



JOHN J. CAHILL
CLARK COUNTY PUBLIC ADMINISTRATOR
515 SHADOW LANE, LAS VEGAS, NV 89106
 VOICE: 702-455-4332 • FAX: 702-455-4717 • EMAIL: pubadm@co.clark.nv.us

**Clark County Public Administrator's
 EVALUATION CHECKLIST for Health Care Facilities**

**RESPOND TO EACH OF THE FOLLOWING ITEMS TO DETERMINE IF DECEDENT ESTATE
 MEETS CRITERIA FOR PUBLIC ADMINISTRATOR REFERRAL.**

CCPA = Clark County Public Administrator Family = Any family member, not necessarily the legal NOK NOK = Next of Kin

Item #	Item Description	NO	YES
1	Was the Decedent a resident of Clark County, Nevada?	NO <input type="checkbox"/> Not a CCPA Referral	YES <input type="checkbox"/> Continue
Examples	Does his/her driver's license show local address? Did you call local phone number to reach others at residence to obtain information? Do you have info on admittance sheets to show resident status? Etc.		
2	Have you attempted to reach Family?	NO <input type="checkbox"/> Attempt before referring to CCPA	YES <input type="checkbox"/> Continue
Examples	Have you called all numbers provided at time of admittance? Have you called Information or searched on the internet for phone numbers and names? Have you reviewed decedent's address book, cell phone and personal belongings for NOK or Family? Etc.		
3	Have you exhausted all leads and completed due diligence to locate Family?	NO <input type="checkbox"/> Exhaust efforts before referring to CCPA	YES <input type="checkbox"/> Continue
Examples	Have you placed calls at various times of day and night? Have you left voice mail messages on phone? Have you followed up by mail? Have you contacted significant other, friends and visitors for additional information on Family? Etc.		
4	Have you had contact with Family?	NO <input type="checkbox"/> Continue	YES <input type="checkbox"/> Continue
Examples	Has a representative of the Health Care Facility spoken to a family representative or any member of the family by phone or communicated via mail? Did family representative leave written instructions with the Health Care Facility prior to the date of death? Etc.		
5	Is Family going to respond or act on behalf of decedent's property?	NO <input type="checkbox"/> Continue	YES <input type="checkbox"/> Not a CCPA Referral
Examples	Is family representative coming to town or coming to the Health Care Facility at any point to retrieve personal items? Did family representative request that personal items be shipped to them? Etc.		
6	Is Family unable to act?	NO <input type="checkbox"/> Continue	YES <input type="checkbox"/> Continue
Examples	Family could not afford to travel to Clark County. Family is dealing with own health and unable to physically handle the responsibility? Etc.		
7	Is Family unwilling to act?	NO <input type="checkbox"/> Continue	YES <input type="checkbox"/> Continue
Examples	Family is not interested? Family is interested but cannot invest the time? Etc.		

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8	Are there any assets at risk, for example, a house, condo, vehicle, personal property at residence, etc.?	NO <input type="checkbox"/> Not a CCPA Referral	YES <input type="checkbox"/> Continue
Examples	Did decedent advise that he/she owned real property? Did you search the CC Assessor's website under decedent's name to determine if decedent owned property in Clark County? Is there a vehicle parked at your facility? Is there a vehicle parked at the decedent's residence? Are the decedent's personal belongings left unattended at decedent's place of residence? Etc.		

If Checklist indicates this is a valid referral, FAX, MAIL or EMAIL to the Clark County Public Administrator's Office for Assessment. Please Include:

- THIS EVALUATION CHECKLIST
AND
 A CCPA DECEDENT SERVICES/ESTATE REFERRAL FORM

Both Forms will be posted on the CCPA website by mid-March 2008:

<http://www.accessclarkcounty.com/pa/pa.htm>

ARE ANY ASSETS IN JEOPARDY SUCH AS REAL PROPERTY FORECLOSURE, VEHICLE IN UNSAFE LOCATION, ETC.?	NO <input type="checkbox"/>	YES <input type="checkbox"/>
<u>IF "YES", WHAT ITEMS MAY NEED IMMEDIATE ATTENTION?</u>		

Cases are accepted by the CCPA if they are deemed to fit within the duties of the CCPA and meet the criteria established by the laws of the State of Nevada. [NRS 253.0405](#)

DOCUMENTS TO INCLUDE WITH CCPA REFERRAL:	
Copy Of Admittance Sheet From Health Care Facility	<input type="checkbox"/>
Copy Of Personal & Family History From Health Care Facility (non-medical)	<input type="checkbox"/>
Complete Patient Trust Fund Accounting From Health Care Facility	<input type="checkbox"/>
Proof of Payment Source, Application, Guarantee From Health Care Facility	<input type="checkbox"/>
Correspondence to Family, Significant Others, etc.	<input type="checkbox"/>
Tax Returns for Prior 3 Years	<input type="checkbox"/>
Escrow Documents From Sale of Real Property During Current Tax Year	<input type="checkbox"/>
Copies of Invoices Due, Notes Payable, etc.	<input type="checkbox"/>
Copies of "No Funds" Letters Sent to Creditors	<input type="checkbox"/>
All Other Pertinent Information, Documents Or Correspondence That Will Assist in Identifying and Finding Family or Assets of the Estate.	