



Operated by:
Clark County Social Service

2820 W. Charleston Avenue, Suite B-15
Las Vegas, Nevada 89102
Phone Number (702) 455-0468
Fax Number (702) 822-1203

STEP-UP AB350 APPLICATION

Today's Date: _____ Full Name (Legal): _____

Independent Living (IL) Worker _____

Date of Birth: _____ Age: _____ SS#: _____

Email Address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone :_(_____) _____ Cell Phone :_(_____) _____

Is it okay to leave a message for you at the numbers listed above? Check: YES / NO

Do you have children? Yes No

Are you currently pregnant or expecting a child? Yes No

Do you have a documented disability Yes No

Are you receiving Social Security/SSI? Yes No

Are you currently in school: Yes No

Please read and initial each of the following statements:

_____ (initial)	I will cooperate with the requirements of the Step Up program.
_____ (initial)	I plan to spend the funds given to me by the Step Up program in a legal manner.
_____ (initial)	I understand that purchasing tobacco products and alcohol purchases with Step Up money is prohibited.
_____ (initial)	I understand that if I am denied funds, I have a right to request an appeal to this decision, which must be made, in writing to Step Up, within 10 business days of the denial.



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In order to request stipend dollars, please complete the following information and provide the appropriate documentation:

Stipend Type (please check): Graduation/GED Move-In

Amount of Request #1: _____	Amount of Request #2: _____
Check Payable To: _____	Check Payable To: _____
Amount of Request #3: _____	Amount of Request #4: _____
Check Payable To: _____	Check Payable To: _____

ALL applications/requests must be accompanied by:

- Copy of photo identification
- Copy of Agreement to Continue Court Jurisdiction
- W-9s for all Payees

Graduation Stipend requests must be accompanied by:

- Copy of high school diploma or copy of GED certificate

Move-In Stipend requests must be accompanied by:

- Breakdown of fees, deposits, associated moving expenses

Please explain your reason this request:

_____	_____	_____	_____
Signature of Applicant	Date	Signature of IL Worker	Date

_____	_____	_____	_____
Signature of Step Up Worker	Date	Signature of Step Up Mgr	Date
		(Required for emergencies & pick ups)	

For Office Use Only: Case #: _____ Pin #: _____ Application #: _____
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