



JOE LOMBARDO
Governor

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF WELFARE AND SUPPORTIVE SERVICES

RICHARD WHITLEY, MS
Director

ROBERT THOMPSON
Administrator

TANF MEDICAID SNAP

Date: _____
Case Name: _____
Case ID: _____



INTERFACE CONSENT

_____ is applying for:
(TANF/Medicaid) for: Medicaid
 Temporary Assistance for Needy Families
 Medicare Beneficiary

For: _____

Income of individuals living with and related to the child(ren) is used to determine eligibility for the TANF program.

Income and resources of a spouse, living in the home, must be included in determining eligibility for Medicaid categories including Medicare Beneficiaries.

Eligibility and income information is regularly requested from the Nevada State Employment Security Division, Social Security Administration and Internal Revenue Service.

Social Security Numbers (SSNs) are matched against other federal and state records in administering public assistance programs to:

- verify income and resources;
- investigate fraud; and
- recover overpaid benefits.

Some examples of matches through the Division's computer system are Child Support Enforcement Program (CSEP), Unemployment Insurance Benefits (UIB), Internal Revenue Service (IRS), Medicaid and Social Security Administration (SSA), and law enforcement/prison records.

By signing this form, I allow the Division of Welfare and Supportive Services to use my SSN for the purpose explained on this form.

_____	_____	_____	_____
Name	Signature	Social Security Number	Date
_____	_____	_____	_____
Name	Signature	Social Security Number	Date
_____	_____	_____	_____
Name	Signature	Social Security Number	Date
_____	_____	_____	_____
Name	Signature	Social Security Number	Date

