

Humboldt County Human Services
 County Welfare
 801 Fairgrounds Road
 Winnemucca, NV 89445
 (775) 623-6342

Date: _____

Office Use Only:	WSA _____	HMIS _____
Client Number	_____	
Approved _____	Denied _____	
PO # _____	Amount _____	

APPLICATION FOR ASSISTANCE

A. Service(s) Requesting

<input type="checkbox"/> Lodging/Housing	<input type="checkbox"/> Prescription	<input type="checkbox"/> Gas Voucher
<input type="checkbox"/> Utility Bill Assistance	<input type="checkbox"/> Laundry	<input type="checkbox"/> Burial/Cremation

B. Applicant / Household Information *Ethnicity: W-Caucasian, H-Hispanic, AA-African American, NA-Native American, O-Other

Name (First, Middle, Last)	Relationship to Applicant	Marital Status	Gender M/F	DOB	Disabled Y/N	Veteran Y/N	US Citizen Y/N	Ethnicity*	Social Security Number
	SELF								

Home Address (Street, City, State, Zip):	Email Address (Optional):
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How long at this address (Years, Months)?	How long have you lived in Humboldt County?	Are you currently homeless? If so, how long?	Phone Number or Message:
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C. Adult Information (Required for each adult in the household)									
Adult household member's name:					Adult household member's name:				
Last grade completed:					Last grade completed:				
Currently enrolled in school?					Currently enrolled in school?				
Place of birth:					Place of birth:				
Have you ever been convicted of a misdemeanor or felony?					Have you ever been convicted of a misdemeanor or felony?				
If so, explain conviction and when:					If so, explain conviction and when:				
If you have more than 2 adults in the household, please request addition sheet.									
D. Employment Information (Please fill out for all adults in household)									
Employer:					Employer:				
Salary:					Salary:				
Circle one: Full-time Part-time					Circle one: Full-time Part-time				
Employment Status: <input type="checkbox"/> Permanent <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary <input type="checkbox"/> No Job					Employment Status: <input type="checkbox"/> Permanent <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary <input type="checkbox"/> No Job				
If not currently working, are you looking for work? _____ If not, why?					If not currently working, are you looking for work? _____ If not, why?				
Please fill out past work history below beginning with present job.					Please fill out past work history below beginning with present job.				
Employer:	Dates:	Hourly Wage:	Hours per week:	Reason for Leaving:	Employer:	Dates:	Hourly Wage:	Hours per week:	Reason for Leaving:

E. Monthly Household Income							
Wages	\$	Food Stamps	Yes	No	Stocks/Bonds	Yes	No
TANF	\$	Grants (Pell)	Yes	No	IRA / 401K	Yes	No
Child Support	\$	WIC	Yes	No	Rental Property	Yes	No
Social Security – Retirement	\$	Commodities	Yes	No	Livestock	Yes	No
SSI / SSD	\$	Medicaid	Yes	No	Auto: Type?	Yes	No
Unemployment Payments	\$	Medicare	Yes	No	Auto: Type?	Yes	No
VA Benefits	\$	Private Insurance	Yes	No	Other: What?	Yes	No
Workers Compensation / SIDS	\$	LIHEA/EAP	Yes	No	Other: What?	Yes	No
Indian Assistance	\$	Life Insurance	Yes	No			
Total Monthly Income	\$	Burial Insurance	Yes	No			

F. Monthly Household Expenses (Fill in amounts)			
Rent/ Mortgage	\$	Auto Expense (Payment)	\$
Utilities	\$	Gasoline (per month)	\$
Food (not including food stamps)	\$	Clothing	\$
Medical & Prescriptions	\$	Personal Items	\$
Child Care	\$	Misc/Other	\$
Total Monthly Expenses	\$		

G. Bank Information – Required for all adults with an account			
If NO accounts, check box <input type="checkbox"/>			
Bank Name	Account Type	Name of Account Holder	Current Balance

H. Children Information (Fill out for each child in household)		If NO children in household, check box <input type="checkbox"/>	
Child's Name:	Grade:	Child's Name:	Grade:
Is child attending school? If yes, which school?		Is child attending school? If yes, which school?	
Type of School: Private <input type="checkbox"/> Public <input type="checkbox"/> Unsure <input type="checkbox"/>		Type of School: Private <input type="checkbox"/> Public <input type="checkbox"/> Unsure <input type="checkbox"/>	
If school age and not enrolled, what was the last date he/she was enrolled:		If school age and not enrolled, what was the last date he/she was enrolled:	
If school age and not enrolled, what is the reason they are not enrolled:		If school age and not enrolled, what is the reason they are not enrolled:	
Place of Birth:		Place of Birth:	
Child's Name:	Grade:	Child's Name:	Grade:
Is child attending school? If yes, which school?		Is child attending school? If yes, which school?	
Type of School: Private <input type="checkbox"/> Public <input type="checkbox"/> Unsure <input type="checkbox"/>		Type of School: Private <input type="checkbox"/> Public <input type="checkbox"/> Unsure <input type="checkbox"/>	
If school age and not enrolled, what was the last date he/she was enrolled:		If school age and not enrolled, what was the last date he/she was enrolled:	
If school age and not enrolled, what is the reason they are not enrolled:		If school age and not enrolled, what is the reason they are not enrolled:	
Place of Birth:		Place of Birth:	
Child's Name:	Grade:	Child's Name:	Grade:
Is child attending school? If yes, which school??		Is child attending school? If yes, which school??	
Type of School: Private <input type="checkbox"/> Public <input type="checkbox"/> Unsure <input type="checkbox"/>		Type of School: Private <input type="checkbox"/> Public <input type="checkbox"/> Unsure <input type="checkbox"/>	
If school age and not enrolled, what was the last date he/she was enrolled:		If school age and not enrolled, what was the last date he/she was enrolled:	
If school age and not enrolled, what is the reason they are not enrolled:		If school age and not enrolled, what is the reason they are not enrolled:	
Place of Birth:		Place of Birth:	
If there are more than six children in the household, please request an additional sheet.			

Please use the spaces below to explain why you are in need of services.

If Humboldt County Human Services is able to assist you, please explain how you will be able to maintain self-sufficiency after assistance is rendered.

Signature and Affirmation

Please Initial:

_____ I understand that information provided on this application is subject to verification by Federal, State or local officials. If any information is found inaccurate, I may be denied assistance and/or be subject to criminal prosecution for knowingly providing false information.

_____ I understand the questions on this application and the penalty for hiding or giving false information.

_____ I certify under penalty of perjury, my answers are correct and complete. I agree to notify Humboldt County Human Services of any changes in my circumstances that affect my eligibility.

_____ I authorize the Nevada State Welfare Division, County Welfare Departments and agencies for which I may be eligible for assistance, to exchange information essential for effective case management.

_____ This authorization is valid until revoked by applicant or agency.

Statement of Application

Under penalty of perjury, I declare that all contents of this Application for Assistance are true and correct to the best of my knowledge.

Applicant Signature

Date

Co-Applicant Signature

Date

Other Household Member Signature

Date