Nevada's
Confidential Address Program (CAP)
Change of Information Form

Current CAP Authorization Number _____

Participant's Name: (First, Middle, Last) _____

PLEASE BE ADVISED

Participation may be cancelled if you fail to notify the Confidential Address Program within 48 hours after the change of address. This form is for current Confidential Address Program participants. Participation in the Confidential Address Program is subject to NRS 217.462.

NOT FOR BUSINESS ENTITY'S.

NAME CHANGE – *Please provide a copy of the judgment ordering the change.*

New Name: _____

Dependent Name Changes: _____

UPDATES FOR PARTICIPANT CONTACT INFORMATION

MAILING ADDRESS: (Address where CAP will send the applicant's mail)			
Mailing address (including Apt/Suite #)	City	State	Zip
RESIDENCE ADDRESS (ACTUAL physical street address) Participant's actual residential address is *REQUIRED* to participate in the CAP.			
Physical address (including Apt/Suite #)	City	State	Zip

EMPLOYER NAME and ADDRESS			
Employer name:			
Employer address (including Apt/Suite #)	City	State	Zip
Employer phone number:			

PHONE NUMBERS and EMAIL	
Daytime Phone:	Evening Phone:
Cell Phone:	Email:

UPDATES FOR CO-APPLICANTS

NAME(S) (First, Middle, Last)	Date of Birth (mm/dd/yyyy)	Relationship to applicant	Is this a new dependent to the program?	Is co-applicant attending school?
			❑Yes ❑No	❑Yes ❑No
			❑Yes ❑No	❑Yes ❑No
			❑Yes ❑No	❑Yes ❑No
			❑Yes ❑No	❑Yes ❑No
			❑Yes ❑No	❑Yes ❑No

I fear for my safety and/or the safety of the applicant on whose behalf this application is made. I understand that knowingly providing false or incorrect information on this form is a misdemeanor and may cause my participation in this program to be cancelled. *I hereby designate the Department of Health and Human Services, Division of Child and Family Services, as my, or the minor or incompetent person's agent for service of process and receipt of mail.*

Print Name (Applicant)	Signature of Applicant or Parent/Guardian	Date

Please mail, email or fax the completed form to:

CAP
Post Office Box 2743
Carson City, NV 89702-2743
NVCAP@dcfs.nv.gov
Fax: 775-687-9017

For CAP Use Only		
Filed	CAP#	Received