

Pahrump Office
Marilynn Gallivan Complex
1981 E. Calvada Blvd. North
Suite 120
Pahrump, NV 89048
Phone (775) 751-7095
Fax (775) 751-4284



Health and Human Services
Director – Karyn Smith

Tonopah Office
Nye County Courthouse
101 Radar Rd.
Post Office Box 926
Tonopah, NV 89049
Phone (775) 482-8125
Fax (775) 482-7261

CASH CONTRIBUTION FORM

AUTHORIZATION TO FURNISH INFORMATION

You are hereby authorized to furnish to the Nye County Department of Social Services, any and all information requested by them. This authorization constitutes a full and complete release from any liability to you resulting from disclosure of the required information. Your full cooperation in this matter will facilitate my/our application to the Nye County Department of Social Services.

Date _____

Signature of Applicant/Claimant _____

Support Provider Thank you for your cooperation. The information provided will be used only in conjunction with the official duties of this agency and are confidential. Your helping the applicant is appreciated.

RE: _____
Applicant's Name, Street/Residence Address City, State, Zip

1. Please specify how much money you gave, or plan to give the above mentioned person during the following months:

	<i>AMOUNT GIVEN</i>	<i>EXPECTED TO PAY BACK</i>
<i>MONTH</i> _____ Specify exact date given or plan to give	\$ _____	\$ _____
<i>MONTH</i> _____ Specify exact date given or plan to give	\$ _____	\$ _____
<i>MONTH</i> _____ Specify exact date given or plan to give	\$ _____	\$ _____
<i>MONTH</i> _____ Specify exact date given or plan to give	\$ _____	\$ _____
<i>MONTH</i> _____ Specify exact date given or plan to give	\$ _____	\$ _____
<i>MONTH</i> _____ Specify exact date given or plan to give	\$ _____	\$ _____

2. Do you plan to continue to give this client money: YES _____ NO _____

I understand that this statement in no way obligates me to continue to provide this individual with these essentials, but only verifies that I am presently doing so & will continue to do so for _____ additional weeks/months.

Name of Person completing form: _____

Phone #: _____ Relationship to above Client: _____

Address: _____ City: _____ State: _____

Signature of person completing form: _____ Date: _____