

When you have completed your application please call **293-6528** for an **appointment** to return your application. During this appointment an interview will be conducted that will take approximately 30-60 minutes.

This is a very boring process for children and **children are not allowed** during the interview process. Please plan accordingly.

ALL REQUIRED DOCUMENTS

From the following page must be presented with the application.

It is

YOUR RESPONSIBILITY

to submit your application

COMPLETE

And with all required documents.

**ANYTHING MISSING IS AN
AUTOMATIC DENIAL.**

**You will be allowed one resubmittal of your
incomplete application within a 3 month period.**

Dear Client:

The assistance you have requested is **Grant Funded**. Each grant has its own requirements and guidelines. Put N/A where needed. **DO NOT** leave anything blank. Application **MUST BE COMPLETE** or it is an **AUTOMATIC DENIAL**.

To speed the process regarding your application the following checked items are required:

Once **ALL** the necessary documents are received a **minimum of 24 hours** is needed to process your application.

- **WRITTEN** verification from Job Connect you are registered and looking for work. (our form provided)
OR
- Proof of Income (past 30 days gross income, all members of household & all types of income). We may request your **MOST current INCOME TAX RETURN**. *Social Security, Supplemental Security Income, Worker's Compensation, Unemployment Benefits, Veterans Benefits, Retirement/Pensions, Child Support, Alimony, TANF or other Government Payments General Assistance, Educational Income.*
- I.D. (picture preferred) for **all ADULTS in household**. *Driver's License, Gov. Issued ID Card, Military Card, U. S. Passport, Certificate of Naturalization, Certification Degree of Indian Blood, Certification of U.S. Citizenship, Certified Original U.S. Birth Certificate, School Identification.*
- Proof of Nevada Residency. *Leases or Rental Agreement, Rent Receipt, Mortgage Statement, NV Driver License, NV Voter Registration, Statement regarding homeless situation.*
- **BIRTH CERTIFICATE & SOCIAL SECURITY CARD** for **all ADULTS & CHILDREN in the home**.
- Utility Deposit-Lease/Rental agreement or a letter from the landlord that shows the following: move in date, address, how many adults and how many children will reside in the residence.
- For late rent you must have an **EVICTION NOTICE, No Exceptions!** The landlords name, mailing address and telephone number are required on the notice.
- Final or shut off notice on a utility account must **be in the name of person applying. NO Exceptions!**
- Security Deposit. *Rent/lease agreement must state the amount of deposit, how many in family, address and to whom it is to be paid. If the agreement states it can be used towards last month's rent you will be denied. The last month's rent is not an approved use of the grant funds.*
- **WRITTEN** reason(s) that caused the need for assistance – *Such as increased expenses, drop in income, or unanticipated medical expenses etc.? (State on application or on separate piece of paper).* **Ran out of money is not a reason.**

I have read and understand this fully. If required information is not received with application it is an AUTOMATIC DENIAL OF SERVICES.

Signature

White Pine County Social Services - 297 11th Street East Suite 7, Ely NV 89301/293-6528

Date

Rev 04-21

White Pine County Social Services Application

APPLICATION MUST BE FILLED OUT COMPLETELY, OR ASSISTANCES WITH BE **DENIED**

Please circle for General Assistance or Indigent Medical

Name:	SSN:	Date of Birth:	
Mailing Address:	City:	State:	Zip:
Physical Address:	City:	State:	Zip:
Home Phone:	Work, Message or Cell Phone:		
Previous Address:	City & State:		
() Previously Rented () Previously Owned () Other	Relationship if not owner:		
Past 30 day gross income (before deductions)	Employer or Source(s) of Income: (Wages, Child Support, SSI, TANF, Unemployment) List each source.		

ENTER FOR ALL PERSONS IN THE HOME:

Type	Owner	Yes	No	Financial Organization & Address	Account Number	Value
Checking Account						
Checking Account						
Saving Account						
Credit Union Account						
Christmas Club						
Trust Account						
Safe Deposit Box						
Saving Bonds						
Stocks or Bonds						
Time Certificates						
IRA, Keogh, Retirement						
Funeral Plan						
Cash/Other						

Applicant – Veteran:	[] Yes	[] No	[] VA Benefits
Medical Insurance:	[] Yes [] No	[] Medicaid [] Medicare	[] Private Insurance
Spouse:	[] Medicaid	[] Medicare	[] Private Insurance
Dependents:	[] Medicaid	[] Nevada Check-Up	[] Private Insurance
Do you own a vehicle?	[] Yes	Make: Model:	Year: [] No
Are you purchasing a vehicle?	[] Yes	[] No	Monthly payment \$
Are you actively looking for work?	[] Yes	[] No	Why?
Does anyone have a life insurance policy?	[] Yes	[] No	

Household Members (ADULTS)	D.O.B	Age	Relationship	Social Security #	*Race	*Hispanic Yes/No	Highest Grade Completed if 25 or over
Children	D.O.B	Age	Relationship	Social Security #	*Race	*Hispanic Yes/No	
Other							

*Race: White, Asian, Black, Native American / Any with Hispanic background

Does anyone pay someone to babysit children or care for disable adult listed above?

Yes No Amount (weekly, bi-weekly, monthly) \$_____ Day of week paid_____

Caregiver Name _____ Address _____

Phone _____

Do you receive TANF: <input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Amount TANF:
Food Stamps: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	Monthly Amount Food Stamps:
Housing: <input type="checkbox"/> Own/Buying <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Other, please specify:	_____

Have you sought assistance from your own resources, such as: personal property, family or friends?

<input type="checkbox"/> Yes <input type="checkbox"/> No If No, Why Not?

What is your priority need at this time?

- Food Rent Assistance Security/Utility Deposit Transportation-work related
 Dental Medical/Medication Catching up on Utilities Other

Explain: _____

What *caused* the need for this assistance? If left blank will result in **automatic denial** of services requested.

Please explain & be specific (not just lost job): _____

Exactly how will this assistance help you?

*Please explain: _____

List past 3 jobs held, dates worked & reason for leaving for everyone in the household over 18 years of age.

Which Household Members	Employer, Address & Phone	Started	Ended	Hours Per-Week	Reason for Leaving

Does anyone work in exchanged for benefits such as shelter/rent, etc.? Yes No Value \$

When did you move to **Nevada?** _____ To **White Pine County?** _____

Are you a **Legal U.S. Citizen?** Yes No

Does anyone have a **Green Card** or on a **Work Visa?** Yes No

Has Anyone in the Household Applied for or Receiving Any of the Following:

Type of Assistance	Yes	No	Who
Food Stamps			
Indian Commodities			
WIC			
Welfare/Medical			
Food Bank Benefits			
Commodities			
Temporary Aid for Needy Families – TANF			

Complete for **Each Member** of the **Household**:

What Services	Receiving		Applied For		Who	Amount
	Yes	No	Yes	No		
Child Support/Alimony						
Unemployment						
SSI (Supplemental Security Income)						
Social Security Income						
\$ Rec'd for Education (Grants)						
VA Benefits						
Indian General Assistance						
Military Allotment						
Money from Relatives						
Disability (SIIS, Rehab, etc.)						
Retirement, Pensions						
Interest (Stocks, Bonds)						
\$'s from Rentals						
Utility Allowance						
Boarders/Roommates						
TANF						
Any other Income:						

Have you or any member of the household had any assets such as cash, property, vehicles, bank accounts within the past 30 months that are no longer owned? [] Yes [] No

What was it? _____ Who Owned it? _____ Value \$ _____

Reason for no longer owning it. _____

Money received for it _____ When _____ Is there a balance still due to you? [] Yes [] No

Do you current have Nevada Identification? [] Yes [] No And proof of residency? [] Yes [] No

Are you willing to enter into a **Case Management** program and work with a **Case Worker** to obtain self-sufficiency? [] Yes [] No

Are you willing to enter into **programs and classes** deemed necessary in order to obtain assistance? [] Yes [] No

Are you willing to enter into **Goal Plan** assistance? [] Yes [] No

I hereby state that the **above information is true and correct** and the monthly costs below are an average estimate of my monthly expenses. I agree that this information may be furnished to other agencies directly associated with this program. I understand that if any of the **above information** provided is found to be **false, misleading, or a misrepresentation** of the facts I will be found **ineligible and denied services for on (1) year.**

Applicant Signature

Date

List These Costs Per-Month (Average)

This listing will assist us in determining how we can assist you in meeting all your needs.

Type	Total	Your Share	Who Else Pays	Do they Pay you Directly	
				Yes	No
Rent/Lease or Mortgage					
Lot or Space Rent					
Property Taxes (Paid Separately)					
Insurance (home or rental)					
Electricity					
Propane					
Wood/Heating Fuel					
Telephone (House)					
Telephone (Cell)					
Water & Sewer					
Garbage					
Vehicle Payment					
Vehicle Insurance					
Gasoline for Vehicle					
Medical Expenses					
Prescriptions					
Food					
Entertainment					
Clothing					
Internet					
Children's Activities					
Childcare					
If purchased School Lunches					
Medical/Life Insurance					
Pet Expenses (Food, Vaccinations)					
Credit Card/Store Accounts					
Alcohol					
Tobacco					
Monthly Membership					
Debt Owed to Others					
Child Support/Alimony					

White Pine County
297 11th Street East
Suite 7
Ely, NV 89301

Phone: (775) 293-6528
Fax: (775) 289-2405

White Pine County Social Services

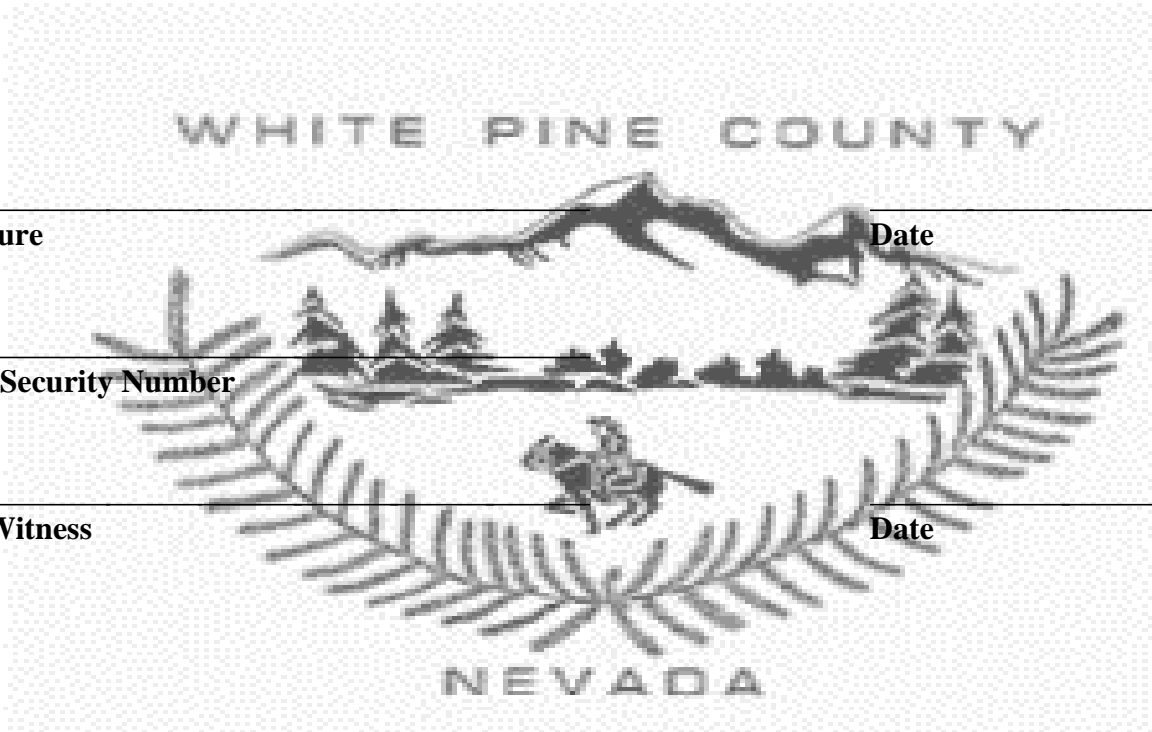
Authorization for Release of Information

I understand that an investigation may be made in which information regarding my financial, medical, employment, or any other applicable situation may be received in consideration for assistance from White Pine County Social Services. I authorize anyone possessing this information to furnish it to White Pine County Social Services upon request, and I release White Pine County Social Services from all liability and damages whatsoever in furnishing, obtaining or using said information.

I authorize any health professional or healthcare facility to release to White Pine County Social Services, any information with respect to myself that may be related to me gaining assistance from White Pine County Social Services, including any relevant review of drug, alcohol, or psychiatric treatment.

I fully understand that my healthcare records will be used in accordance to all HIPAA rules and regulations and that White Pine County Social Services does not have the authority to share my healthcare records with any other agency without my written consent.

I certify that all statements are true to the best of my knowledge, and I agree and understand that any misstatements or omissions of material facts on my part may result in a suspension or denial of services and/or prosecution even after I have received assistance from White Pine County Social Services.



Signature _____ **Date** _____

Social Security Number _____

Staff Witness _____ **Date** _____



PRIVACY NOTICE

White Pine County Social Services will not disclose non-public, personal information to any non-affiliated third party except as required by law.

OR

With the client's written permission.

Client information will not be accessible to any persons other than authorized Services Provider Personnel, or Authorized Personnel for White Pine County, HUD, CSBG, WSAP or CARE (Mt. Wheeler Power), or other partnering agencies for eligibility, Compliance Monitoring and/or Audit purposes.

COMPLAINTS:

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

**Desiree Barnson
White Pine County
Social Services Director
297 11th Street East, Suite 7
Ely, NV 89301**

IF you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address.

You will not be penalized or otherwise retaliated against for filing a complaint. We can only improve what and how we do it with your feedback.

Acknowledged Receipt: _____

Date: _____