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

STATEMENT OF APPLICANT/RECIPIENT OR OTHER PERSON

Case Name: _____ Case No: _____

Name of Person Making Statement: _____

Relationship to Applicant/Recipient: _____

Telephone Number: _____

Address: Street _____

City _____ State _____ Zip _____

Subject Line: *(Please write legibly)*

Comments: _____

I know I must give complete and accurate information I understand that if I do not, my benefits may be terminated or I may be fined and/or criminally prosecuted. I SWEAR MY STATEMENTS ARE TRUE.

_____

Signature | Print Name | Title/Relationship | Date | Telephone Number