



**Lyon County Human Services**  
1075 Pyramid Street, 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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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) 463-6540

**Request for Services**

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Email: \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

**Household Member Information – Use additional sheets if required**

Check if you are in the  **FASTT Program**

	Household Member Name First, Initial, Last	Social Security Number	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
<b>Total monthly income for household</b>		

**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		
<b>Total monthly expenses for household</b>		

**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 \_\_\_\_/\_\_\_\_/\_\_\_\_



## Assessment

### Childcare or Head Start:

- Enrolled in unsubsidized licensed childcare setting of choice
- Enrolled in Head Start
- Enrolled in licensed subsidized childcare of choice
- Enrolled in subsidized afterschool program
- Childcare provided by a family member or friend
- On waiting list for enrollment in childcare
- Not enrolled in childcare
- Enrolled in unregulated or unlicensed childcare
- N/A

### Education- Adults/Youth:

- Post-Secondary degree: Associates, Bachelors, Masters, or Doctorate degree
- Certificate/license from technical/professional training
- Post high school vocational education, non-college business courses, technical/professional training or college credits
- High school diploma/GED
- Reading/writing/math skills present; possible TABE, no GED/High school diploma
- Reading/writing/basic math skills absent; illiterate
- N/A

### EITC-Earned Income Tax Credit:

- Receives EITC
- Files for EITC
- Files for EITC, determined ineligible
- N/A

### Employment:

- FT work above minimum wage with all employer provided benefits
- Retired or disabled with sufficient income for discretionary needs and savings
- FT work above minimum wage with some employer provided benefits
- Retired or disabled with sufficient income for discretionary needs
- FT work above minimum wage without employer provided benefits
- FT work at minimum wage with employer provided benefits
- FT work at minimum wage without employer provided benefits

### Employment cont.

- PT work with employer provided benefits
- Disabled; receiving SSI or SSD
- PT employment with benefits
- Employed. Currently on FMLA (no pay)
- PT work above minimum wage without employer provided benefits
- PT employment without benefits
- Disabled; not receiving SSI or SSD, application pending
- Unemployed with work history or skills
- Disabled; not receiving SSI or SSD or did not apply
- Unemployed without work history or skills
- N/A
- Retired or disabled with sufficient income to meet basic needs
- Retired or disabled with insufficient income to meet basic needs
- Retired or disabled with no income to meet basic needs

### Energy:

- Pay all bills without subsidy
- Pay all bills with subsidy
- Pay all bills with established payment plan
- Notice of shutoff; unable to pay bill(s)
- N/A
- Utility shut off; unable to pay bill(s)

### Food and Nutrition:

- Able to afford any food without food programs
- Able to afford most food without food programs
- Unable to afford food; uses SNAP, WIC, and/or other food programs
- Unable to afford food; uses a food bank, pantry, vouchers or congregate meals
- Unable to afford or obtain food
- N/A

### Health Insurance-Children:

- All children have health insurance
- Some children have health insurance
- No children have health insurance
- N/A

### Health Insurance-Adults:

- All adults have health insurance
- Some adults have health insurance
- No adults have health insurance
- N/A

## Assessment

**Household Budgeting:**

- Able to pay all bills; expenses do not exceed income; discretionary funds for spending and savings
- Able to pay all bills; expenses do not exceed income; discretionary funds for spending
- Able to pay all bills; expenses do not exceed income
- Unable to pay some bills; expenses exceed income
- Unable to pay most bills; expenses exceed income
- Unable to pay any bills; expenses exceed income
- N/A

**Housing:**

- Home Ownership
- Condominium Ownership
- Co-Op Home Ownership
- Non-subsidized rental housing
- Safe and secure non-subsidized housing; choices limited due to moderate income, homeowner
- Safe and secure non-subsidized housing; choices limited due to moderate income, renter
- Safe and secure subsidized Section 8 housing
- Safe and secure subsidized rental apartment
- Safe and secure subsidized public housing
- Living with relatives or friends by choice
- Safe and secure transitional housing
- Unaffordable home
- Unaffordable non-subsidized rental
- Unaffordable subsidized rental
- Safe and secure domestic violence shelter
- Temporary shelter; i.e. hotel, motel, or trailer
- Home in foreclosure
- Living with relatives or friends due to crisis
- Substandard/unsafe housing
- Homeless
- N/A
- Eviction

**Percentage of Poverty**

- Family income at or above 300% of poverty
- Family income between 200% - 299 of poverty
- Family income between 126% - 199% of poverty
- Family income between 101% - 125% of poverty
- Household income at or below 100% of poverty
- N/A

**Primary Health Care:**

- Access to same provider (medical home) as needed
- Access to various providers as needed
- Limited access to providers; immediate needs addressed
- Emergency room use only
- No access do to geographic, transportation or financial constraints
- N/A

**Transportation:**

- Public or private transportation always available
- Public or private transportation most of the time
- Public or private transportation some of the time
- Public or private transportation rarely available
- No public or private transportation
- N/A

Client signature \_\_\_\_\_

Client name: \_\_\_\_\_

Date Completed: \_\_\_\_\_