



# Choosing a Child Care Provider • Subsidy Program Requirements

## Supporting Early Education and Development (SEED)

☉ Carson City  
2527 N. Carson, Ste. 255  
Carson City, NV 89706  
775-684-0880 | 775-887-1365-f  
866-434-2221-Toll Free

☉ Reno – Reno Town Mall  
4055 S. Virginia St  
Reno, NV 89502  
775-746-5511 | 775-746-5530-f  
Please address mail to:  
The Children's Cabinet

☉ Reno-Rock Boulevard (Main)  
1090 S. Rock Blvd.  
Reno, NV 89502  
775-856-6200 | 775-856-6208-f  
800-753-5500-Toll Free

All parents are encouraged to participate in child care consultation. Finding child care that meets a family's needs is often a huge task. Fortunately, parents have several options, all of which we will support in various ways. The Children's Cabinet will provide you with consumer education materials that further explain child care options and quality standards so parents can make informed choices.

### 1. Choose the type of child care you want to use:

**Licensed Child Care:** Child care that meets licensing criteria and is monitored by a licensing agency.

- **Licensed Family Child Care:** Child care that takes place in the home of an individual who licensed for up to 6 children.
- **Licensed Group Homes:** Child care that takes place in the home of an individual who is licensed for up to 12 children.
- **Child Care Centers:** Child care that takes place in an environment other than an individual's home, usually a building especially designed for child care and serves more than 12 children.

**Family, Friend & Neighbor (FFN) Child Care:** Child care that meets minimal health and safety standards and capacity requirements. FFN care is not licensed or monitored. The Children's Cabinet does not provide referrals to FFN child care.

- **Relative Child Care:** Child care provided by a relative either in the relative's home or your home\*.
- **Out of Home Non-Relative Child Care:** Child care that is provided by a friend or neighbor in their home.
- **In Home Non-Relative Child Care:** Child care that is provided by a friend or neighbor in your home\*.

\*All care that occurs in the client's (your) home has a two (2) child minimum. There are no exceptions.

### 2. Select Your Child Care Provider

**PLEASE NOTE:** Regardless of which type of provider you choose, all providers must be registered with the subsidy program **before** your appointment with your case manager.

#### Licensed Child Care Provider

1. Call (see numbers above) or visit the Children's Cabinet and ask for a Child Care Resource & Referral Specialist. You will get a list of providers based on the information you provide to the CCR&R Specialist.
2. Call the providers ask if they have openings for children in your child(ren)'s age group.
3. If a provider has openings, ask him/her if the child care home or center is registered with the Children's Cabinet Subsidy Program. If not, ask if he/she would be willing to register with the program.
  - If yes, contact the CCR&R Specialist so we can send the provider a registration packet.
  - If no, please continue your search for a provider.
4. Visit the providers you have chosen to make sure that the provider will meet your and your child's needs (see the Quality Brochure in your packet for a check list).
5. Follow-up with the provider *before* your appointment with your case manager to make sure the provider has registered with the subsidy program.

#### Family, Friend & Neighbor (FFN) Child Care Provider

1. Identify someone you trust who is willing to care for your child(ren) on a long-term basis.
2. Review all the FFN provider requirements (on the back of this page) with this person.
3. Call to schedule an appointment with a FFN Specialist **PRIOR** to your appointment with your case manager. Your provider **MUST** attend this appointment with you. See locations above.
4. **IMPORTANT!!!** You cannot be enrolled on the subsidy program until you and your provider have attended this appointment and all required paperwork is complete (see back of page).
  - If your provider lives greater than 25 miles away from a Children's Cabinet office, provider enrollment can occur over the phone.
5. If your provider does not comply with program requirements, the provider will be dropped from the program and you will need to find a new provider.

**IMPORTANT! Review the FFN Provider Requirements on Back.**



# Family, Friend & Neighbor (FFN) Provider Requirements

## Relative Care

Relative who cares for your child(ren) either in your home (must care for AT LEAST **two (2)** children) or in his/hers.

## Out of Home Non-Relative

Person not related to you, who cares for your child(ren) in their home. Washoe County providers can only care for **one (1)** child on the Subsidy Program.

## In Home Non-Relative

Person not related to you, who cares for your child(ren) in your home. Must care for AT LEAST **two (2)** children.

### **PROVIDER MUST HAVE...**

- ⚙ Nevada ID or other documentation verifying the provider is at least 18 years old.
- ⚙ Social Security Card or other proof of work authorization document to verify he or she is legal to receive income in the United States.
- ⚙ Verification of Residency (e.g., phone bill, power bill or other utility bill not older than 2 months).
- ⚙ Comprehensive Background Check completed within 24 hours of registration for the provider within 3 days of registration for all household members 18 years of age and older.
- ⚙ Business License (requirements based on the county where care will occur)

### **PROVIDER WILL BE ASKED TO...**

- Read & sign the subsidy service agreement form.
- Complete provider registration form.
- Complete a W-9 IRS form.
- Sign a Background Disclosure statement.
- Have an active telephone where child care services will take place.
- Maintain a smoke detector, fire extinguisher and a first aid kit.
- Complete a home safety survey of the home where the provider is caring for your children.
- Agree to a Health & Safety Standards Home Visit to take place within 30 days of registering for the subsidy program.
- Complete 24 hours of pre-service training within 90 days of registration.
- Complete 24 hours of training every year while caring for children on the subsidy program.

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- ⚙ Nevada ID or other documentation to verify the provider is at least 18 years old.
- ⚙ Social Security Card or other proof of work authorization document to verify he or she is legal to receive income in the United States.
- ⚙ Verification of Residency (e.g., phone bill, power bill or other utility bill not older than 2 months).
- ⚙ Negative TB Test OR statement of good health from a medical professional.
- ⚙ Comprehensive Background Check completed within 24 hours of registration for the provider within 3 days of registration for all household members 18 years of age and older.
- ⚙ Business License (requirements based on the county where care will occur)

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- Complete provider registration form.
- Complete a W-9 IRS form.
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- Complete 24 hours of pre-service training within 90 days of registration
- Complete 24 hours of training every year while caring for children on the subsidy program.

### **YOU WILL BE ASKED TO...**

- Provide copies of your child(ren)'s immunization records to your care provider **AND** the Children's Cabinet.

### **PROVIDER MUST HAVE...**

- ⚙ Nevada ID or other documentation to verify the provider is at least 18 years old.
- ⚙ Social Security Card or other proof of work authorization document to verify he or she is legal to receive income in the United States.
- ⚙ Verification of Residency (e.g., phone bill, power bill or other utility bill not older than 2 months).
- ⚙ Comprehensive Background Check completed within 24 hours of registration for the provider.
- ⚙ Business License (requirements based on the county where care will occur)

### **PROVIDER WILL BE ASKED TO...**

- Read & sign the subsidy service agreement form.
- Complete provider registration form.
- Complete a W-9 IRS form.
- Sign a Background Disclosure statement.
- Have an active telephone where child care services will take place.
- Maintain a smoke detector, fire extinguisher and a first aid kit.
- Complete a home safety survey of your home.
- Agree to a Health & Safety Standards Home Visit to take place within 30 days of registering for the subsidy program.
- Complete 24 hours of pre-service training within 90 days of registration
- Complete 24 hours of training every year while caring for children on the subsidy program.

### **YOU WILL BE ASKED TO...**

- Sign an employer's responsibility form. Because the provider will be caring for your children in your home, you are considered an employer and are responsible to pay the IRS associated employee taxes.

### **Please Note: The following individuals CANNOT qualify as an FFN provider:**

- Anyone with a criminal conviction or pending charges. Call for a complete list of criminal convictions.
- Natural/adoptive parent or legal guardian
- Anyone living in the same residence as the child (except for children with special needs).
- Any client receiving subsidy assistance.

Unannounced home visit by The Children's Cabinet can occur if we believe the health and/or safety of the child is at risk or when providers are out of compliance with the subsidy program.

# DIVISION OF WELFARE AND SUPPORTIVE SERVICES


## Child Care and Development Program

The Division of Welfare and Supportive Services (DWSS) works in partnership with The Children’s Cabinet and the Las Vegas Urban League to provide child care assistance to low income families so that parents can work. The Child Care and Development Program (CCDP) pays a portion of child care costs for eligible families based on household income and family size. Anyone can apply for child care assistance and receive a formal evaluation.


### How to Apply

You can contact any of the following locations in person, by phone, fax, or email to apply for assistance or receive more information about our program. Additionally, you may apply for assistance online via Access Nevada at <https://accessnevada.dwss.nv.gov>.

#### In Southern Nevada

 <b>Las Vegas Urban League</b>	<b>ADMINISTRATION</b> 2470 N. Decatur, Ste. 150 Las Vegas, NV 89108 Phone: (702) 473-9400 Toll Free: (855) 4UL-KIDS Fax: (702) 405-8583 Eligibility Fax: (702)410-9906 Email: <a href="mailto:childcareinfo@lvul.org">childcareinfo@lvul.org</a>	<b>FLAMINGO OFFICE</b> 3320 E. Flamingo Rd Suite #49 Las Vegas, NV 89121 Phone: (702) 570-5161 Fax: (702) 331-1417
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#### In Northern Nevada

 <b>The Children's Cabinet</b>	<b>ADMINISTRATION</b> 1090 S. Rock Blvd. Reno, NV 89502 Phone: (775) 856-6210 Fax: (775) 856-6208 Toll Free: 1-800-753-5500 Email: <a href="mailto:mail@childrenscabinet.org">mail@childrenscabinet.org</a>	<b>RENO OFFICE</b> 4055 S. Virginia St Reno, NV 89502 Phone: (775) 746-5511 Fax: (775) 746-5530	<b>CARSON OFFICE</b> 2527 N. Carson St. Ste. #255 Carson City, NV 89706 Phone: (775) 684-0880 Fax: (775) 887-1365 Toll Free: 1-866-434-2221
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### Help Finding a Child Care Provider

Quality child care supports your child’s growth and school readiness. If you need help finding a quality child care provider or other resource, contact one of our Child Care Resource and Referral program staff members by calling The Children’s Cabinet or the Las Vegas Urban League (listed above).

***KEEP THIS PAGE FOR YOUR RECORDS***

## DIVISION OF WELFARE AND SUPPORTIVE SERVICES

### Child Care and Development Program

# Application for Child Care Assistance

*“Working for the Welfare of ALL Nevadans”*

### Who Can Apply

Anyone can apply for child care assistance for their child. No person will be discriminated against for any reason (such as race, age, color, religion, sex, disability, political belief, sexual orientation, or national origin) in any Division of Welfare and Supportive Services (DWSS) program. To file a complaint, please contact the Chief of the Child Care and Development Program (CCDP) located at 1470 College Parkway, Carson City, Nevada 89706. You can also file a complaint at any DWSS district office or child care office and your complaint will be forwarded to the Child Care Chief.

### Eligibility

The following must be verified to see if you are eligible for Child Care Assistance.

- Proof of:
  - Citizenship for all children applying for child care;
  - Identification for all adult household members;
  - Nevada residency;
  - All income;
  - Relationship for all household members;
  - Custody;
- Purpose of Care – every required adult (and minor parent) must be in an approved activity, such as working, looking for work, going to school or training, participating in DWSS approved activities related to preparation for employment, or other activities authorized by the CCDP;
- Documentation for any child(ren) in your home who has a special need.

### Social Security Numbers

You will be asked to provide Social Security Numbers (SSN) for all persons (including yourself) who are applying for assistance; SSNs are used to verify your income and resources and to conduct computer matching with other agencies. It is also used to gather workforce information, conduct investigations, recover overpaid benefits and to ensure duplicate benefits are not received. Providing or applying for a SSN is voluntary. You are not required to provide a social security number and your eligibility will not be denied due to the failure to provide a SSN for required household members. If you do not want to provide your social security number, please write “refused” in the social security number fields on the application. If you provide a social security number on the application, you must provide verification.

### Selection of a Child Care Provider

You must also select a child care provider that meets the needs of your family. Parents are encouraged to work with the Child Care Resource and Referral and to visit more than one provider before making a decision. Your provider must meet the following:

- Must not be the natural or adoptive parent or guardian to the child, whether or not they live with the child;
- Must not live in the same house as the child;
- Must not have an active child care case for their own child(ren);
- Providers must be enrolled with the CCDP and in good standing;

**Important Information** – The CCDP may send information that requires you to respond. You should make arrangements for your mail if you are away from home so you can respond by the due date. If you do not respond by the due date and/or we lose contact with you, your case may be terminated.

### Special Accommodations

This application is available in English and Spanish. Please contact us if you need a Spanish version or an interpreter.

### Acomodaciones Especiales

Esta solicitud está disponible en inglés y español. Por favor comuníquese con nosotros si necesita una versión en español o un intérprete.

DIVISION OF WELFARE AND SUPPORTIVE SERVICES  
Child Care and Development Program

**FILL IN ALL BLANKS FOR EVERYONE WHO CURRENTLY LIVES IN THE HOME WITH YOU, WHETHER YOU CONSIDER THEM HOUSEHOLD MEMBERS OR NOT.** *If you need additional space, please use a second application or separate piece of paper.*

**PLEASE ENTER RACE/ETHNICITY/MARITAL STATUS CODES FOR EACH HOUSEHOLD MEMBER IN THE BOXES BELOW:**

**Ethnicity:** **H** = Hispanic/Latino **N** = Non-Hispanic/Latino  
**Race:** **A**–Asian; **B**–Black or African American; **I**–American Indian or Alaska Native; **N**–Native Hawaiian or Pacific Islander; **W**–White  
**Marital Status:** **S**–Single; **M**–Married; **N**–Separated; **D**–Divorced; **W**–Widowed

**ADULTS:**

Legal Name	Relationship to You	S e x	Date of Birth:	State or Country of Birth	Social Security Number	Race	Ethnicity	Marital Status
	Self							

**CHILDREN (Under the age of 18):**

Legal Name	Relationship to You	S e x	Date of Birth	State or Country of Birth	US Citizen Y/N	Social Security Number	Race	Ethnicity	Need Child Care?
									<input type="checkbox"/> Yes <input type="checkbox"/> No
									<input type="checkbox"/> Yes <input type="checkbox"/> No
									<input type="checkbox"/> Yes <input type="checkbox"/> No
									<input type="checkbox"/> Yes <input type="checkbox"/> No
									<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Address				City		State		Zip	
Mailing Address				City		State		Zip	
Phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell		Phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell		E-Mail Address					

**Please Answer the Following Questions About Your Household:**

1. Is your Family Homeless (lack a fixed, regular, and adequate nighttime residence)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Please Explain: _____	
2. Is any household member in the Military?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Name: _____ Active Duty or Reserve? _____	
3. Is any adult (or minor parent) in your household unable to work and/or attend a training program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Name: _____ Reason: _____	
4. Do any of the children in the household have special needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Name: _____ Reason: _____ Current IEP or IFSP for child? _____	
Name: _____ Reason: _____ Current IEP or IFSP for child? _____	
Name: _____ Reason: _____ Current IEP or IFSP for child? _____	

5. Is any household member, including a minor child, temporarily out of the home?  Yes  No  
 If Yes, Name: \_\_\_\_\_ Reason: \_\_\_\_\_ Expected date of Return: \_\_\_\_\_
6. Is any household member pregnant?  Yes  No  
 If Yes, Name: \_\_\_\_\_ Anticipated Delivery Date: \_\_\_\_\_
7. Has any household member received TANF cash benefits?  Yes  No  
 If Yes, Name: \_\_\_\_\_ When: \_\_\_\_\_ Where: \_\_\_\_\_
8. Is anyone currently disqualified from any DWSS program for an intentional program violation (IPV)?  Yes  No  
 If Yes, Name: \_\_\_\_\_ Program: \_\_\_\_\_ Start Date: \_\_\_\_\_
9. Does your household have assets with a value over one million dollars (\$1,000,000)?  Yes  No  
 If Yes, Name: \_\_\_\_\_ Type of Asset: \_\_\_\_\_
10. Do you expect any other changes in the next six (6) months?  Yes  No  
 If Yes, Please Explain: \_\_\_\_\_
11. Is anyone paying all or part of your expenses (rent, utilities, child care, etc.) for you?  Yes  No  
 If Yes, who: \_\_\_\_\_ Amount paid: \_\_\_\_\_ How Often: \_\_\_\_\_  
 Are you expected to repay this money?  Yes  No
12. Are both parents of the children living in the home?  Yes  No

If No, Please Complete the Information Below About the Child(ren)'s Mother and/or Father that does not live with you.

Attach Additional Pages, if Necessary.

Child's Name	Name and Address of Parent not residing in the Household	Receive Child Support?	Amount	How Often	Received through which medium?
	Name: _____ Address: _____ Phone: ( ) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly	<input type="checkbox"/> D.A.'s Office <input type="checkbox"/> Court Agreement <input type="checkbox"/> Private Agreement
	Name: _____ Address: _____ Phone: ( ) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly	<input type="checkbox"/> D.A.'s Office <input type="checkbox"/> Court Agreement <input type="checkbox"/> Private Agreement
	Name: _____ Address: _____ Phone: ( ) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly	<input type="checkbox"/> D.A.'s Office <input type="checkbox"/> Court Agreement <input type="checkbox"/> Private Agreement

**INCOME/BENEFITS (OTHER THAN EMPLOYMENT INCOME):** Please attach verification of income received in the previous 30 days

<input type="checkbox"/> 01- TANF	<input type="checkbox"/> 08- Worker's Compensation	<input type="checkbox"/> 15- WIC	<input type="checkbox"/> 22 - Supplemental Security Income (SSI)
<input type="checkbox"/> 02- SNAP	<input type="checkbox"/> 09 - Temporary Disability Insurance	<input type="checkbox"/> 16 - Tips	<input type="checkbox"/> 23 - Social Security Disability Benefits
<input type="checkbox"/> 03- Housing Assistance	<input type="checkbox"/> 10 - Educational Assistance/Pell Grants	<input type="checkbox"/> 17 - Dividends	<input type="checkbox"/> 24 - Social Security Survivors Benefits
<input type="checkbox"/> 04- Foster Care Payments	<input type="checkbox"/> 11 - Unemployment	<input type="checkbox"/> 18 - Royalties	<input type="checkbox"/> 25 - Social Security Retirement Benefits
<input type="checkbox"/> 05- Veteran's Benefits	<input type="checkbox"/> 12 - Contributions or Loans	<input type="checkbox"/> 19 - Interest	<input type="checkbox"/> 26- Pensions/Retirement Trusts
<input type="checkbox"/> 06- Lump Sum Payments	<input type="checkbox"/> 13 - Railroad Retirement	<input type="checkbox"/> 20 - Winnings	<input type="checkbox"/> 27 - Adoption Subsidies
<input type="checkbox"/> 07- Military Allotments	<input type="checkbox"/> 14 - Insurance Settlements	<input type="checkbox"/> 21 - Alimony	<input type="checkbox"/> 28 - Medicaid
<input type="checkbox"/> Other: _____			

Income Type #	Who Receives the Income	Amount	How Often	Income Type #	Who Receives the Income	Amount	How Often

**EMPLOYMENT:** Please list current employer **and** any employer each household member has worked for since your last application for child care assistance. This includes self-employment, in-kind activities and odd jobs.

Household Member	Start Date/ End Date	Employer Name Address and Telephone Number	Average Weekly Hours	Rate of Pay	How Often Paid	Schedule/Shift
		Name: Address: Phone: ( )			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Commission	<b>Schedule:</b> <input type="checkbox"/> Varies <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <b>From:</b> <b>To:</b>
		Name: Address: Phone: ( )			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Commission	<b>Schedule:</b> <input type="checkbox"/> Varies <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <b>From:</b> <b>To:</b>

**TRAINING/EDUCATION:** If any of the adults in the household are students participating in a training program or attending school, please complete the following. In addition, please provide verification of your schedule.

Student Name	Training Site/School Name Address and Phone	Beginning Date	End Date	Schedule
	Name: Address: Phone: ( )			
	Name: Address: Phone: ( )			

**CHILD'S SCHOOL INFORMATION:**

Child's Name	Name of School	School Schedule/School Track	Current Grade Level

**CHILD CARE PROVIDER:**

Child or Children's Names	Provider Name Address and Phone Number
	Name: Address: Phone: ( )
	Name: Address: Phone: ( )

**YOUR RIGHTS**

Anyone who has been denied, terminated, or had benefits reduced will receive a notice and instructions for requesting a hearing if you do not agree with the action taken. You can request a hearing by writing your local child care office, Division of Welfare and Supportive Services (DWSS) district office or administration office. You can also request a hearing by signing and returning the Notice of Appeal you receive. You must request a hearing within 90 days of the notice date or within 14 days if you want continued benefits while your hearing is pending a decision.

If you request a hearing, you will be notified of the hearing date, time and location in writing ten (10) days prior to the scheduled hearing. You may be represented at a conference/hearing by anyone whom you have given written authorization. This written authorization must be given to the DWSS office before the conference/hearing. Please contact us if you need information on legal services that may be available to you at no cost.

If you disagree with your hearing decision, you can appeal your case to your local District Court of the State of Nevada.

**AUTHORIZATION/RESPONSIBILITY**

The Child Care and Development Program is funded by State and federal grants. Any information provided on this form can be investigated. Criminal prosecution and other penalties may be applied to you and/or other adult members of your household according to state and federal law. If you make a false or misleading statement, misrepresent, hide or withhold facts to get or keep child care assistance, your benefits may be reduced/denied/terminated. Additionally, you may not be eligible for future assistance, and you are responsible to pay back all monies, services and benefits for which you were not entitled. Information provided is strictly confidential and is used only to determine eligibility for child care assistance.

By signing below, you authorize the Child Care and Development Program and/or the Division of Welfare and Supportive Services to make any investigation concerning you or other members of your household or your children’s legal/putative parent(s) that is necessary to determine eligibility for child care assistance administered by the Child Care and Development Program.

By signing below, you authorize the release of information about your household members to the Child Care and Development Program including, wage information, information made confidential by law or otherwise, and patient information privileged under NRS 49.225 or any other provision of law or otherwise. You release the holder of such information from liability, if any, resulting from disclosure of the required information. A reproduced copy of this authorization legally constitutes an original copy.

By signing below, you acknowledge that you understand the questions on this application and the penalty for hiding or giving false information. In addition, you understand that if you make a false or misleading statement, hide or withhold facts to get or keep child care assistance, your benefits may be reduced, denied, or terminated and you may be disqualified from program participation, criminally prosecuted, or otherwise penalized according to state and federal law.

In addition, by signing below, you confirm that the provider(s) listed above reflect the choice made by you, the parent/caretaker, and you agree to indemnify and hold harmless the State of Nevada, the Child Care and Development Program, their officers, agents, board members and employees from all claims, litigation, costs, expenses and liabilities arising out of, or in any way connected with the provider chosen by you.

**I certify under penalty of perjury, my answers are true, correct and complete to the best of my knowledge and ability.**

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<b>Signature or Mark of Applicant (Parent/Guardian)</b>	<b>Date</b>	<b>Signature or Mark of Spouse/Second Parent/Guardian of Child(ren)</b>	<b>Date</b>
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**IF YOU ARE NOT REGISTERED TO VOTE WHERE YOU LIVE NOW,  
WOULD YOU LIKE TO REGISTER TO VOTE HERE TODAY?**

(Please check one)

YES     NO

**If you do not check either box, you will be considered to have decided not to register to vote at this time.**

The **NATIONAL VOTER REGISTRATION ACT** provides you with the opportunity to register to vote at this location. If you would like help in filling out a voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

**IMPORTANT NOTICE:** Applying to register or declining to register to vote **WILL NOT AFFECT** the amount of assistance you will be provided by this agency.

**Signature**

**Date**

**CONFIDENTIALITY:** Whether you decide to register to vote or not, your decision will remain confidential.

IF YOU BELIEVE SOMEONE HAS INTERFERED with your right to register or to decline to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Office of the Secretary of State, Capitol Complex, Carson City, Nevada 89710.

