

Name _____ Appointment Date: _____

Appointment Time: _____

DOUGLAS COUNTY SOCIAL SERVICES

1133 Spruce Street; 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 Douglas County residence (*current utility bill, rental receipt, car registration, 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 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)

Early Childhood Education (ECE)

- Does not have children or grandchildren in need of ECE
- Enrolled in unsubsidized licensed childcare setting of choice
- Enrolled in Head Start
- Enrolled in licensed subsidized child care of choice
- Enrolled in subsidized afterschool program
- Childcare provided by a family member, friend or unlicensed facility
- Enrolled in Head Start (limited hours/days), need for additional childcare
- Has childcare benefits, needs to reapply to continue benefits.
- On waiting list for enrollment in childcare
- Not enrolled in childcare or in unsafe facility

Education-Adults/Youth (Over 18)

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

Emergency Assistance

- 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
- Developing situation; in need of basic necessities

Energy

- Utilities included in Rent
- Pay all bills **without** subsidy
- Pay all bills **with** subsidy
- Pay all bills **with** established payment plan
- Has energy benefits, needs to reapply to continue benefits; includes residents in temporary housing
- Notice of shutoff**; unable to pay bill(s)
- Utility shut off; unable to pay bill(s)

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 employer provided benefits
- Unemployed with work history or skills
- PT work **without** benefits
- Unemployed **with** work history or skills
- Unemployed without work history or skills
- Retired or disabled; not in work force or seeking employment; insufficient income

Food and Nutrition

- Able to afford **any** food choices without food programs
- Able to afford **most** food choices without food programs
- Able to obtain food through enrollment or re-enrollment in SNAP, WIC, or participation in and/or other food programs
- Has SNAP, WIC or other public food programs; needs to reapply to continue benefits
- Unable to afford food; uses a food bank, pantry or vouchers
- Unable to afford or obtain food

Health Insurance-Children

- Does not have children
- All children have health insurance
- Children have health insurance, need to reapply to continue benefits
- Some children have health insurance
- No children have health insurance

Health Insurance-Adults

- All adults have health insurance
- Has health insurance, needs to reapply to continue benefits
- Some adults have health insurance
- No adults have health insurance

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

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

Earned Income Tax Credit – EITC – NV

- Increased household income
- Receives EITC
- Files for EITC
- Files for EITC, determined ineligible
- N/A

Housing

- Home Ownership (includes condo, co-op)
- Non-subsidized rental housing
- Safe and secure non-subsidized housing; choices limited due to moderate income, **homeowner**
- Safe and secure non-subsidized housing; choices limited due to moderate income, **renter**
- Employer provided housing
- Safe and secure subsidized Section 8 housing
- Safe and secure subsidized rental apartment
- Safe and secure subsidized public housing
- Living with relatives or friends by choice
- Has housing benefits; needs to reapply to continue benefits
- Safe and secure transitional housing
- Unaffordable home
- Unaffordable non-subsidized rental
- Unaffordable subsidized rental
- Safe and secure domestic violence shelter
- Temporary shelter; i.e., hotel, motel, or trailer
- Home in foreclosure
- Living with relatives or friends due to crisis
- Substandard/unsafe housing
- At risk of eviction
- Homeless

Transportation

- Public or private transportation **always** available.
- Public or private transportation available **most of the time**
- Public or private transportation available **some of the time**
- Public or private transportation **rarely** available
- No public or private transportation

APPLICANT INFORMATION:

First Name: _____

Middle Name: _____

Last Name: _____ Maiden Name: _____

E-mail Address: _____ Do you wish to receive our newsletter? ____ Yes ____ No

Street Address: _____

(No P.O. Boxes)

City

State

Zip Code

Mailing Address: _____

City

State

Zip Code

Home Phone #: _____ Message Phone #: _____

Date of Birth: _____

Month/Day/Year

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

Ethnicity: Not Hispanic Hispanic

Education: Last grade level completed: _____ High school diploma
 GED Some college
 Certification License
 Associate's Degree Bachelor's Degree
 Master's Degree Doctorate Degree

Are you . . . Disabled A military veteran A felon or ex-offender

Gender: Male Female

Marital Status: Single Married
 Divorced Separated
 In a relationship Widow
 Widower Common Law

Housing Status: Homeless Living with Others
 Living with Relative Home Owner
 Renter Shelter
 Other

Total number of persons in household (including yourself) _____

Family Type: Single parent/Female
 Single parent/Male
 Two-parent household
 Single person
 Two adults/no children
 Two or more adults
 Other: _____

Do you have. . . Life insurance

Do you have. . . Medical insurance Yes No *If so, please specify type (below):*
 Medicare Medicaid
 Private Employer-provided
 VA Through spouse
 Dental

HOUSEHOLD INFORMATION:

Does the family currently have transportation?
 Public or private transportation **always** available
 Public or private transportation available **most of the time**
 Public or private transportation available **some of the time**
 Public or private transportation **rarely** available
 No public or private transportation

How long has the family lived in Douglas County? _____

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

Name (First, middle, last)	Gender	Relationship	DOB	Race*	Education Yr Completed	Disabled?	Type of Health Insurance? Or None

* Race

1 - Asian 2 - Black/African American 3 - Middle Eastern 4 - Native American 5 - Pacific Islander 6 - White

APPLICANT EMPLOYMENT:

Current or Last Employer: _____

Employer Location: _____
(City, State only)

Start Date: _____ End Date: _____

Rate of Pay: _____ Job Description: _____

Number of hours worked per week: _____ 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 (balance _____) | <input type="checkbox"/> Vehicle(s)/"Toys" |
| <input type="checkbox"/> Credit Union Account (balance _____) | <input type="checkbox"/> Individual Retirement Accounts (IRA) |
| <input type="checkbox"/> Savings Bonds | <input type="checkbox"/> Certificates of Deposit (CD) |
| <input type="checkbox"/> Stocks/Bonds (interest _____) | <input type="checkbox"/> Other Houses, Land or Buildings |
| <input type="checkbox"/> Individual Indian Money Accounts (IIMA) | <input type="checkbox"/> Land/Mineral Rights |
| <input type="checkbox"/> Business Checking Account | <input type="checkbox"/> Burial Funds |
| <input type="checkbox"/> Checking Account (balance _____) | <input type="checkbox"/> Life Insurance Policies |
| <input type="checkbox"/> Trust Funds | <input type="checkbox"/> Keogh Accounts (401K) |
| | <input type="checkbox"/> Mining Claims |

MONTHLY EXPENSES:

Type	Monthly Amount	Your Share	Company Name (To Whom Expense is Paid)?	Who Else Pays?	Current on Payments?	Source of Income to pay this expense?
Cable/Satellite	\$	\$				
Car Payment	\$	\$				
Credit Cards	\$	\$				
Electricity	\$	\$				
Garbage/Trash removal	\$	\$				
Gas/Propane/Wood heating	\$	\$				
Gasoline Expense	\$	\$				
Insurance	\$	\$				
Internet Access	\$	\$				
Medical Expenses	\$	\$				
Mortgage/Rent	\$	\$				
Rent-to-Own	\$	\$				
Space/Lot rent	\$	\$				
Storage	\$	\$				
Telephone/Cell	\$	\$				
Water/Sewer	\$	\$				
Other	\$	\$				

EARNED INCOME:

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

Household Member	Employer	Employment Dates		Rate of Pay	Monthly Income
		Begin MM/DD/YY	End MM/DD/YY		
				\$	
				\$	
				\$	
				\$	

UNEARNED INCOME

Complete each item for everyone in the home.

	YES	WHO RECEIVES?	AMOUNT (Wk/Mo/Semi-Mo)
1. Child Support/Alimony			\$ Per
2. Unemployment Benefits			\$ Per
3. Supplemental Security Income (SSI)			\$ Per
4. Social Security (Retirement, Disability, Survivor)			\$ Per
5. Food Stamps			\$ Per
6. Income Grants or Assistance (TANF or Foster Care, etc.)			\$ Per
7. Veteran Benefits			\$ Per
8. Military Allotment			\$ Per
9. Workman's Comp			\$ Per
10. Retirement Pensions			\$ Per
11. Money or loans from relatives or others			\$ Per
12. Rent from Boarders/Roomers			\$ Per
13. Money from Property Rentals, Leases			\$ Per
14. Indian General Assistance			\$ Per
15. Utility Allowance			\$ Per
16. Non-Banking Income (circle all that apply) Payday loan, pawn, refund anticipation loan, online or 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 five (4) 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