



Operated by: Clark County Social Service
 2820 W. Charleston Blvd. Suite B-15
 Las Vegas, Nevada 89102
 Phone: 702.455.0468
 Fax: 702.822.1203

REQUEST FORM

Please Print:

Youth Name: _____ Request Date: _____
 Phone: _____ Last Four of SSN: _____ D.O.B. _____ Age: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Check payable
 and mailed to: _____
 DELIVER to CCSS Worker at: _____
 Receipts are required for all funds disbursed.

In Foster Care Youth

- | | |
|--|---|
| <p>1. <input type="checkbox"/> Graduation Stipend (Must have Diploma/GED on File
(Must have signature of your case worker))</p> <p>2. <input type="checkbox"/> Other: _____</p> | <p>7. <input type="checkbox"/> Vocational Services (Job Training, Health /
Sheriff's card, Work Clothing)</p> <p>8. <input type="checkbox"/> Transportation (Buss Pass - Las Vegas area only)</p> |
| <p>3. <input type="checkbox"/> Self Sufficiency Start Up Personal Stipend</p> <p>4. <input type="checkbox"/> Graduation Stipend</p> <p>5. <input type="checkbox"/> Medical/Vision/Dental (provide denial letter
from Medicaid)</p> <p>6. <input type="checkbox"/> Educational Assistance</p> | <p>9. <input type="checkbox"/> Emergency Needs _____</p> <p>10. <input type="checkbox"/> Other: _____</p> <p>11. <input type="checkbox"/> Rent Stipend (must have copy of lease, school
schedule and/or pay stubs)</p> <p>12. <input type="checkbox"/> Fees and Deposits (must have written copy of
move in date & fees to move in, school schedule and/or
pay stubs)</p> |

\$ _____ For item # _____	\$ _____ For item # _____	\$ _____ For item # _____
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Please explain your reason for this request:

_____ Signature of Youth (optional)	_____ Date	_____ Signature of DFS Worker (Required for In-Care Requests)	_____ Date
_____ Signature of CCSS Department Designee	_____ Date	_____ Signature of CCSS Supervisor Required for emergency & pick-ups	_____ Date

If the request is denied, you have the right to request an appeal to the decision. Appeals must be made in writing, to Clark County Social Services within 10 days of denial date. _____(Initial)