



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: _____

INSUFFICIENT INFORMATION

The following information is necessary to complete your case and must be IN our office on or before .
FAILURE TO PROVIDE THIS INFORMATION MAY CAUSE TANF/MEDICAID AND/OR SNAP INELIGIBILITY.
POSTPONED VERIFICATION (*Supplemental Nutrition Assistance Program (SNAP)*)

To continue your eligibility, the following postponed verification is needed by . If this information is not received by this date, your case will be terminated effective . Additional benefits will not be issued until you reapply and the requested postponed verification is returned or the new application is processed under normal processing time frames.

This is to advise you that your SNAP application is still pending. You must provide the following information

OTHER:

Attachments, if any:

IF YOU HAVE QUESTIONS, NEED ASSISTANCE, OR CANNOT PROVIDE THE REQUESTED INFORMATION, PLEASE CONTACT CUSTOMER SERVICE PRIOR TO THE DUE DATE.

Southern Nevada	Northern Nevada	Toll Free
(702) 486-1646	(775) 684-7200	(800) 992-0900

***IF YOU ARE UNABLE TO VERIFY A CLAIMED EXPENSE, THE AGENCY WILL COMPUTE A BUDGET NOT ALLOWING THE EXPENSE AS A DEDUCTION. IN THIS INSTANCE, YOUR HOUSEHOLD MAY NOT BE ELIGIBLE OR MAY NOT RECEIVE ALL THE BENEFITS TO WHICH IT IS ENTITLED.**

Client Signature Print Name / / Date Telephone Number

☐ N/A (Mailed)

