



Lyon County Human Services
620 Lake Avenue, Silver Springs, NV 89429
(775) 577-5009 / (775) 577-5093 fax

Appointment Date: _____ **Time:** _____ **Advocate:** _____

Important:

- Please provide the office with **all** required documentation before or on your appointment date.
- Please arrive to your appointment on time as scheduled; otherwise you may be rescheduled for a later date.
- If you are not able to attend your appointment, please call in advance to reschedule or cancel.
- If you have any questions or concerns, please call the advocate at **(775) 577-5009 ext.** _____

Required Documentation

If you are unable to bring copies, please bring originals and our staff can assist with making copies.

- Verification of all income (**last 30 days**) for all household members
(Pay stubs, SSI/SDI, child support/alimony, retirement/pension, unemployment, etc.)
- Photo ID for all adults
- Social security cards or birth certificates for everyone in the household
- Copy of most recent utility bills including electric, gas, water, sewer and trash
- Proof of other assistance
(SNAP, Medicaid, Section 8 Housing, Energy Assistance Program, etc.)
- Copy of lease/rental agreement or mortgage statement
- Other documents requested by Human Services staff

Services

Family Development assists individuals with identifying resources, referrals, education, and support to help families become self-sufficient. Services and support includes: employment and career review, budgeting review, affordable housing options, financial review and resources, and access to other needed services and supports.

Employment Partnership provides individual support, resources, and referrals for the unemployed and underemployed to gain and retain employment. Services include: individual interactive employment sessions (Knowledge, Attitude, Skills, and Habits), community referrals to strengthen job possibilities, and individualized goals to meet unique needs of participants.



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 (775) 577-5009 / (775) 577-5093 fax

5 Pine Cone Rd, Ste. 103
 Dayton, NV 89403
 (775) 246-6326

460 W. Main Street, Suite 110
 Fernley, NV 89408
 (775) 575-1703

26 Nevin Way
 Yerington, NV 89447
 (775) 463-6583

Request for Services

Name: _____ Date: _____ Phone Number: _____
 Address: _____
 City: _____ County: _____ State: _____ ZIP: _____
 Email: _____ @ _____ . _____

Household Member Information – Use additional sheets if required

Check if referred by: **FASTT Program**
 MOST Program

	Household Member Name First, Initial, Last	Social Security Number Last Four Numbers XXX-XX-1234	Gender		Birth date	Age	Relation to Head of Household	Education*	Race**	Ethnicity***	Y-Yes or N-No		
			Female	Male							Disabled	Veteran	Health Insurance
1			<input type="checkbox"/>	<input type="checkbox"/>			SELF						
2			<input type="checkbox"/>	<input type="checkbox"/>									
3			<input type="checkbox"/>	<input type="checkbox"/>									
4			<input type="checkbox"/>	<input type="checkbox"/>									
5			<input type="checkbox"/>	<input type="checkbox"/>									
6			<input type="checkbox"/>	<input type="checkbox"/>									
7			<input type="checkbox"/>	<input type="checkbox"/>									

*Education: List number for grade last completed; D - HS Diploma; SC - Some College; AA - Associates; BA - Bachelor's; MA - Master's; DO - Doctorate

**Race: A - Asian; B – Black or African American; N – Native American; P – Pacific Islander/Hawaiian; W – White, M - Multi-race

***Ethnicity: H – Hispanic; NH – Non-Hispanic

What is your most immediate need?

- Family Resources Utilities Rent
 Employment Other: _____

Please provide a brief description of your needs:

How did you hear about us? _____

Message or Emergency Contact: - Not in household

Name: _____

Relationship: _____

Address: _____

Telephone: _____

Family Type

- Single person
- Two parent family
- Single parent family (father figure only)
- Single parent family (mother figure only)
- Two adults/no children
- Foster family
- Other family type _____

Marital Status

- Never Married
- Married Living with Spouse
- Married Not Living with Spouse
- Living Together
- Divorced
- Widowed
- Other _____

Housing Status

- Own
- Rent
- Homeless
- Other: _____

Transportation

- Private Vehicle
- Relatives/Friends/Neighbors
- Public Transportation
- None
- Other _____

How long at current residence? _____

How many times has the family moved in the past 12 months? _____

Current Assistance - Is any member of the household currently receiving?

TANF EAP Medicaid Medicare Kinship Care Nevada Check-up

SNAP (Food Stamps)

Amount \$ _____

Date Began: ____/____/____

Date Ended: ____/____/____

Housing Assistance

Section 8 Subsidy

Amount \$ _____

Tribal Funded

Lyon County Assistance

Have you ever received assistance from Lyon County Human Services

Yes No Unsure

If yes: type of service _____

Date of service: _____

Monthly Income

Household income for all family members for the past 30 days (Employment, pensions, social security, disability, unemployment, etc.)		
Household Member Name	Source	Amount
Total monthly income for household		

Is Any Adult Currently Enrolled in College? Y / N

If yes who: _____
 Name of College: _____

If no, does a member plan on attending in near future? Y / N

If yes who: _____
 Name of College: _____ When: _____

Current Employment

Household Member	Employer	Begin Month/Day/Yr	Full-Time/ Part-Time	Permanent/ Temporary	Rate of Pay	Job Title

How many hours have you worked in the past 30 days? _____

How often are you paid?

- Weekly Bi-weekly Monthly Other _____

Work History (include last 12 months)

Household Member	Employer	Begin Date	End Date	Job Title	Rate of Pay	Avg Weekly Hours	Reason Left (Laid Off, Quit, Fired)

Monthly Expenses

	Company/Payee	Monthly Amount
Alimony/Child Support		
Cable/Satellite		
Car Payment		
Child Care		
Credit cards		
Electricity		
Garbage/Trash removal		
Gasoline		
Groceries		
Heating (Gas/Propane/Wood)		
Insurance		
Loan		
Medical Expenses		
Mortgage/Rent		
Other		
Space/Lot rent		
Telephone/Cell Phone		
Water/Sewer		
Total monthly expenses for household		

Assets

Source	Description/ Account Number	Value
Cash		
Checking Accounts		
Savings Accounts		
Funeral Plans/Trusts/Life Insurance		
Property (other than Residence)		
Residence		
Vehicles		
Other		

Total Value of Assets: \$ _____

Property

Sold any property in the last 3 years

Description _____

Value: _____ Date Sold ____/____/____

SIGNATURE AND AFFIRMATION

I agree to furnish any information Lyon County Human Services may require with respect to this application. I further agree to notify Lyon County Human Services of

- Any changes in my circumstances
- Any real or personal property transactions
- Change in income or other financial conditions
- Change in employment status of any member of the household
- Marriage of any of the children, or remarriage of either parent of the children
- Any change of address
- If a parent is absent from the home, any information regarding his/her address or whereabouts or his/her return to the home
- Any other information that may affect my application for assistance

I understand that failure to comply constitutes an act of fraud. I solemnly swear or affirm that the statements made within this application are true and correct to the best of my knowledge.

_____	_____	_____	_____
Applicant Signature	Date	Co-applicant Signature	Date

AUTHORIZATION TO FURNISH INFORMATION / RELEASE OF LIABILITY

I hereby authorize Lyon County Human Services to make any investigation concerning me, or other members of my household, which may be necessary to determine eligibility for any benefit. I have received or will receive under programs administered by this agency. I hereby authorize and consent to the release of any and all information concerning me, or any household members to Lyon County Human Services by the holder of the information, regardless of the manner of form held, including, without limitation, information made confidential by law or otherwise and patient information privileged under NRS 49.225 or any other provision of law or otherwise. I hereby release the holder of such information from liability, if any, resulting from the disclosure of the required information. Additionally, I authorize the agency to contact my employer(s) to obtain wage information. A reproduced copy of this application and authorization legally constitutes an original copy.

_____	_____	_____	_____
Applicant Signature	Date	Co-applicant Signature	Date