

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

RICHARD WHITLEY, MS Director

ROBERT H. THOMPSON Administrator

STATEMENT OF APPLICANT/RECIPIENT OR OTHER PERSON

| Case Name: Case No: | | | o: | |
|-----------------------------|--|--------------------|--------------------|------------------------|
| | atement: | | | |
| | ecipient: | | | |
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| City | | State | Zip _ | |
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| Subject Line: (Please write | legibly) | | | |
| Comments: | | | | |
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| | e and accurate information I rosecuted. I SWEAR MY ST | | t, my benefits may | be terminated or I may |
| | | | | |
| Signature | Print Name | Title/Relationship | Date | Telephone Number |

