

Name _____

Appointment Date: _____

Appointment Time: _____

DOUGLAS COUNTY SOCIAL SERVICES

2300 Meadow Lane, Gardnerville, NV 89410

Phone: 775-782-9825

* * * * * APPLICATION FOR ASSISTANCE * * * * *

Please read each page carefully and answer every question. If the answer is "none," then write in "none."

If you are applying for someone other than yourself, check boxes or complete blank spaces as they apply to person for whom application is made.

REQUIRED DOCUMENTATION

IMPORTANT: Please bring **ALL** documents that are checked below to your appointment.

- ✓ At least **one** form of identification for **all** household members (*driver's license, birth certificate, etc.*)
- ✓ Proof of current Douglas County residency dated within the last 30 days (*current utility bill, current rental receipt, current statement, current invoice, current piece of official mail, etc.*)
- ✓ Verification of **all monies** received within the last 30 days for **all** household members (*pay stubs, SSI, TANF, unemployment, child support, etc.*) Please bring a copy of your most recent Social Security award letter and/or copies of the most recent pay stubs if working.
- ✓ You must bring a bank statement that is dated within the last 30 days (must be all pages).

Additional documentation that you may be requested to bring:

- Insurance policies
- NV State Welfare or NRHA documentation
- Assets (checking and savings account statements, 401k, etc.)
- Letter and utility bill from landlord
- Other documentation: _____

Resource Self-Assessment

(Please read carefully, and put an **X** in the appropriate box)

COVID-19 Affected

- Individual or household tested negative, recovered from COVID-19, no longer needing services.
- Individual or household member tested negative for COVID-19, not in need of services related to COVID-19
- Individual or household member have not been impacted, exposed, or tested for COVID-19, are symptom free, no COVID services needed.
- Individual or household member tested positive for COVID-19. Refused services related to COVID-19.
- Individual or household member connected to services for COVID-19, pending approval.
- Individual or household member impacted by COVID-19 (to include job loss or loss of childcare, etc;).
- Individual or household member exposed to COVID-19. Quarantine required.
- Individual or household member tested positive for COVID-19.

N/A – no appropriate or informed response available.

Ancillary Assistance

- Not in need of basic necessities
- Situation resolved; no longer in need of basic necessities
- Situation addressed; receives **most** basic necessities
- Situation addressed, receives **some** basic necessities
- Urgent situation; in need of basic necessities; can be scheduled
- Emergent situation; immediate

Early Childhood Education (ECE)

- Enrolled in Head Start or ECE
- Enrolled in **unsubsidized** licensed childcare of choice
- Enrolled in **subsidized** licensed child care of choice
- Enrolled in subsidized afterschool program
- Enrolled in licensed subsidized child care, limited choice
- Childcare provided by a family member, friend, or unlicensed facility
- Enrolled in Head Start (limited hours/days), need for additional child care

- At risk of losing childcare benefits; needs to reapply to continue benefits
- On waiting list for childcare
- Not enrolled in childcare or in unsafe facility
- Does not have children or grandchildren in need of ECE

Education-Adults/Youth (Over 18)

- Certificate/license from technical/professional training
- Post-Secondary degree:
Associates, Bachelors, Masters or Doctorate degree
- Post-Secondary degree:
Associates, Bachelors, Masters or Doctorate degree **and** a certificate or license
- Post high school vocational education, non-college business courses, technical/professional training, or college credits
- High school diploma/GED
- ESL Certificate
- Reading/writing/math skills present; possible TABE, no GED/High School diploma
- Reading/writing/basic math skills absent; illiterate

Employment

- FT work **above** minimum wage **with** employer provided benefits
- PT employment (by choice) that supplements (adds to) income needs
- Retired or disabled; not in work force or seeking employment; **sufficient** income
- FT work **above** minimum wage **without** employer provided benefits
- FT work **at** minimum wage **with or without** employer provided benefits
- Receiving SSI or SSDI
- Employed. Currently on FMLA (no pay)
- PT employment with or without benefits
- Unemployed **with** work history or skills
- Retired or disabled; not in work force or seeking employment; **insufficient** income
- Unemployed **without** work history or skills

Energy and Other Utilities

- Pay all bills **without** subsidy
- Utilities included in Rent
- Pay all bills with established payment plan
- Pays all or most bills **with** subsidy
- At risk of loss of energy benefits, needs to reapply to continue benefits
- At risk of energy shutoff (notice of shutoff); unable to pay bill(s) needs to apply to obtain benefit
- Utility shut off; unable to pay bill(s)
- Homeless, Utilities Not Applicable

Food and Nutrition

- Able to afford **any** food without food programs
- Able to afford **most** food without food programs
- Able to afford food by participating in food programs such as SNAP, WIC or other public or private food program
- At risk of loss of SNAP, WIC, or other food programs; needs to reapply to continue benefits
- Unable to afford food; uses a food bank, pantry or vouchers
- Unable to afford or obtain sufficient food

Health Insurance-Adults

- All adults have health insurance
- At risk of loss of health insurance; needs to apply or reapply to continue or supplement health insurance
- Some adults have health insurance
- No adults have health insurance

Health Insurance-Children

- All children have health insurance
- At risk of loss of health insurance; needs to apply or reapply to continue or supplement health insurance
- Some children have health insurance
- No children have health insurance
- Does not have children

Household Budgeting

- Able to pay **all** bills; expenses **do not** exceed income; discretionary funds **for spending and savings**
- Able to pay **all** bills; expenses **do not** exceed income;
- Able to pay **all** bills; expenses **do not** exceed income; discretionary funds **for spending**
- Unable to pay **some** bills; expenses exceed income

- Unable to pay **most** bills; expenses exceed income
- Unable to pay **any** bills; expenses exceed income

Housing

- Home Ownership (includes condo, co-op)
- Non-subsidized rental housing
- Employer provided housing
- Safe and secure subsidized rental apartment
- Safe and secure subsidized Section 8 housing
- Living with relatives or friends by choice
- Safe and secure subsidized public housing
- At risk of loss of housing; needs to reapply to continue housing benefits
- Safe and secure transitional housing
- Safe and secure domestic violence shelter
- Temporary shelter; hotel, motel or trailer
- Unaffordable home or subsidized or non-subsidized rental
- Cannot make rent or mortgage, unexpected situation
- Home in foreclosure
- Living with relatives or friends due to crisis
- Substandard/unsafe housing
- At risk of eviction
- Homeless

Primary Health Care

- Access to same provider (medical home) as needed
- Access to various providers as needed
- Limited access to providers
- Emergency room use only
- No access due to geographic, transportation or financial constraints

Transportation

- Reliable private transportation/vehicle that meets family needs
- Public transportation that meets the family needs, no assistance needed
- Private transportation/vehicle available, assistance needed
- Public transportation available, assistance needed
- Public transportation or private transportation/vehicle rarely available
- No public or private transportation

APPLICANT INFORMATION

Name: _____

Street Address: _____

(No P.O. Boxes)

City State Zip Code

Mailing Address: _____

City State Zip Code

Date of Birth: _____ E-mail Address: _____

Month / Day / Year

Home Phone #: _____ Cell Phone #: _____

Gender: Female Male Other

Military Status: Active Military Not a Veteran Veteran Disabled Veteran

Race: American Indian or Alaska Native Asian Black or African American Multiracial
 Native Hawaiian or Other Pacific Islander Other White

Health Care: No Yes *If yes, please specify type (below):*
 Direct-Purchase Employment Based Medicaid Medicare Military Health Care
 NV Check-Up No Health Insurance Private Health Insurance
 State Children's Health Insurance Program State Health Insurance for Adults Tribal Insurance

Household Type: Multigenerational Household Single Person Non-Related Adults with Children
 Two Adults / **NO** Children Other: _____ Two or More Adults
 Single Parent / Female Two-Parent Household Single Parent / Male

Marital Status: Civil Union Common Law Divorced In a Relationship Married
 Separated Single Widow Widower

Housing: Foster Care Friend's Room / House / Apartment Homeless Incarcerated
 Living with Others Living with Relatives Medical Facility Other: _____
 Other Permanent Housing Own Rent Shelter Transient

Total number of persons in household (including yourself) _____

Ethnicity: Hispanic, Latino or Spanish Origins Not Hispanic, Latino or Spanish Origins

Education Level: Grades 9-12 (non-graduate) High School Diploma/GED Associate's Degree
 Less than 9th grade Bachelor's Degree License Certification Some College
 Graduate Degree or Higher

Life Insurance: Yes No

Disconnected Youth: Youth ages 14-21

HOUSEHOLD INFORMATION

HOUSEHOLD MEMBERS (please complete for everyone **besides** yourself)

Name (First and Last Name)	Gender	Relationship	Date of Birth	Age	Race*	Disabled? Yes or No	Type of Health Insurance? Or None

* **Race**

1 - Native American 2 - Asian 3 - Black/African American 4 - Pacific Islander 5 - White 6 - Multiracial 7 - Other

APPLICANT EMPLOYMENT

Current or Last Employer: _____

Employer Location (City and State only): _____

Start Date: _____ **End Date:** _____

Hourly Wage: _____ **Job Title:** _____

Number of Hours Worked per Week: _____ **Gross Monthly Income:** _____

ASSETS AND RESOURCES

Do you or anyone in your household have any of the following resources? (Check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Savings Account
<input type="checkbox"/> Checking Account
<input type="checkbox"/> Credit Union Account
<input type="checkbox"/> Individual Retirement Accounts (IRA)
<input type="checkbox"/> Certificates of Deposit (CD)
<input type="checkbox"/> Keogh Accounts (401K)
<input type="checkbox"/> Individual Indian Money (IIM) Account
<input type="checkbox"/> Life Insurance Policies | <input type="checkbox"/> Other Vehicle(s)/"Toys" (RV, ATV, Sea Doo, etc.)
<input type="checkbox"/> Other Houses, Land, Buildings, Rentals
<input type="checkbox"/> Business Checking Account
<input type="checkbox"/> Land/Mineral Rights
<input type="checkbox"/> Mining Claims
<input type="checkbox"/> Treasury Bonds/Savings Bonds/Stocks
<input type="checkbox"/> Trust Funds
<input type="checkbox"/> Burial Funds |
|--|---|

MONTHLY EXPENSES

Type	Monthly Amount	Your Share	Company Name (To Whom the Expense is Paid)?	Who Else Pays?	Current On Payments?	Source of Income to pay this expense?
Rent/Lease/Mortgage	\$	\$				
Space Rent/Lot Rent	\$	\$				
Storage Fee	\$	\$				
Car Payment	\$	\$				
Car Insurance	\$	\$				
Gasoline Expense	\$	\$				
Credit Cards (unpaid debt)	\$	\$				
Cell/Telephone	\$	\$				
Electricity	\$	\$				
Natural Gas/Propane/ Wood Heating	\$	\$				
Cable / Satellite	\$	\$				
Internet Access	\$	\$				
Garbage/Trash Removal	\$	\$				
Water/Sewer	\$	\$				
Food/Groceries	\$	\$				
Medical Bills (unpaid debt)	\$	\$				
Child Support Payment(s)						
Other	\$	\$				

EARNED INCOME:

Please complete the following for all household members, other than yourself, that generate household income:

Household Member's Name	Employer	Employment Dates		Hourly Wage	Gross Monthly Income
		Begin MM/DD/YY	End MM/DD/YY		
				\$	
				\$	
				\$	
				\$	

UNEARNED INCOME RECEIVED

Complete each item for everyone in the home:

	Yes or No	Who Receives?	Amount Received (Week / Bi-Weekly / Month)
1. Alimony			\$ Per
2. Child Support			\$ Per
3. Unemployment Benefits			\$ Per
4. Supplemental Security Income (SSI)			\$ Per
5. Social Security (Retirement, Disability, Survivor)			\$ Per
6. SNAP (Food Stamps)			\$ Per
7. Income Grants or Assistance (TANF or Foster Care, etc.)			\$ Per
8. Veteran Benefits			\$ Per
9. Military Allotment			\$ Per
10. Workman's Comp			\$ Per
11. Retirement Pensions			\$ Per
12. Money or Loans from Relatives or Others			\$ Per
13. Rent from Boarders/Roomers			\$ Per
14. Money from Property Rentals or Leases			\$ Per
15. Indian General Assistance			\$ Per
16. Utility Allowance			\$ Per
17. Educational Assistance/Student Loans			
18. Non-Banking Income (circle all that apply) Payday loan, pawn, refund or anticipation loan, online sales, yard sales, direct deposit advance, title loan, check-cashing loan, etc.			\$ Per

SIGNATURE AND AFFIRMATION

Initials:

- ____ 1. I understand information provided on this application is subject to verification by Federal, State or local officials. If any information is found inaccurate, I may be denied assistance and/or be subject to criminal prosecution for knowingly providing false information.
- ____ 2. I understand the questions on this application and the penalty for hiding or giving false information. I certify under penalty of perjury, my answers are correct and complete. I agree to notify the agency where I made application for assistance of any changes in my circumstances that may affect my eligibility.
- ____ 3. I understand that all of the information provided on the preceding pages of my application are necessary and important in determining my eligibility status and that any change in circumstances may affect my eligibility for assistance; therefore, I agree to notify Douglas County Social Services of any change in circumstance within forty-eight (48) hours of the change.
- ____ 4. I understand I have a duty to inform Douglas County Social Services if I or anyone on my behalf commences a legal action against anyone for recovery of money as reimbursement for medical care and treatment paid for by the county. I must further advise Douglas County Social Services should I, or anyone on my behalf, solicit or receive any offer of settlement of money as reimbursement for medical care and treatment paid for by the Medicaid Program and County.
- ____ 5. I hereby authorize the agency to whom I am applying for assistance to make any investigation concerning me or other members of my household or my children's legal/putative parent(s) which is necessary to determine eligibility for any benefit I have received or will receive under programs administered by this agency. I hereby authorize and consent to the release of any and all information concerning me or my household members to the agency by the holder of the information, regardless of the manner or form held, including, without limitation, information made confidential by law or otherwise and patient information privileged under NRS 49.225 or any other provision of law or otherwise. I hereby release the holder of such information from liability, if any resulting from the disclosure of the required information. I authorize the agency to contact my employer to obtain wage information. A reproduced copy of this application and authorization legally constitutes an original copy.
- ____ 6. I authorize the Nevada State Welfare Division, County Welfare Departments and agencies for which I may be eligible for assistance, to exchange information essential for effective case management.
- ____ 7. This release is valid for a period of one year from the date of the authorization.

By initialing and signing this affirmation, I acknowledge I have read and understand the information contained herein and my duties and obligations to provide updated information.

Signature or Mark of Applicant

Date

I agree to act on behalf of the above applicant.
I understand my rights and obligations as a representative and responsible party.

Signature of
Authorized Representative

Address

City

Zip