



REQUEST FORM

Please Print:

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

In Foster Care Youth

- 1. Graduation Stipend (Must have Diploma/GED on File)
2. Other:
7. Vocational Services (Job Training, Health / Sheriff's card, Work Clothing)

Out of Care Foster Youth

- 3. Self Sufficiency Start Up Personal Stipend
4. Graduation Stipend
5. Medical/Vision/Dental (provide denial letter from Medicaid)
6. Educational Assistance
8. Transportation (Buss Pass - Las Vegas area only)
9. Emergency Needs
10. Other:
11. Rent Stipend (must have copy of lease, school schedule and/or pay stubs)
12. Fees and Deposits (must have written copy of move in date & fees to move in, school schedule and/or pay stubs)

\$ For item # \$ For item # \$ For item #

Please explain your reason for this request:

Three horizontal lines for text input.

Signature of Youth (optional) Date Signature of DFS Worker (Required for In-Care Requests) Date
Signature of CCSS Department Designee 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.