



Clark County Social Service Assistance Application

Customer Service Call Center: (702) 455-4270

This application must be filled out completely, you must also sign the Certification and Release of Information, Behavioral Contract and Reimbursement Agreement Forms which are included in this packet.

ALL OFFICES ARE OPEN MONDAY THROUGH FRIDAY 7:30 AM TO 5:30 PM

Office	Location
Pinto	1600 Pinto Lane, Las Vegas, NV 89106
Community Resource Center	2432 N. Martin Luther King Boulevard, North Las Vegas, NV 89032
Cambridge Annex	3885 South Maryland Parkway, Las Vegas, NV 89119
Henderson	1291 Galleria Dr, Suite 170, Henderson, NV 89014
Senior Services	1600 Pinto Lane, Las Vegas NV 89106 For more information please call (702) 455-8687

General Information

- Clark County Social Service most commonly provides assistance for rent, utilities, and transportation.
- Your application will be assigned to a Social Service Worker who will contact you to schedule an interview.
- On your scheduled interview date and time, your eligibility for assistance will be determined. You will need to provide all documents and verifications requested during the interview.



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Phone: (702) 455-4270

Please complete this form to the best of your ability and print as clearly as possible. Please ensure that you have included contact information.

1. Household information: Please provide the following information for all immediate family members, significant others (**Only** if you have a child or children in common), and U.S. citizen sponsors.

Street Address: _____ Phone: _____

City, State, Zip: _____ Email: _____

Relationship	Name	Male/ Female	Date of Birth	Place of Birth (City/State)	Marital Status	Social Security Number	Citizen Y/N?	Ethnicity
SELF								

2. Please (✓) check what type of assistance for which you are applying:

Financial: _____ Transportation _____ Other: _____

Rent/Mortgage

Utilities

Homeowner fees

Real estate taxes

3. Has anyone in your household ever served in the military? Yes No

If yes, please complete additional information below:

Branch: _____

Year entered military service: _____

Year separated from military service: _____

Discharge status: _____

Did you serve in a theater of operations? Yes No

If yes, name of theater of operation _____

4. Has anyone in your household received a lump sum of money in the past thirty-six (36) months? Yes No
5. Has anyone sold, traded, pawned, or given away: money, vehicles, property, other resources, or closed any bank accounts thirty-six (36) months? Yes No
6. Please (✓) check all programs listed below that you have applied for or are now receiving. If you are getting the benefit, indicate how much you are receiving.

<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: _____	
Gross annual income	\$ _____		

7. Are you pending any of the above programs? Yes No
If yes, which programs? _____
8. Have you been cut off any of the above programs? Yes No
If yes, which programs? _____ When? _____
9. What is your total monthly household income? _____
10. What is your current employment status? _____
How long have you been employed? _____
11. Where have you worked for the last three (3) years?
(If you have not worked in the last three (3) years, list your last employer)

Begin date: _____	End date: _____	Employer's Name: _____
Pay Rate: _____	Occupation: _____	Address: _____
Begin date: _____	End date: _____	Employer's Name: _____
Pay Rate: _____	Occupation: _____	Address: _____
Begin date: _____	End date: _____	Employer's Name: _____
Pay Rate: _____	Occupation: _____	Address: _____

12. Where has your spouse worked for the last three (3) years?
 (If your spouse has not worked in the last three (3) years, list his/her last employer)

Begin date: _____	End date: _____	Employer's Name: _____
Pay Rate: _____	Occupation: _____	Address: _____
Begin date: _____	End date: _____	Employer's Name: _____
Pay Rate: _____	Occupation: _____	Address: _____
Begin date: _____	End date: _____	Employer's Name: _____
Pay Rate: _____	Occupation: _____	Address: _____

13. List all emergency contacts (parents, siblings, adult children, friends, etc.):

Name: _____	Relationship: _____	Phone: _____
Address: _____ City, State, Zip: _____		
Name: _____	Relationship: _____	Phone: _____
Address: _____ City, State, Zip: _____		
Name: _____	Relationship: _____	Phone: _____
Address: _____ City, State, Zip: _____		

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"/> Certificate of Deposit (CD) | <input type="checkbox"/> Christmas Club Account |
| <input type="checkbox"/> Individual Indian Money Account (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 | <input type="checkbox"/> Other: _____ |

None of the above. (No one in the household has any of the above listed resources) initials: _____



Department of Social Service

1600 Pinto Lane • Las Vegas NV 89106-4309
(702) 455-4270 • Fax (702) 455-5950

Timothy Burch, Administrator

Kristin Cooper, Deputy Director • Randy Reinoso, Deputy Director • Margaret LeBlanc, Deputy Director



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 CCSS.

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

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: _____

City, State, Zip: _____

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Date: _____

Notice Nbr: _____

Claim No: _____

Case No: _____

D.O.B.: _____

SSN No: _____

REIMBURSEMENT AGREEMENT

FOR AND IN CONSIDERATION OF all Services rendered or to be rendered to:

Client _____, CCSS ID _____, by the CLARK COUNTY DEPARTMENT OF SOCIAL SERVICE, I _____ promise to reimburse said

CLARK COUNTY the TOTAL charges incurred for all services received, should I acquire sufficient financial ability to do so, from sources such as:

- Settlement from a Lawsuit
- Receipt of Unemployment Benefits
- Other Lump Sum Payments (e.g. Gambling Winnings, Inheritances, Lottery Winnings, etc.)
- Receipt of Disability Benefits
- Insurance Claim

NOTE: This is not an all inclusive list and, regardless of the actual source of the funds, I promise to reimburse Clark County Social Service. Reimbursement is normally not sought from wages, except in the case of documented fraud.

Witness Signature

Signature of Responsible Party

Witness Printed Name

Printed Name of Responsible Party

Address

City State Zip

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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 you must abide in order for staff to assist you in qualifying for benefits.

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 the assistance programs for which you are applying.
- Maintain appropriate behavior at all times in CCSS lobbies/waiting rooms, an individual worker's office or client's residence.

(See next page for Client Sanctions & Signatures)

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Sanctions

Failure to abide by the 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.

Clients can request and submit complaint forms through front desk staff, an office lead, supervisor, or by speaking with the CCSS Ombudsman regarding concerns about the service they receive. Complaint forms are also available on the internet by searching "Clark County Ombudsman" and following the links to the complaint form for Clark County Social Service. Complaint forms can also be faxed to the Ombudsman at (702) 868-2544 or discussed by telephone at (702) 455-1046.

By signing this contract, you 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 Signature: _____

Date: _____

CCSS Staff: _____ Title: _____ Date: _____

Customer may receive a copy for their records.

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