

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

Date:	
Case Name:	
Case ID:	



Please completely answer all questions. The Division will evaluate and assess the value of all countable resources owned by you and your spouse based on the information provided.

Name of the spouse who is institutionalized:			
Social Security No.:	Birth Date:	Sex:	
The date he/she entered the medical facility:			
Name and address of the medical facility:			

Check the box for each item below that you or your spouse owns or jointly owns with someone else, as of the date your spouse entered the medical facility.

a. Life Insurance	
b. Funds for burial	
c. Savings (Time) Certificates	
d. Individual Retirement Account	
e. Stocks or Bonds	
f. Banking/Credit Union Accounts	
g. Safe Deposit Box	
h. Cash on Hand	
i. Livestock	
j. Machinery or Equipment	
k. Real Property (located anywhere)	
I. Vehicle (all kinds)	
m. Anything other than above (specify)	



If you answered YES to any of the above items, please describe the resource, its location and value on the following table. Provide copies of current documentation for all resources listed.

DESCRIPTION	LOCATION	ACCOUNT NUMBER	VALUE

We request the Division to provide an assessment of our resources at the time of institutionalization. We understand fully in assessing the value of resources, the Division is relying on our representation herein.

Client Signature	Print Name	Date	Telephone Number
		/ /	
Client Signature	Print Name	Date	Telephone Number
Mailing Address:			



2794 - EM (34.0.0) Page 2 of 2