Application for Assistance
“Working for the Welfare of ALL Nevadans”

Programs You May Apply For:

**Food Assistance** from the Supplemental Nutrition Assistance Program (SNAP) helps people buy food. **Temporary Assistance for Needy Families (TANF)** helps families with children meet their basic needs with cash assistance.

**Time Frames**
- SNAP benefits are processed within 30 days from the date of the application. If your household has little or no income, you could receive SNAP benefits within 7 days from the date of your application. SNAP benefits are paid from the date of the application.
- TANF benefits are paid from the date of approval or 30 days from the date of the application, whichever is sooner. TANF applications are processed within 45 days from the application date unless there are unusual circumstances.

Denial of benefits for one program does not automatically affect the decision on another program you may be applying for.

**Social Security Numbers**
You will be asked to provide Social Security Numbers (SSN) for all persons (including yourself) who are applying for assistance, pursuant to Title 42 USC 1320b-7. Providing or applying for a SSN is voluntary. For SNAP, any person who wants assistance but does not want to give information about his or her SSN will not be eligible for benefits. Other family or household members may still get benefits if they are otherwise eligible. For TANF, if a required household member fails or refuses to provide an SSN without good cause, the entire household will be ineligible for TANF benefits. This includes all individuals who income and needs are used to determine eligibility for the TANF program.

SSNs are used to verify your household’s income and resources and to conduct computer matching with other agencies such as the Social Security Administration, Employment Security Division, Child Support Enforcement Programs and the Internal Revenue Service. It is also used to gather workforce information, investigations, recover overpaid benefits and to ensure duplicate benefits are not received.

**Citizenship/Immigration Status**
You will be required to provide information about the citizenship and/or immigration status for all persons (including yourself) who are applying for assistance. For SNAP, if any of these persons do not want to give us information about his/her citizenship and/or immigration status, he/she will not be eligible for benefits. Other family or household members may still receive benefits if they are otherwise eligible. For TANF, if a required household member fails or refuses to provide verification of their status, the entire household will be ineligible for TANF benefits. Qualified Non-Citizen status is verified with the United States Citizenship and Immigration Service (USCIS) for eligibility purposes. Information on non-applicants or non-qualified non-citizens will not be shared with USCIS.

**Non-Discrimination**
“In accordance with Federal law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs.

“To file a complaint of discrimination, contact USDA or HHS. Write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). Write HHS, Director, Office for Civil Rights, Room 506-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (202) 619-3257 (TTY). USDA and HHS are equal opportunity providers and employers.”

**Special Accommodations**
To get SNAP (food assistance) and/or TANF (cash assistance), most people have to come into the office for a face-to-face interview; you need to bring identification with you. Do you have a physical or mental condition that requires special accommodations during your interview? □ YES □ NO
If YES, what do you need? ___________________________________________ (Most services are free to you.)

Do you speak English? □ YES □ NO If NO, what language do you speak? ___________________________________________

Do you need an interpreter for your interview? □ YES □ NO (This service is free to you.)
**HOUSEHOLD INFORMATION**

Please list everyone who lives in the home with you, whether you consider them household members or not. If someone is pregnant please list the unborn child(ren) as household members as well. Please list the head of household first; you may choose who this individual will be. The person chosen as the head of household will be the case name. Fill out as much of the application as you can; you may ask for help if you need it.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
<th>Modifier Jr., Sr.</th>
<th>Relation to You</th>
<th>Gender</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Marital Status **</th>
<th>Social Security Number</th>
<th>State or Country of Birth</th>
<th>U.S. Citizen</th>
<th>Race/Ethnicity</th>
<th>Last Grade Completed</th>
<th>Month/Year Completed</th>
<th>FOOD</th>
<th>TANF</th>
<th>SELF</th>
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Are there additional people in your home?  □ YES  □ NO  If “YES”, list them on a separate sheet of paper.

Race - Please check one of the boxes that best describes your household -  □ Hispanic/Latino or  □ Non-Hispanic or Latino

*Ethnicity (Optional) - Please choose one of the following ethnicity codes for each household member: A-Asian; B-Black or African American; I-American Indian or Alaska Native; J-American Indian or Alaska Native and White; L-Asian and White; M-Black or African American and White; N-American Indian or Alaska Native and Black or African American; U-Native Hawaiian or Other Pacific Islander; W-White; Z-2 or more combinations not listed above.

**Marital Status – Please choose one of the following marital status codes for each household member: D-Divorced; L-Legally Separated; M-Married; N-Never Married; P-Separated; W-Widowed

Home Address (Give Directions if you do not have an address.)  
Mailing Address (If different from your home address.)

If you are applying for Food Assistance, please answer questions 1 through 6 about your household. A Food Assistance household includes all people who live and share food with you. Based on your answers below, you may qualify for expedited service. You may complete, sign and submit the first page in order to start the application process.

1. Do you usually buy, prepare and eat with others you live with?  □ YES  □ NO  If “NO”, list who buys their food separately

2. List the total gross amount of money your household received or expects to receive this month.  

3. How much do all persons have in cash, checking and savings accounts?

4. How much is your current monthly cost for housing (rent/mortgage) and utilities.

5. Are you or any person(s) in your household a migrant or seasonal farm worker?  □ YES  □ NO

6. Have you or any person in your household received TANF, Food Assistance or Indian Commodities in Nevada or any other state?  □ YES  □ NO

I certify under penalty of perjury, my answers are correct and complete to the best of my knowledge and ability. I swear I have honestly reported the citizenship of myself and anyone I am applying for.

Your Signature  
Date

FOR OFFICE USE ONLY – EXPEDITED SERVICE SCREENING: HOUSEHOLD ELIGIBLE FOR EXPEDITED SERVICE?  □ YES  □ NO  Expedited service screener signature:  
DATE: ____________

2
7. Do you want someone other than yourself, age 18 or older, to apply for benefits or act on your behalf? □ YES □ NO  
   If “YES” Who? __________________________ Age? _______ Telephone # (____ ) _______ - ________________  
   Address _______________________________  
8. In case of emergency, who would you like us to contact?   Name __________________________ Relationship __________________________  
   Daytime Telephone # (____ ) _______ - ________________  
   Address _______________________________  

**ADDITIONAL HOUSEHOLD INFORMATION**

9. Do you plan to continue living in Nevada? □ YES □ NO  
   If “NO”, Explain: __________________________ __________________________  
10. List the most recent date you started living in Nevada. __________________________ / (MM/YY/Y)  
11. Are you or any person(s) in your household a member of an American Indian or Alaskan Native Tribe? □ YES □ NO  
12. Are you or any person(s) in your household currently disqualified for an Intentional Program Violation (IPV)? □ YES □ NO  
   If “YES”, Who? __________________________ What State? __________________________  
13. Have you or any person(s) in your household been convicted of a felony drug offense on or after August 22, 1996? □ YES □ NO  
   If “YES”, Who? __________________________ When? __________________________ Where? __________________________  
14. Are you or any person(s) in your household currently participating in or have participated in a Drug Addiction or Alcohol Treatment Program? □ YES □ NO  
   If “YES”, Who? __________________________ Date Entered / / Date Completed / /  
   Facility Name: __________________________ Facility Address __________________________  
15. Are you or any person(s) in your household currently wanted by Law Enforcement? □ YES □ NO  
   If “YES”, Who? __________________________ Why? __________________________  

**PREGNANCY**

16. Are you or any person(s) in your household pregnant? □ YES □ NO  
   If “YES” Who? __________________________ Expected Due Date? / / (MM/DD/YY/Y)  

**DISABILITY**

17. Are you or any person(s) in your household blind, disabled or unable to work due to illness or injury? □ YES □ NO  
   If “YES”, Who? __________________________ When did this condition begin? / / (MM/DD/YY/Y)  
   What is the disability? __________________________  

**NON-CITIZEN INFORMATION**

18. Are you or any person(s) in your household NOT a U.S. Citizen? □ YES □ NO  
   If “YES” Who? __________________________ Alien Registration # __________________________  
   When did this person enter the United States? / / (MM/DD/YY/Y)  
   If “YES” Who? __________________________ Alien Registration # __________________________  
   When did this person enter the United States? / / (MM/DD/YY/Y)  

**SCHOOL ATTENDANCE**

19. Are you or any person(s) in your household between the ages of 7 and 11 or over 16 attending school? □ YES □ NO  
   If “YES” Who? __________________________ School Name? __________________________  
   If additional persons “YES” Who? __________________________ School Name? __________________________  

**EARNED INCOME/WORK HISTORY**

20. Are you or any person(s) in your household currently working, including self-employment? □ YES □ NO  
   If “YES”, Who is employed? __________________________ Hourly Wage? $ ________ Hours worked per week? ________  
   How often are they paid? __________________________ Tips paid per month? $ ________  
   Start Date? / /  
   Employer’s Name? __________________________ Employer’s Telephone __________________________  
   Employer’s Address? __________________________
**EARNED INCOME/WORK HISTORY (CONT)**

<table>
<thead>
<tr>
<th>If “YES”, for additional household members:</th>
<th>JINC/SELF/OINC/QUIT/STRK</th>
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<tbody>
<tr>
<td>Who is employed?</td>
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<tr>
<td>Hourly Wage? $</td>
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<td>How often are they paid?</td>
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<tr>
<td>Tips paid per month? $</td>
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<td>Start Date?</td>
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<tr>
<td>Employer’s Name?</td>
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<tr>
<td>Employer’s Telephone?</td>
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<tr>
<td>Employer’s Address?</td>
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</tbody>
</table>

If more than two persons are currently working, please attach an additional sheet of paper.

21. Have you or any persons(s) in your household had a job that ended in the last three months?
   - [ ] YES
   - [ ] NO
   - Who was employed?
   - Hourly Wage? $
   - Hours worked per week?
   - How often where they paid?
   - Tips received per month? $
   - Employer’s Name?
   - Start Date? / / 
   - When did the job end? / / 
   - Employer’s Address?
   - Employer’s Telephone? ( ) -
   - Reason for leaving? [ ] Quit [ ] Fired [ ] Leave of Absence [ ] Applied Worker’s Compensation [ ] Other

For additional household members:
   - Who was employed?
   - Hourly Wage? $
   - How often where they paid?
   - Tips received per month? $
   - Employer’s Name?
   - Start Date? / / 
   - When did the job end? / / 
   - Employer’s Address?
   - Employer’s Telephone? ( ) -
   - Reason for leaving? [ ] Quit [ ] Fired [ ] Leave of Absence [ ] Applied Worker’s Compensation [ ] Other

22. Are you or any person(s) in your household currently registered with or working for a Temporary Employment Service/Agency?
   - [ ] YES
   - [ ] NO
   - If “YES”, Who?
   - Which Service/Agency?

23. Are you or any person(s) in your household currently on strike?
   - [ ] YES
   - [ ] NO
   - If “YES”, Who?

24. Do you or any person(s) in your household work in exchange for food, shelter or something else?
   - [ ] YES
   - [ ] NO
   - If “YES”, Who?
   - What do they receive for their work?
   - What is the value of this exchange? $ When did this begin?

**UNEMPLOYED/OTHER INCOME**

25. Please check the “YES” box for each of the types of the unearned income you or any person(s) in your household receives or has applied for. If you do not check the “yes” box for any of the unearned income below you are acknowledging neither you or any person(s) in your household have any unearned or other income.

<table>
<thead>
<tr>
<th>YES</th>
<th>SOURCE</th>
<th>Person Applied/Receiving</th>
<th>Gross Amount Per Month</th>
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<tr>
<td></td>
<td>Alimony</td>
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<td>Boarder/Roomer Income</td>
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<td>Child Support (Voluntary or Court Ordered)</td>
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<td>Contributions/Gifts</td>
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<td>Educational Assistance/Student Loans</td>
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<td>General Assistance</td>
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<td>Insurance Settlements</td>
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<td>Interest/Dividends</td>
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<td>Subsidized Housing</td>
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<td>Supported Living Arrangement (SLA)</td>
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<td>Utility Allowance/Rebate Check</td>
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<td>Gambling Winnings</td>
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<td>Worker’s Compensation or Temporary Disability</td>
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<td>Other: (please list)</td>
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### INCOME MANAGEMENT

26. If you do not have any income, please explain how you are paying your bills and buying personal items for your household?

### RESOURCES

27. Please mark the “YES” box for each type of resources you or any person(s) in your household has, even if jointly owned with someone outside the household. If you do not check the “YES” box for any of the resources below you are acknowledging neither you or any person(s) in your household have any resources:

#### BANK ACCOUNTS

<table>
<thead>
<tr>
<th>YES</th>
<th>TYPE OF ACCOUNT</th>
<th>OWNER(S)</th>
<th>NAME OF BANK</th>
<th>VALUE</th>
<th>ACCOUNT NUMBER (Please list the last 4 numbers only)</th>
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<td>Individual Indian Money Account</td>
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#### LIFE INSURANCE/TRUSTS/BURIALS

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<th>OWNER(S)</th>
<th>NAME OF COMPANY OR BANK</th>
<th>FACE VALUE</th>
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### INVESTMENT & RETIREMENT ACCOUNTS

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<th>TYPE OF ACCOUNT</th>
<th>OWNER(S)</th>
<th>NAME OF BANK OR COMPANY</th>
<th>VALUE</th>
<th>ACCOUNT NUMBER (Please list the last 4 numbers only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Savings Bonds</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stocks or Bonds</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Certificates of Deposit</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual Retirement Accounts (IRA)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Keogh Account (401K)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annuities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### PERSONAL PROPERTY

<table>
<thead>
<tr>
<th>TYPE OF PROPERTY</th>
<th>OWNER(S)</th>
<th>LOCATION</th>
<th>CONTENTS OR TYPE OF RESOURCE</th>
<th>CURRENT OR MARKET VALUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe Deposit Box</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Livestock</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Land Mineral Rights</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Mining Claims</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Business Equipment/Inventory</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Houses/Land or Buildings</td>
<td></td>
<td></td>
<td>Is this property currently for sale? □ Yes □ No</td>
<td>$</td>
</tr>
</tbody>
</table>

### MISCELLANEOUS

<table>
<thead>
<tr>
<th>TYPE OF RESOURCE</th>
<th>OWNER(S)</th>
<th>CURRENT VALUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promissory Notes</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Cash on Hand</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Other: (please list)</td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

28. Are any of the resources in question 27 designated as money for burial? □ YES □ NO
If “YES” Which resources?

### VEHICLES

29. Do you or any person(s) in your household own, or are they buying, a car, motorcycle, trailer, truck, camper, boat, motorcycle, ATV, etc.? (Please include any vehicles that are not currently working.) □ YES □ NO
If “YES”, Please complete the information below.

<table>
<thead>
<tr>
<th>OWNER</th>
<th>TYPE OF VEHICLE</th>
<th>YEAR, MAKE &amp; MODEL</th>
<th>IS THE VEHICLE REGISTERED</th>
<th>FAIR MARKET VALUE</th>
<th>AMOUNT OWED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ YES □ NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ YES □ NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ YES □ NO</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### TRANSFERRED RESOURCE

30. Have you or any person(s) in your household sold, traded or given away any money, vehicles, property or other resources, or closed any bank accounts in the last 3 months? □ YES □ NO
If “YES”, Who? _______________ What resource was transferred?
When? ____________ (MM/YYYY) What was the value of this resource when it was transferred? $ ____________
Who was the resource transferred to? _______________________________ Relationship to you? ____________________
Why was the resource transferred? ________________________________
### HOUSING EXPENSES

31. Please choose which of the following housing costs that you or any person(s) in your household pays.

- [ ] RENT
- [ ] MORTGAGE/RELATED EXPENSES
- [ ] NONE

32. If you are **renting** your home, how much is the monthly rent? (Including space/lot rent) $ __________

33. What is your landlord’s Name? ____________________  
   Landlord’s Telephone Number (   ) - ____

34. What is your landlord’s address?

35. Is your rent subsidized by any agency?  
   - [ ] YES
   - [ ] NO

36. If “YES,” by which agency? ____________________  
   How much is subsidized? $ __________

37. If you are **buying** your home, please complete the areas with the current expenses:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
<th>How Often</th>
<th>Description</th>
<th>Amount</th>
<th>How Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mortgage Amount (including second)</td>
<td>$</td>
<td></td>
<td>Taxes (if paid separately)</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Homeowners Insurance (if paid separately)</td>
<td>$</td>
<td></td>
<td>Homeowners Insurance (if paid separately)</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Association Fees (if paid separately)</td>
<td>$</td>
<td></td>
<td>Lot/Space Rent</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

38. Does anyone outside the home pay any of your rent or mortgage expenses?  
   - [ ] YES
   - [ ] NO

39. Are you or any person(s) in your household responsible for paying any utility expenses?  
   - [ ] YES
   - [ ] NO

   If “NO”, please choose the utilities your household is responsible for paying:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
<th>How Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electricity</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Wood</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Water</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Sewer</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Natural Gas</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Propane</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Garbage</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Telephone</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

40. Does anyone outside your household pay a portion of your utility expenses?  
   - [ ] YES
   - [ ] NO

   If “YES”, Who? ____________________  
   Telephone ____________________  
   How Much? $ __________  
   How Often?

### OTHER EXPENSES

41. Do you or any person(s) in your household pay court ordered Child Support to someone outside the household?  
   - [ ] YES
   - [ ] NO

   If “YES”, Who? ____________________  
   How much do they pay per month? $ __________

42. Do you or any person(s) in your household pay child care or for the care of a disabled adult?  
   - [ ] YES
   - [ ] NO

   If “YES”, Who? ____________________  
   For Whom? ____________________  
   How much per month? $ __________

43. Does any agency or anyone outside your home pay a portion of your daycare costs?  
   - [ ] YES
   - [ ] NO

   If “YES”, Who? ____________________  
   How much per month? $ __________

44. Does anyone age 60 or over, or any person(s) who is disabled have out-of-pocket medical expenses including costs for Medicare or medical insurance?  
   - [ ] YES
   - [ ] NO

   If “YES”, Who? ____________________  
   How much per month? $ __________

45. Does anyone outside the household pay for any of these medical expenses?  
   - [ ] YES
   - [ ] NO

   If “YES”, Who? ____________________  
   How much per month? $ __________

### INJURIES/ACCIDENTS

46. Have you or anyone in your household been injured or in an accident in the last 12 months?  
   - [ ] YES
   - [ ] NO

   If “YES”, Who? ____________________  
   When? ____________________

47. Is there a pending lawsuit because of the injury or accident?  
   - [ ] YES
   - [ ] NO

   If “YES”, What is the attorney’s name? ____________________  
   Attorney’s Address ____________________

48. Have you or anyone in your household received or expect to receive an insurance reimbursement, payment or legal settlement?  
   - [ ] YES
   - [ ] NO

   If “YES”, Who? ____________________  
   When? ____________________  
   How Much $ __________  
   From Where?

### ABSENT PARENT INFORMATION

49. Is the father/mother of the child(ren) you are applying for: (Check one)  
   - [ ] living somewhere else
   - [ ] disabled or 
   - [ ] deceased

50. If anyone in your home is pregnant, is the father of the unborn in the home?  
   - [ ] YES
   - [ ] NO

   If “YES”, Who is the father?

   Complete the following form with information about the absent parent of your child(ren) who is not living with you (including the parent of an unborn child). If there is more than one possible parent, complete a form for each one. Please provide as much information as possible.

   *Please make copies or request additional copies of this page for additional parents.*
When applying for TANF the law requires you to cooperate with Child Support Enforcement (CSE) to establish paternity to get child support owed to you and/or any child(ren) that you are applying for. This may include genetic testing. If the test proves the person you named is not the father, you may be required to pay the cost of the test. You are also responsible for providing all available information requested by the CSE Program such as certified copies of divorce decrees and/or support orders, birth certificates and photographs of the absent parent.

The CSE Program locates absent parents and/or sources of income and assets, establishes and enforces financial support, reviews and adjusts existing child support orders, and collects and distributes financial payments.

The CSE Program has sole discretion in determining which legal remedies are used in pursuing support and cannot guarantee success. CSE may request assistance of another state, and thereby, be subject to the laws of that state. CSE does not provide services involving custody or visitation. CSE may close your case when your case meets closure rules established by federal and state regulation.

The CSE Program represents the State of Nevada when providing services and no attorney-client privilege exists. CSE is authorized to endorse and cash payments made payable to you for support payments and may collect past-due support by intercepting an IRS tax refund or other federal payment. If a tax intercept occurs, the CSE Program has the authority to hold a joint tax refund for a period of six (6) months before distributing the funds. No interest is paid on the held funds. Funds collected from a tax intercept are applied first to pay off any past-due support assigned to the State of Nevada. A nonrefundable fee is deducted by the federal government of any tax or federal payment intercepted by the CSE Program.

Good cause for not cooperating in pursuing child support or paternity may be allowed. If you do not cooperate with CSE and good cause has not been determined, your household will be ineligible for TANF. Good cause for not cooperating will be considered if you request it in writing. Examples of good cause are as follows:

- The child was conceived as a result of rape or incest.
- Legal proceedings for adoption of the child are pending before a court.
- You are being assisted by a public or licensed private social service agency to decide whether to keep or relinquish the child for adoption (no longer than three (3) months).
- Your cooperation in establishing paternity or securing support will result in physical or emotional harm to yourself or the child(ren).

You must provide your case manager with verification within twenty (20) days after claiming good cause. You will receive written notification of the good cause decision. If you are found to have good cause for not cooperating, CSE will NOT attempt to establish paternity or collect child support.

☐ YES, I wish to claim good cause. ☐ NO, I am not claiming good cause at this time.

____________________________________________________
Signature

You must report changes whenever a name change occurs; you have a new address or telephone number for home or work; you hire a private attorney or collection agency; another child support or paternity legal action is filed; you file for divorce; you receive support payments directly from the absent parent; you have a new address, telephone number, employment for the absent parent; a child(ren) no longer lives with you; a child(ren) is still in high school after age 18; a child(ren) becomes disabled before age 18; a child(ren) comes to live with you or you birth another child; a child marries, is adopted, joins the armed forces or is declared an adult by court order.

You are responsible for repayment of support amounts received in error, including payments from an IRS tax refund, which are adjusted by the IRS. If you fail to enter into a repayment agreement with the CSE Program, the outstanding balance may be reported to a credit reporting agency and money collected on your behalf by the CSE Program may be withheld for repayment. Additionally, legal action may be initiated against you.
NEVADA STATE DIVISION OF WELFARE AND SUPPORTIVE SERVICES
NON-CUSTODIAL PARENT (NCP) FORM

Complete one form for each parent who does not live with the child(ren) for whom you are requesting assistance. For example, if you have two children and each have a different father / mother, you need to complete two forms. If you are not the parent of the child(ren) you are requesting assistance for, you need to complete one form for the absent mother and one form for the absent father. Do not leave any question blank. Write or type unknown or N/A (not applicable) for any question that does not apply or you do not know the answer.

YOUR NAME:             YOUR SSN:             YOUR DOB:             YOUR RELATIONSHIP TO THE CHILD(REN):

Have you or the children received public assistance in the past? □ YES □ NO
If YES, where? (City, State)

Fill in whatever you know about the Non-Custodial Parent. If you do not know the answer to the question, write unknown or N/A.

LAST NAME:                FIRST NAME:                MIDDLE INITIAL:                MODIFIER (Jr., Sr., etc.):

ADDRESS:                  CITY:                  STATE:                  ZIP:

SOCIAL SECURITY NUMBER:  TELEPHONE / CELL PHONE:

DATE OF BIRTH:           BIRTH CITY AND STATE:

IF DECEASED, DATE OF DEATH:
IF DECEASED, PLACE OF DEATH:

DATE LAST SEEN OR CONTACTED:
IS HE OR SHE DISABLED? □ YES □ NO

RACE:                SEX:                HAIR COLOR:                EYE COLOR:                HEIGHT:

WEIGHT:

AT ANY TIME WAS THE MOTHER MARRIED TO THIS NON-CUSTODIAL PARENT? □ YES □ NO
DATE OF MARRIAGE: PLACE OF MARRIAGE:

IF MARRIED ARE THEY DIVORCED? □ YES □ NO
DATE OF DIVORCE: PLACE DIVORCE FILED:

WAS THE MOTHER MARRIED TO SOMEONE ELSE? □ YES □ NO
ARE THERE OTHER POSSIBLE FATHERS? □ YES □ NO

EXISTING CHILD SUPPORT COURT ORDER? □ YES □ NO CITY AND STATE

INFORMATION ON THE CHILDREN FOR THIS ABSENT PARENT:

<table>
<thead>
<tr>
<th>Child’s Social Security Number</th>
<th>Child’s Last Name</th>
<th>Child’s First Name</th>
<th>Child’s Middle Initial</th>
<th>Child’s date of birth (MM/DD/YY)</th>
<th>Did the mother have sexual relations with another man (not named above), during 30 days before or after when pregnancy began for this child?</th>
<th>Custody Month</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□ YES □ NO</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□ YES □ NO</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□ YES □ NO</td>
<td></td>
</tr>
</tbody>
</table>

All cases for Temporary Assistance for Needy Families (TANF) must be referred for Child Support Enforcement. This information is correct to the best of my knowledge. I have read the “Important Child Support Information” section found on the eligibility application. I understand if I have intentionally withheld or misrepresented information, I could be disqualified from receiving public assistance.

I declare under penalty of perjury that the information I have provided on this document is true to the best of my knowledge and belief and that the statements contained herein are made for the purposes stated here, including but not limited to, obtaining assistance in establishing parentage and/or an order for child support along with the collection of child support.

Your Signature:          Date Signed:
**Electronic Benefits Transfer (EBT)**

Federal law states the intended period of use for SNAP benefits is 12 months from the date of issuance. DWSS is required to remove any unused SNAP benefits from an account 365 days after the benefit was issued and return them to the Federal government. Unused benefits are frozen 360 days after their issuance. If the client, or any adult member of the client’s household, has any outstanding SNAP debt, the frozen benefit will be applied towards the SNAP debt.

Unused TANF benefits are removed from a client’s EBT account 180 days after the benefit was issued.

**Per Federal Law**, TANF EBT benefits cannot be accessed from ATM machines or used to purchase items in the following locations: casinos, gaming establishments, liquor stores or retail establishments which provide adult entertainment.

![Initials](#)

**Work Requirements**

If you are approved for TANF and/or SNAP, you may be required to cooperate with certain work requirements. Failure to comply with certain work requirements could disqualify you and/or other members of your household from participating in either program. For SNAP, if you or any other household member voluntarily quits a job or reduces work hours without good cause, this may be considered failure to comply with work requirements. The SNAP disqualification period for failure to comply with work requirements is one month and until compliance for the first violation, three months and until compliance for the second violation, and six months and until compliance for the third violation. For TANF, failure to cooperate with work requirements agreed to in their Personal Responsibility Plan may result in the household losing their TANF benefits for three full months.

![Initials](#)

**Important Child Support Information**

By signing this application and by receiving TANF benefits, you agree to assign your child support rights to the State of Nevada Division of Welfare and Supportive Services (DWSS). This is a condition of eligibility for your household to receive TANF benefits. If you are receiving TANF, any court ordered or stipulated child support paid directly to you is required by law to be surrendered immediately to DWSS or Child Support Enforcement (CSE). By signing this application, you are authorizing DWSS to transfer all or part of the support collected each month to pay back the TANF benefits your household received.

When applying for TANF, the law requires you to cooperate with CSE to establish paternity to get child support owed to you and/or any child(ren) for which you are applying. Good cause for not cooperating in pursuing child support or paternity may be allowed. If you do not cooperate with Child Support Enforcement and good cause is not established, your household will be ineligible for TANF.

If TANF is terminated and child support is collected, any portion due to you will be made as a direct deposit onto a Nevada Debit Card or into your bank account. A Nevada Debit Card will be issued to you unless you request payments by direct deposit into your bank account. Visit our website: [dwss.nv.gov](http://dwss.nv.gov) for more information.

You are responsible for repayment of child support amounts received in error, including child support payments from an IRS tax refund which are adjusted by the IRS. If you fail to enter into a repayment agreement with the CSE program, money collected on your behalf by the CSE program may be withheld for repayment and the outstanding balance may be reported to a collection agency.

DWSS may charge a $25.00 fee for child support services provided to clients who have never received public assistance.

Do you wish to pursue child support if your household is found ineligible for TANF?  
☐ Yes  ☐ No

![Initials](#)

**Reviews and Investigations**

By signing this application, you are authorizing the Department of Health and Human Services to make investigations concerning you, other members of your household, and/or your child(ren)’s legal or natural parent(s) that may be necessary to determine eligibility for benefits you or your household receives or will receive under programs administered by the DWSS, including childcare assistance. Information provided to the DWSS may be verified or investigated by federal, state and local officials including Quality Control staff. If you do not cooperate in the investigation, your benefits may be denied or terminated. If you make false or misleading statements, misrepresent, conceal or withhold facts necessary for the DWSS to make an accurate determination on your benefits or alter any document, your benefits may be denied, terminated or reduced. You are responsible for repayment of all monies, services and benefits (including childcare assistance) for which you were not entitled to. Additionally, you may be disqualified from receiving benefits in the future and criminally prosecuted or otherwise penalized according to state and federal law.

Individuals found guilty of an intentional program violation in TANF and/or SNAP are barred from program benefits for twelve (12) months for the first violation, twenty-four (24) months for a second violation and PERMANENTLY for the third violation. The unlawful use of SNAP is punishable by a fine up to $250,000, imprisonment for up to 20 years or both.

![Initials](#)  ![Initials](#)
### Your Rights

Anyone whose application for assistance has been denied, not acted on within a reasonable time frame, or whose benefits have been reduced or terminated may request a conference or hearing. You may request a conference or hearing by writing your local district office or the administration office. For SNAP, you may request a hearing by calling your local district office. You may also request a hearing by signing and returning the Notice of Decision you receive. You must request a hearing for TANF or SNAP within 90 days of the notice date.

You will be notified of the hearing date, time and location in writing ten (10) days prior to the scheduled hearing. You may be represented at a conference/hearing by anyone whom you have given written authorization. This written authorization must be given to the DWSS office prior to the conference/hearing. You may request information on the various legal services that may be available in your community at no cost; please contact us for information. If you are dissatisfied with the hearing decision, you may appeal your case to your local District Court of the State of Nevada.

### Important Information

If you are applying for TANF and SNAP with this application and your TANF benefits are approved, any adjustment to your SNAP benefits will be made at the same time. With this application, you are waiving your right to 13 days advance notice of any change in your SNAP benefits resulting from TANF approval. If your TANF benefit is less than $10.00, you will receive no cash payment.

The DWSS may mail information to you that may require you to respond by a certain date. If you are away from home, you are still responsible to respond by the required date. You may wish to make arrangements for your mail while you are away.

### Your Responsibilities

#### If you are applying for TANF:

You must report changes in your mailing address immediately. Additional changes must be reported immediately after you apply and before you are approved benefits. Once your benefits are approved you must report the following changes and the change must be reported by the 5th of the following month. You must report changes such as your physical address, living expenses, subsidized housing value, marital status, employment status, any money you receive or income from any source, assets/resources, absent parent’s address, number of people in the home, the birth of a child, school attendance, absence of any household member even if it is temporary (if more than 30 days), and any other change which may affect your household benefits.

#### If you are applying for Supplemental Nutrition Assistance Program (SNAP):

You are required to report all changes in your household from the date you submit your application to the day of your interview. Once SNAP benefits are approved, you must report required changes within 10 days from the date the change happened based on your household’s specific reporting requirements. You will receive a notice informing you of your specific requirement.

If your household is designated as a Change Status Reporting Household you will be required to report changes such as your physical address, living expenses, subsidized housing value, marital status, employment status, any money you receive or income from any source, assets/resources, number of people in the home, birth of a child in your home, school attendance, absence of any household member even if it is temporary (if more than 30 days), and any other change which may affect your household benefits.

If your household is designated as a Simplified Reporting Household you must report if you move out of state or your household’s income exceeds 130% of the federal poverty level for your household size. If SNAP benefits are approved you will be notified of the income level for your household size.

Your caseworker may request additional proof of the change. You will be required to provide the proof by a certain date in order to continue your eligibility or to avoid an overpayment or underpayment of benefits.

The Supplemental Nutrition Assistance Program allows certain household expenses like rent, mortgage, property taxes, homeowner’s insurance, utility expenses, child/dependent care and child support paid by the household as a deduction to determine the amount of SNAP benefits your household is eligible for as long as the expense is reported and verified. **If you do not report or verify any of the expenses listed on the application, it will be considered that you do not want to receive a deduction for the unreported or unverified expense.**

| Initials ____________ | Initials ____________ |
Release of Information
I hereby authorize and consent to the release of all information concerning me or my household members to the
Department of Health and Human Services by the holder of the information such as, but not limited to, wage
information, information made confidential by law, as well as patient information privileged under NRS 49.225, or
any other provision of law. I hereby release the holder of the information from liability, if any, resulting from the
release (disclosure) of the required information.

If I am 60 years of age or older, I hereby consent to the disclosure of my identity and waive my right as an older
person to have my identity kept confidential. I hereby release the holder of information from liability, if any,
resulting from the disclosure of the required information.

I understand if I fail to initial pages 10-12 where indicated on this application, it does not release me or my
household members from those requirements / obligations. If I am under age 18 and applying for TANF
assistance I understand I must have an additional signature of an adult over age 18 to complete the application.

I understand the questions on this application and the penalty for hiding or giving false information. I agree to
notify the Nevada State Division of Welfare and Supportive Services of any changes in my household
circumstances that may affect my benefits. I understand failure to report changes may cause an overpayment
that I would be responsible to pay back and could even be prosecuted by a court of law. I certify under penalty
of perjury, my answers are correct and complete to the best of my knowledge and ability. I swear I have
honestly reported the citizenship of myself and anyone I am applying for.

Signature or Mark of Applicant  Date  Signature or Mark of Spouse/
Second Parent of Child(ren)/Adult Representative  Date

Witness: (Use if applicant cannot read or write or is blind.) The information in this application has been read to the
applicant and I have witnessed the above signature.

Signature of Witness  Date

Your completed application may be submitted to your local Welfare office or mailed to PO Box 15400, Las Vegas, NV 89114.

IF YOU ARE NOT REGISTERED TO VOTE WHERE YOU LIVE NOW,
WOULD YOU LIKE TO REGISTER TO VOTE HERE TODAY?
(Please check one)

☐ YES  ☐ NO

If you do not check either box, you will be considered to have decided not to register to vote at this time.

The NATIONAL VOTER REGISTRATION ACT provides you with the opportunity to register to vote at this location. If you
would like help in filling out a voter registration application form, we will help you. The decision whether to seek or accept help is
yours. You may fill out the application form in private.

IMPORTANT NOTICE: Applying to register or declining to register to vote WILL NOT AFFECT the amount of assistance you
will be provided by this agency.

Signature  Date

CONFIDENTIALITY: Whether you decide to register to vote or not, your decision will remain confidential.

If YOU BELIEVE SOMEONE HAS INTERFERED with your right to register or to decline to register to vote, or your right to
choose your own political party or other political preference, you may file a complaint with the Office of the Secretary of State,
Capitol Complex, Carson City, Nevada 89710.
Non-Discrimination

“In accordance with Federal law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs.

To file a complaint of discrimination, contact USDA or HHS. Write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). Write HHS, Director, Office for Civil Rights, Room 506-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (202) 619-3257 (TTY). USDA and HHS are equal opportunity providers and employers.”

Your Rights

Anyone whose application for assistance has been denied, not acted on within a reasonable time frame, or whose benefits have been reduced or terminated, may request a conference or hearing. You may request a conference or hearing by writing to your local district DWSS office or the administration office. For SNAP, you may request a hearing by calling your local district DWSS office. You may also request a hearing for assistance programs such as TANF or SNAP within 90 days of the notice date. You will be notified in writing 10 days prior to the hearing date, the time and location of the hearing. You may be represented at a conference/hearing by anyone you have given written authorization to which must be given to the DWSS office prior to the conference/hearing. You may request information on the various legal services which may be available in your community at no cost, please contact us for information. If you are dissatisfied with the hearing decision, you may appeal your case to your local District Court of the State of Nevada.

Your Responsibilities

If you are applying for TANF:
You must report changes in your mailing address immediately. Additional changes must be reported immediately after you apply and before you are approved benefits. Once your benefits are approved you must report the following changes and the change must be reported by the 5th of the following month. You must report changes such as your physical address, living expenses, subsidized housing value, marital status, employment status, any money you receive or income from any source, assets/resources, absent parent’s address, number of people in the home, birth of a child in your home, school attendance, absence of any household member even if it is temporary (if more than 30 days), and any other change which may affect your household benefits.

If you are applying for Supplemental Nutrition Assistance Program (SNAP):
You are required to report all changes in your household from the date you submit your application to the day of your interview. Once SNAP benefits are approved, you must report required changes within 10 days from the date the change happened based on your household’s specific reporting requirements. You will receive a notice informing you of your specific requirement.
If your household is designated as a Change Status Reporting Household you will be required to report the same changes listed under the TANF reporting requirements listed above.
If your household is designated as a Simplified Reporting Household you must report if you move out of state or your household’s income exceeds 130% of the federal poverty level for your household size. Your household will be notified of this amount at approval. Your caseworker may request additional proof of the change. You will be required to provide the proof by a certain date in order to continue your eligibility or to avoid an overpayment or underpayment of benefits.
The Supplemental Nutrition Assistance Program allows certain household expenses like rent, mortgage, property taxes, homeowner’s insurance, utility expenses, child/dependent care and child support paid by the household as a deduction to determine the amount of SNAP benefits your household is eligible for as long as the expense is reported and verified. Medical expenses over $35.00 are allowed if there is an elderly or disabled person applying for benefits. If you do not report or verify any of the expenses listed on the application, it will be considered that you do not want to receive a deduction for the unreported or unverified expense.

Utilizing TANF funds, DWSS through the Nevada Public Health Foundation (NPHF), has developed a class to target pregnant and parenting teens receiving TANF cash assistance. Teen parents receiving TANF benefits and services are known as STARS (Supporting Teens Achieving Real-life Success) participants. This class has been expanded to include other pregnant and parenting teens receiving other forms of assistance such as SNAP and Child Welfare. This one-day class places emphasis on employment, success in the workplace, decision-making, money management and health, such as birth control and sexually transmitted diseases.
In addition, Community Action Teams, an entity of the Nevada Public Health Foundation, conduct community assessments of teen pregnancy and its prevention and identify potential methods for reducing teen pregnancy through abstinence-based programs. Youths, parents, business, churches, health care providers, law enforcement, schools and other organizations are encouraged to serve on the Community Action Teams. Men of all ages are also encouraged to serve as positive role models, reinforcing the postponement of sexual involvement message.

After you submit your application you may call our Voice Response Unit (VRU) system to find out if your case has been approved, denied, terminated or is still pending. The VRU system will also let you know when your benefits have been issued and the amount.
For Southern Nevada, call (702) 486-1646; Northern Nevada, call (775) 684-7200; Rural Nevada, call (800) 992-0900, extension 47200. Your Personal Identification Number (PIN) for the VRU system is ___________________.
You may contact your caseworker ___________________at ___________________between the hours of ________ to ________. 

Visit our website at http://dwss.ny.gov/
This is Your Copy, Keep This Page for Your Records
SECRETARY OF STATE ROSS MILLER  
STATE OF NEVADA  
VOTER REGISTRATION APPLICATION

BOX 2 - NAME: Please write your name exactly as it appears on the Nevada driver's license, I.D. card, or Social Security card referenced in Box 8. If you do not have any of these forms of identification, please see the instructions for Box 8.

BOX 4 - HOME ADDRESS: Your home address is the street address assigned to the location at which you actually reside. If you reside at a location that has not been assigned a street address, a description of the location at which you actually reside must be provided. A P.O. Box cannot be listed as a home address.

BOX 8 - IDENTIFICATION REQUIREMENTS: Federal and state law require you to provide your NV driver's license or NV ID number. If you do not have either, you must provide the last 4 digits of your social security number (SSN). If you do not have any of these forms of identification, please contact your County Clerk/Registrar after you have completed and returned this form.

BOX 10 - PARTY REGISTRATION: Mark your choice of a qualified party. "Nonpartisan" or "Other." If you mark "Other," you may print the name of an unlisted political party. If you register with a minor political party or as a nonpartisan, you will receive a nonpartisan ballot for the Primary Election.

CHECK THIS BOX TO RECEIVE A SAMPLE BALLOT IN LARGER TYPE

USE BLACK INK — PLEASE PRINT CLEARLY

WARNING: GIVING FALSE INFORMATION IS A FELONY AND INCLUDES A CIVIL PENALTY OF UP TO $20,000.

1. Are you a citizen of the United States of America?  
   Yes  No

2. Will you be 18 years of age or over on or before Election Day?  
   Yes  No

3. Last Name (Only)  
   First Name (Only)  
   Middle Name (Only)  
   Jr. Sr. III IV

4. Home Street Address (No P.O. Box/Business Address. See Instructions.)  
   Apt. #  
   City  
   State  
   Zip Code

5. Mailing Address (If different from above, P.O. Box or Mail Service Address)  

6. Place of Birth (State or Country)

7. NV Driver's License or NV ID Card Number (If neither, last 4 digits of your SSN)

8. Birth Date (MD/VR)

9. Telephone No. (Optional)

10. Party Registration: Check Only One Box
    - Democratic Party
    - Independent American Party
    - Libertarian Party
    - Republican Party
    - Other Party - Write In Below
    - Nonpartisan (no party affiliation)

11. "I swear or affirm I am a U.S. citizen; I will be at least 18 years old by the date of the next election; I have never been convicted of a felony in Nevada; I will be continuously residing in Nevada at least 30 days in my county and at least 10 days in my precinct before the next election; The present address listed hereon is my sole legal place of residence and I claim no other place as my legal residence; I am not laboring under any felony conviction or other loss of civil rights that would make it unlawful for me to vote. I declare under penalty of perjury that the foregoing is true and correct.

   SIGNATURE OF APPLICANT (REQUIRED)  
   DATE (REQUIRED) 

12. Your name and residence address where you were last registered to vote. (Name Used, Street, Apt. #, City, State & Zip Code of Former Residence)

13. Important: If you are assisting a person to register to vote and you are not a field registrar appointed by a County Clerk/Registrar or an employee of a voter registration agency, you MUST complete the following. Your signature is required. Failure to do so is a felony.

   Name  
   Mailing Address  
   City  
   State  
   Zip Code  
   Signature

VALIDATING AGENCY USE ONLY. DO NOT WRITE IN THE SHADED AREA BELOW.

AGENCY STAMP HERE

☐ AGENCY  
☐ FIELD REGISTRAR  
☐ MAIL  
☐ OTHER

AGENCY STAMP/GENUS OF AGENT/ELECTION OFFICIAL OR PERSON RETAINING APPLICATION

AGENCY STAMP/GENUS OF AGENT/ELECTION OFFICIAL OR PERSON RETAINING APPLICATION

ELECTION OFFICIAL OR AGENCY

Contact Information, Address, Telephone, Fax

☐ VOTER APPLICATION RECEIPT

(If you do not receive a Nevada Voter Registration Card in the mail within 10 days, please call or visit your County Election Department.)

APPLICATION NO. HA

(Revised 8.2012)