



Clark County Social Service
Instructions for Persons Applying for Assistance
The Attached Forms Must Be Completed In Ink or Ball Point Pen

Complete the following information.
Sign the Certification and Release of Information before you see the worker.

Intake Procedures:

Return this packet, including the job search forms and the landlord letter, any weekday during office hours. **ALL OFFICE HOURS ARE 8 AM TO 5 PM MONDAY - FRIDAY**

Office	Address	Days	Hours
Pinto	1600 Pinto Lane, Las Vegas Phone: 455-4270	Monday-Friday	8:00 a.m.- 5:00 p.m.
Community Resource Center	2432 N. Martin Luther King Blvd., North Las Vegas Phone: 455-7208	Monday-Friday	8:00 a.m.- 5:00 p.m.
Cambridge Annex Office	3885 S. Maryland Pkwy. Phone: 455-8639	Monday-Friday	8:00 a.m.- 5:00 p.m.
Cambridge	3900 Cambridge St., Suite 208, Las Vegas Phone: 455-8687	Monday-Friday	8:00 a.m.- 5:00 p.m.
Henderson	522 E. Lake Mead Parkway Suite #35 Phone: 455-7918	Monday-Friday	8:00 a.m.- 5:00 p.m.
Fertitta	1504 N. Main Street Las Vegas NV Phone: 455-1990	Monday-Friday	8:00 a.m.- 5:00 p.m.

General Information:

- We don't know how long it will take to be seen. Please come prepared to wait (bring medication, food, formula, diapers, etc.).
- Truthfully answer all questions and provide requested verifications. If you do not, you may be denied assistance.
- Bring all necessary verifications to save you from making additional trips to the agency.
- Please notify the receptionist if you are feeling sick.
- Turn in the job applications only where jobs are now available or will be filled within the next few weeks. Potential employers **will be called** to verify your applications.
- Find your own place to live **that includes utilities**. Your landlord must complete the residence verification form.
- Your caseworker must be able to verify your rental situation **by telephone**.
- To receive financial assistance, you may be required to participate in a **work program**.

Please review the following list.
You will need to bring the following verifications:

- **Identification** - For each household member. Two (2) forms of ID are required. One (1) must be a valid photo ID. Birth certificate, Social Security card, shot records, a baptismal certificate for children.
- **Income** - For the last three (3) months. Wage stubs, unemployment, loans, family/friend contributions, TANF, child support, VA payments, Social Security, pensions, annuities, property rentals, utility allowance.
- **Residency** - Where you live. Provide your lease agreement and last rent receipt, or house payment. If you live with a friend or family member, have them write a statement regarding your living arrangement and bring their rent receipt.
- **Assets** - Checking, Savings, and other (CD, IRA) bank accounts: last three (3) statements and current balance. Contents and location of safety deposit boxes.
- **Disability Statement** - Dated within last 30 days. A doctor's statement that identifies your medical problem, expected duration, and addresses your ability to work.
- **Job Searches** - Please use the job search forms. Read the form instructions carefully so that additional job searches will not be required before assistance can be issued. Ten (10) job applications within past 30 days are required. 40 job applications for returning clients.
- **Lawsuits** - Pending lawsuits or other legal actions. Papers documenting the action.
- **Lump Sum Awards** - Received in the last 36 months. Examples include auto accident settlements, gambling winnings, retroactive payments from Social Security, Workman's Compensation, inheritances, tax refunds, etc.
- **Property / Land** - Owned or sold within the last 36 months. Includes property out of state. The current value of property or proof of amount received from the sale and date of sale.
- **Insurance Policies** - Medical, burial, or life insurance policies, including face values, loan values, and cash surrender values. Proof of policy numbers, names, addresses and phone numbers of insurance companies.
- **Debts** - All current debts and receipts for all payments made in the last three (3) months. Utilities, auto payments, credit cards, student loans, etc. Last three (3) statements from charge cards. Balances owed on all debts.
- **Medical expenses** - Paid and unpaid within the last three (3) months. Receipts for prescriptions. Payments to medical providers. Bills from medical providers.

- **Divorce Decrees / Custody Agreement / Guardianship papers.**
- **Registration Certificates** - Each vehicle, boat, motor home, travel trailer, etc. Current registration certificates.
- **Business Records** - Last three (3) years tax returns and incorporation papers.
- **Other Assets** - Currently owned or held within the last 36 months. Proof and value of all other assets.
- **Immigration Status** - Proof of immigration status. The original affidavit of support by sponsor. If in the U.S. less than five (5) years, your sponsor should accompany you. Eligibility is determined on your sponsor's income and financial situation.
- **Immediate Family** - Names and addresses of spouse, parents, siblings and adult children.

If your spouse or significant other is unable to come into the agency due to employment or medical circumstances, you will need to complete the Authorized Representative Designation section of the Certification and Release of Information form on the last page of this packet. Your spouse/significant other may be required to come in at a later date.

You may be required to apply for assistance from any of the following programs before CCSS eligibility can be determined.

- ◆ **TANF** - You must have had your interview with Nevada State Welfare before you can be considered pending their programs.
- ◆ **Unemployment Insurance Benefits (U.I.B.)**
- ◆ **Supplemental Security Income (SSI)**
- ◆ **Social Security benefits (Retirement, Survivor's, Disability, etc.)**
- ◆ **Medicaid**
- ◆ **Veteran Benefits (VA)**
- ◆ **Workman's Compensation**

Note: Your caseworker will inform you of any other verifications needed depending on your specific case.



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CLARK COUNTY SOCIAL SERVICE Household Information

**Please complete this form to the best of your ability.
All information should be printed as clearly as possible.**

1. Please complete the following information for all persons residing in the household. **Include your spouse's information *whether they live with you or not.***

Name	Sex M/F	Date of Birth	Birthplace	Marital Status	Social Security Number	Relation to You	Living with you?
						SELF	N/A
						SPOUSE	

Address _____ Phone #: _____

2. Please check () the kind of assistance you are applying for today:

Financial	Medical	Transportation	Other (Please Specify)
<input type="checkbox"/> Rent/Mortgage	<input type="checkbox"/> Clinic Visit	<input type="checkbox"/> Local	_____
<input type="checkbox"/> Utilities	<input type="checkbox"/> Prescriptions	<input type="checkbox"/> Out of State	_____
	<input type="checkbox"/> Hospital Bill		_____

- | | | |
|--|--------------------------|--------------------------|
| | YES | NO |
| 3. Has anyone in your household ever served in the military? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have any unpaid hospital bills? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has anyone in your household received a lump sum of money in the past 36 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Has anyone sold, traded, given away money, vehicles, property other resources, or closed any bank accounts in the last 36 months? | <input type="checkbox"/> | <input type="checkbox"/> |

7. Please check () any program(s) for which you have applied, or are now receiving. How much do you get from these sources?

- | | | | |
|--|----------|---|----------|
| <input type="checkbox"/> Social Security benefits | \$ _____ | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) | \$ _____ |
| <input type="checkbox"/> Supplemental Security Income | \$ _____ | <input type="checkbox"/> Food Stamps | \$ _____ |
| <input type="checkbox"/> Retirement Pension | \$ _____ | <input type="checkbox"/> Child or Spousal Support | \$ _____ |
| <input type="checkbox"/> Veteran's Administration (VA) | \$ _____ | <input type="checkbox"/> Nevada Medicaid (CHAP, MAABD, QMB, SLMB) | |
| <input type="checkbox"/> Unemployment Benefits | \$ _____ | <input type="checkbox"/> Lawsuit Pending (Attorney: _____) | |
| <input type="checkbox"/> Workman's Compensation | \$ _____ | <input type="checkbox"/> Medical Coverage (Insurance, Medicare, HMO) | |
| <input type="checkbox"/> Wages/Tips from Employment | \$ _____ | <input type="checkbox"/> Other (Please specify): _____ | |

8. Have you been cut off any of the above programs? YES _____ NO _____
Which program? _____ When? _____

9. What is your total monthly household income? _____

10. Where have you lived for the last three (3) years?

Street Address	City and State	Date From	Date To

11. Where have you worked for the last three (3) years?

Employer's Name / Address	Occupation	Pay rate	Date From	Date To

12. Where has your spouse worked for the last three (3) years?

Employer's Name / Address	Occupation	Pay rate	Date From	Date To

13. List all family members (parents, siblings, adult children) and other emergency contacts.

Name	Relationship	Address	Phone

14. Do you or does anyone in your household have any of the following resources?

- | | |
|--|---|
| <input type="checkbox"/> Savings Account | <input type="checkbox"/> Checking Account |
| <input type="checkbox"/> Credit Union Account | <input type="checkbox"/> Burial Funds |
| <input type="checkbox"/> Savings Bonds | <input type="checkbox"/> Life Insurance Policies |
| <input type="checkbox"/> Vehicle(s) | <input type="checkbox"/> Cash on Hand |
| <input type="checkbox"/> Stocks/Bonds | <input type="checkbox"/> Trust Funds |
| <input type="checkbox"/> Individual Retirement Accounts (IRA) | <input type="checkbox"/> Keogh Accounts (401k) |
| <input type="checkbox"/> Certificates of Deposit (CD) | <input type="checkbox"/> Christmas Club Account |
| <input type="checkbox"/> Individual Indian Money Accounts (IIMM) | <input type="checkbox"/> Other Account Type |
| <input type="checkbox"/> Other Houses, Land or Buildings | <input type="checkbox"/> Promissory Notes or Contracts |
| <input type="checkbox"/> Life Estates / Life Leases | <input type="checkbox"/> Mining Claims |
| <input type="checkbox"/> Land / Mineral Rights | <input type="checkbox"/> Safe Deposit Boxes |
| <input type="checkbox"/> Business Checking Account | <input type="checkbox"/> Business Equipment / Inventory |
| <input type="checkbox"/> Livestock / Horses | <input type="checkbox"/> Other _____ |



Clark County Social Service (CCSS) Certification and Release of Information

To the best of my knowledge, and under the penalties of perjury, I declare that all information provided by me is true and correct. I will not sell, trade, willfully misuse or destroy any supplies / services given to me. I will notify Clark County Social Service (CCSS) whenever there is any change in my circumstances that might affect my eligibility for assistance.

I am aware that if I am denied assistance, I can appeal the decision. I am also aware that if I do not provide all required documentation within 30 days of submitting this application, my application will be withdrawn.

I hereby authorize CCSS to make any investigation concerning me or other members of my household / service unit which is necessary to determine eligibility for any benefits I have or will receive under programs administered by Clark County Social Service.

I hereby authorize and consent to the release of any and all information concerning me and my household/service unit members to CCSS by the holder of the information, regardless of the manner or form held, including, without limitation, information considered to be confidential by law or otherwise. I also authorize CCSS to give any other governmental agency (local, state, or federal) information necessary to determine my/our eligibility for assistance from either CCSS or the other governmental agency. I hereby release the holder of such information from liability, if any, resulting from the disclosure of the required information. **A REPRODUCED COPY OF THIS AUTHORIZATION LEGALLY CONSTITUTES AN ORIGINAL COPY.**

Signature (Head of Household)	Date	Signature (Spouse)	Date
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WITNESS: (Use if any applicant cannot read, write, and / or is blind).

I, _____, have witnessed that the above Certification and Release of Information Statement was read to the applicant and have witnessed the signature(s).

Signature / Date	Address
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Department of Social Service

Tim Burch, Interim Director

Bobby J. Gordon, Acting Assistant Director • Sandy Jeantete, Assistant Director

1600 Pinto Lane • Las Vegas NV 89106
(702) 455-4270 • Fax (702) 455-5950 • www.ClarkCountyNV.gov



Behavioral Contract

Clark County Social Service (CCSS) will strive to provide all services for which you may be eligible in an atmosphere that is both safe and comfortable for staff and all customers.

The following "Behavioral Contract" is an agreement by which customers must abide in order for staff to assist you in qualifying for all the benefits for which you may be eligible.

Clark County Social Service employees will:

- Make every effort to address your needs and eligibility for CCSS programs.
- Provide respectful and courteous service
- Act in a professional manner
- Abide by the policies and regulations of assistance programs offered.

Every Customer will:

- Treat staff with courtesy and respect.
- Speak in a moderate toned voice at all times.
- Make no derogatory, discriminatory or sexually inappropriate statements.
- Make no threats of violence, nor act in a violent manner towards staff.
- Refrain from consuming alcoholic beverages or illicit drugs immediately before and/or during a visit to any CCSS office.
- Abide by the policies and regulations of programs for which you are applying.
- Maintain appropriate behavior at all times in a CCSS lobby or in an individual worker's office.

(See next page for Sanctions & Signatures)

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Sanctions

Failure to abide by the above behavioral requirements could result in services being denied. You may also be banned from all CCSS offices until such time you are able to conduct yourself in an appropriate manner.

Notice of Sanctions—given to every customer who begins to exhibit loud, rude or hostile behavior. And to applicants who become un-cooperative with workers who are trying to assist them. After receiving copy of this contract, client may be asked to leave the office and return another day.

30 Day Sanction—imposed upon customers who act in a hostile manner and security guards are called to escort them out of a Social Service office.

60 Day Sanction—imposed upon customers who act in a violent manner and require the police to be called to remove them from Clark County Social Service offices.

Permanent Sanction—imposed on customers who threaten employees or exhibit violent/aggressive behavior such as throwing things, grabbing papers from an employee, etc. If permanently banned from Social Service offices, you will be required to conduct all business with the agency by mail.

By signing this contract, you the customer are acknowledging that you have been informed of and you understand what is and is not acceptable behavior when applying for services at any CCSS office. You are also aware of the possible consequences of not abiding by this contract.

_____	_____	_____	_____	_____
Client	Date	CCSS Representative	Title	Date

Signed copy to be scanned and added to customer/client file—"SANCTIONS/SECURITY" Category.

Customer may receive a copy for their records.

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