

# Storey County Health and Community Service Department

## NOTICE OF INSUFFICIENT INFORMATION

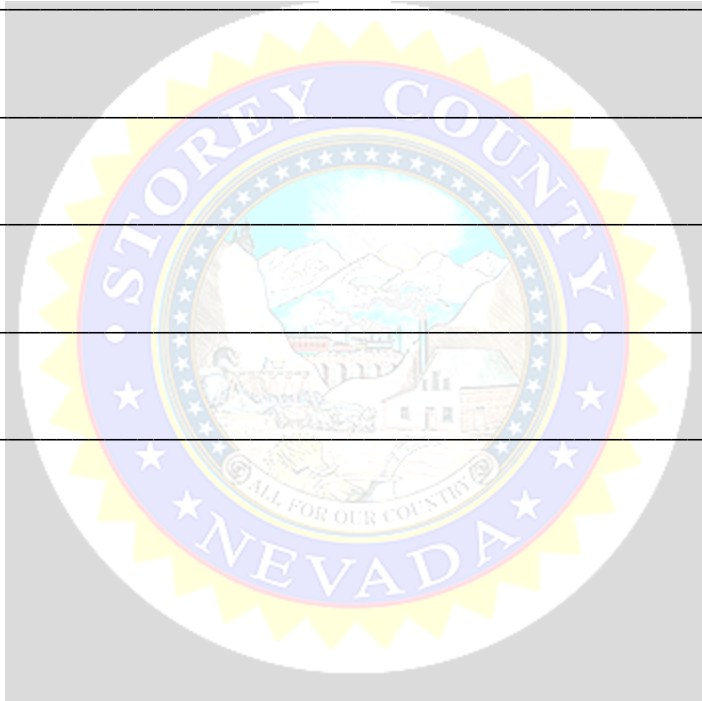
Date:

\_\_\_\_\_

It has been determined that additional information and/or documentation is required to complete your "Request for Service" application. Until these items are supplied, Storey County Human Services will be unable to move forward with the process to determine your program eligibility.

Please supply the following information:

- 1) \_\_\_\_\_  
\_\_\_\_\_
- 2) \_\_\_\_\_  
\_\_\_\_\_
- 3) \_\_\_\_\_  
\_\_\_\_\_
- 4) \_\_\_\_\_  
\_\_\_\_\_
- 5) \_\_\_\_\_  
\_\_\_\_\_



**Information/documentation must be returned within 14 days of the Request for Services otherwise the process will need to be restarted.**

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client's Printed Name

\_\_\_\_\_  
Case Manager's Signature

\_\_\_\_\_  
Date

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NOTICE: The original of this notice remains with the applicant. A copy of this notice will remain with the department following all signatures.

