



JOE LOMBARDO  
Governor

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

RICHARD WHITLEY, MS  
Director

ROBERT THOMPSON  
Administrator

TANF       MEDICAID       SNAP

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

## NOTIFICATION OF PARENTAL FINANCIAL RESPONSIBILITY

The Division of Welfare and Supportive Services has completed an evaluation of your income to determine your monthly parental financial obligation due for the services provided to your disabled child.

Based on your reported and verified income, your monthly parental reimbursement amount is \$ \_\_\_\_\_ .  
This amount is due and payable at the start of each month your child is participating in the Medicaid program.

Please be advised you must report any change in household circumstances as soon as the change becomes known to you. The Division will re-evaluate your circumstances on an annual basis to determine if a parent reimbursement amount is due.

You will receive notification from the Investigations and Recovery unit regarding your payment schedule.

*Working for the Welfare of ALL Nevadans*