who is familiar with the circumstances may complete the form for him/her.
2. Proof of deposits and the source of the deposits.
3. Proof of withdrawals and how withdrawals were spent.
4. Proof that access to the account has been changed so the funds are not legally available to you.

PLEASE RETURN THIS FORM EVEN IF YOU AGREE ALL FUNDS IN THE ACCOUNT ARE YOURS.

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Client Signature	Print Name	Date	Telephone Number