



Appointment Date: _____ Time: _____

ELKO COUNTY HUMAN SERVICES

571 Idaho Street (Mailing)
540 Court Street (Physical)
Elko, NV 89801

(775) 738-4375 Phone • (775) 738-5984 Fax

IMPORTANT

- Please provide the office with **all required documentation** on or before your appointment date.
- Please arrive to your appointment on time, as scheduled; otherwise, you may be rescheduled for a later date.
- If you are not able to attend your appointment, please call at least 30 minutes in advance to reschedule or cancel.
- If you have any questions or concerns, please call the office at (775) 738-4375.

In order to evaluate your application for assistance, Elko County requires applicants provide the following documentation accompanied by a completed application. Without the required information, your request will not be processed and may result in denial and/or termination of benefits or services.

REQUIRED DOCUMENTATION

- Identification for all members of the household.
 - Adults – Photo ID and social security card.
 - Children under age 16 – Birth certificate or social security card.
- Verification of all income in the last 60 days for all members of the household.
 - Pay stubs
 - Social Security Income (SSI, SDI, etc.)
 - Child support/alimony
 - Retirement/Pension
 - Unemployment
 - Income Tax Return
 - Any other source of income in the last 60 days.
- Bank Statements for all accounts within last 30 days.
- Proof of all assets.
 - Vehicle registration or title.
 - Rental property, etc.
 - Stocks, bonds, annuities, etc.
- Proof of other assistance.
 - SNAP, Medicaid, etc.
 - Section 8 Housing
 - Energy Assistance Program
- Lease/rental agreement* or mortgage statement.
*(must be notarized if effective after July 1, 2017)
- Copies of most recent utility bills including electric, gas, water, sewer, and trash.
- Other documents requested by Human Services staff.

ADDITIONAL DOCUMENTATION REQUIRED FOR ASSISTED LIVING APPLICANTS

- Admission Form – completed by facility
- Physician's Report of Examination – completed by physician.
- Proof of Health, Life, and Burial policies



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APPLICATION FOR ASSISTANCE

APPLICANT INFORMATION

Name: _____ Other Names Used: _____

Phone Number: _____ E-mail: _____

Address: _____

Mailing Address (if different): _____

City: _____ State: _____ Postal Code: _____

Previous Address, if less than 3 months: _____

TYPE OF ASSISTANCE REQUESTED

- RENT
 UTILITIES
 MEDICAL
 ASSISTED LIVING

If requesting rental assistance, name of landlord: _____

HOUSEHOLD MEMBER INFORMATION

Household Member Name Last, First, Middle Initial	Social Security #	Gender		Birth Date	Age	Relation to Head of Household	YES OR NO		Race* use code below
		Female	Male				Disabled	Veteran	
		<input type="checkbox"/>	<input type="checkbox"/>			SELF			
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						

*Race – A – Asian; B – Black or African American; N – Native American; P – Pacific Islander/Hawaiian; W – White; M – Multi-race

Are any of the individuals listed above pregnant? YES NO If yes, due date: _____

CURRENT ASSISTANCE

Is any member of the household currently receiving or has applied for the following assistance?

TYPE OF ASSISTANCE	AMOUNT RECEIVED	DATE BEGAN	DATE ENDED	PERSON WHO RECEIVES ASSISTANCE
SNAP (FOOD STAMPS)				
INDIAN COMMODITIES				
WIC				
MEDICAID				
MEDICARE				
NEVADA CHECK-UP				

Have you ever received assistance from Elko County Human Services? YES NO UNSURE

If yes, type of assistance: _____ Date of Service: _____

OTHER HOUSEHOLD INFORMATION

Family Type

- Single Person
- Two parent family
- Single parent family (father only)
- Single parent family (mother only)
- Two adults/no children
- Foster family
- Other _____

Marital Status

- Never Married
- Married, living with spouse
- Married, not living with spouse
- Living together
- Divorced
- Widowed
- Other _____

Housing Status

- Own
- Rent
- Homeless
- Other _____

Transportation

- Private Vehicle
- Relatives/Friends/Neighbors
- Public Transportation
- Other _____

How long at current residence? _____

Emergency Contact – Not in household

Name: _____ Phone Number: _____

EARNED INCOME

HOUSEHOLD INCOME FOR ALL HOUSEHOLD MEMBERS FOR PAST 60 DAYS.		
HOUSEHOLD MEMBER NAME	SOURCE	AMOUNT
Total monthly income for household		

CURRENT EMPLOYMENT

HOUSEHOLD MEMBER NAME	EMPLOYER	BEGIN DATE	FULL-TIME/PART-TIME	PERMANENT/TEMPORARY	RATE OF PAY	JOB TITLE

How many hours have you worked in the last 30 days? _____

How often are/were you paid? Weekly Bi-weekly Monthly Other _____

WORK HISTORY – PREVIOUS 12 MONTHS

HOUSEHOLD MEMBER NAME	EMPLOYER	BEGIN DATE	END DATE	JOB TITLE	AVG WEEKLY HOURS	REASON LEFT (LAID OFF, QUIT, FIRED)

Is any adult currently enrolled in college? YES NO

If yes, who? _____ Name of College: _____

UNEARNED INCOME

TYPE OF INCOME	AMOUNT RECEIVED	DATE BEGAN	DATE ENDED	PERSON WHO RECEIVES ASSISTANCE
CHILD SUPPORT/ALIMONY				
UNEMPLOYMENT				
SOCIAL SECURITY				
SSI / SSD				
EDUCATION SOURCE: PERIOD COVERED:				
GRANTS				
VETERANS' BENEFITS				
INDIAN GENERAL ASST.				
DISABILITY PAYMENTS				
RETIREMENT PENSION				
INTEREST (STOCKS, BONDS, ETC.)				
RENTAL INCOME				
BOARDERS/ROOMERS				
LOW INCOME HOUSING ASSISTANCE				
TANF				
MONEY FROM FAMILY/FRIENDS				

Do you receive any income not listed from the sources above? YES NO

If yes, please explain: _____

OTHER ASSETS OR RESOURCES

Do you or any member of the household have any of the following resources or an authorized signer on any of the following?

TYPE OF ASSET / RESOURCE	DESCRIPTION / ACCOUNT NUMBER	VALUE	HOUSEHOLD MEMBER ASSOCIATED WITH ASSET
CASH			
ALL CHECKING ACCOUNTS			
ALL SAVINGS ACCOUNTS			
ALL TRUST ACCOUNTS			
SAFE DEPOSIT BOX			
SAVINGS BONDS			
STOCKS			
TIME CERTIFICATES			
IRA,KEOGH, RETIREMENT			
FUNERAL PLAN/LIFE INS.			
PATIENT TRUST FUND			
OTHER			
OTHER			

VEHICLES

Please list any vehicles, motorcycles, trailers, campers, boats, motor homes, or all-terrain vehicles you or any member of your household own or are in the process of purchasing:

REGISTERED OWNER	MAKE / MODEL / YEAR	VALUE	AMOUNT OWED

REAL PROPERTY

Is any member of the household purchasing property? YES NO

If yes, please answer the following:

Owner: _____ Location: _____

Value: _____ Amount Owed: _____

Sold any property in the last 3 years? YES NO If yes, describe : _____

Does any member of the household own business equipment, machinery or inventory? YES NO

If yes, please describe: _____ Value: _____ Amt. Owed: _____

Is this equipment/property used for to earn money? YES NO

Does any member of the household own or lease livestock? YES NO

MONTHLY EXPENSES

EXPENSE	COMPANY / PAYEE	MONTHLY AMOUNT
ALIMONY / CHILD SUPPORT		
CABLE / SATELLITE		
VEHICLE PAYMENT		
CHILD CARE		
CREDIT CARDS		
ELECTRICITY		
GARBAGE / TRASH REMOVAL		
GASOLINE		
GROCERIES		
HEATING (GAS, PROPANE)		
INSURANCE		
MEDICAL EXPENSES		
MORTGAGE / RENT		
SPACE / LOT RENT		
TELEPHONE OR CELL PHONE		
WATER / SEWER		
PROPERTY TAX		
OTHER		

If you live with someone and they pay household bills, please include them in the above section. This amount will be divided by the number of household members to determine an in-kind amount.

MEDICAL ONLY (COMPLETE IF APPLYING FOR ASSISTED LIVING)

Please complete the information below for any hospital, medical, dental, vision, prescription, or accident coverage you have through yourself or anyone else including past employers or union. Please provide proof of each coverage.

Insured name: _____ Insurance Company: _____

Policy #: _____ Group #: _____

What kind of coverage? _____ Effective Date: _____

Premium amount: _____ Paid how often? _____

AUTHORIZED REPRESENTATIVE

Do you want someone other than yourself to act on your behalf or have access to your information as it pertains to assistance through Elko County? YES NO

If yes, who? _____ Phone number: _____

SIGNATURE AND AFFIRMATION

I agree to furnish any information Elko County Human Services may require with respect to this application. I further agree to notify Elko County Human Services of:

- Any changes in my circumstances.
- Any real or personal property transactions.
- Change in income or other financial conditions.
- Change in employment status of any member of the household.
- Marriage of any of the children, ore remarriage of either parent of the children.
- Any change of personal information, include address, phone, or e-mail information.
- If a parent is absent from the home, any information regarding his/her whereabouts or return to the home.
- Any other information that may affect my application for assistance.

I understand that failure to comply constitutes an act of fraud. I solemnly swear or affirm that the statements made within this application are true and correct to the best of my knowledge.

I understand that Elko County has **30 days from the date my application and all supporting documentation is received** in order to make a decision.

Applicant Signature	Date	Co-applicant Signature	Date
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AUTHORIZATION TO FURNISH INFORMATION / RELEASE OF LIABILITY

I hereby authorize Elko County Human Services to make any investigation concerning me, other members of my household, which may be necessary to determine eligibility for any benefit. I have received or may receive under programs administered by this agency. I hereby authorize and consent to the release of any and all information concerning me, or any household members to Elko County Human Services by the holder of the information, regardless of the manner of 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 required information. Additionally, I authorize the agency to contact my employer(s) to obtain wage information. A reproduced copy of this application and authorization legally constitutes an original copy.

Applicant Signature	Date	Co-applicant Signature	Date
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REIMBURSEMENT AGREEMENT

Although financially unable to provide for my needs such as rent, medical, or utilities at this time, I request that Elko County provide assistance, and I agree to reimburse the County in monthly installments as agreed upon by myself and Elko County Human Services.

While reimbursement is not always required, repayment of these services will enable additional individuals and families to be served.

Applicant Signature	Date	Co-applicant Signature	Date
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