**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 copy of your most recent award letter and/or copies of the most recent pay stubs.

*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)

**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

**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.

**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 HealthInsurance?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):**

❒ Savings Account

❒ Checking Account

❒ Credit Union Account

❒ Individual Retirement Accounts (IRA)

❒ Certificates of Deposit (CD)

❒ Keogh Accounts (401K)

❒ Individual Indian Money (IIM) Account

❒ Life Insurance Policies

❒ Other Vehicle(s)/“Toys” (RV, ATV, Sea Doo, etc.)

❒ Other Houses, Land, Buildings, Rentals

❒ Business Checking Account

❒ Land/Mineral Rights

❒ Mining Claims

❒ Treasury Bonds/Savings Bonds/Stocks

❒ Trust Funds

❒ Burial Funds

**MONTHLY EXPENSES**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Type** | **MonthlyAmount** | **YourShare** | **Company Name****(To Whom the Expense is Paid)?** | **WhoElse Pays?** | **CurrentOnPayments?** | **Source ofIncome to paythis 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:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Employment Dates** |  |  |
| **HouseholdMember’s Name** | **Employer** | **BeginMM/DD/YY** | **EndMM/DD/YY** | **Hourly Wage** | **GrossMonthlyIncome** |
|  |  |  |  | $ |  |
|  |  |  |  | $ |  |
|  |  |  |  | $ |  |
|  |  |  |  | $ |  |

**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 Address City Zip
 Authorized Representative