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Governor

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

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Director

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TANF       MEDICAID       SNAP

Date: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
Case ID: \_\_\_\_\_



## ASSESSMENT AND DOCUMENTATION OF RESOURCES

An evaluation of resources reported to be owned by you and your spouse (in whole or in part) has been completed. The following resource assessment is made:

Institutionalized Client's Resources		Community Spouse's Resources		Joint Resources	
undefined	\$		\$		\$
undefined	\$		\$		\$
undefined	\$		\$		\$
undefined	\$		\$		\$
undefined	\$		\$		\$
undefined	\$		\$		\$
undefined	\$		\$		\$
undefined	\$		\$		\$
undefined	\$		\$		\$
undefined	\$		\$		\$
Sub Total	\$	Sub Total	\$	Sub Total	\$

The total value of all resources \$ \_\_\_\_\_

Spousal Share \$ \_\_\_\_\_

