



Return to Nebraska Department of Health and Human Services

Fax #: 402-742-2351

Or Mail to P.O. Box 2992, Omaha NE 68172

Or Email to DHHS.ANDICenter@nebraska.gov

DATE:

## Work Verification Request

NAME:	MC#:
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The above individual has applied for or receives assistance from our Agency. In order to determine eligibility, we need to verify the following information. Your help is greatly appreciated.

The above named person is working \_\_\_\_\_ hours per week starting \_\_\_\_\_

This work is (circle one):

- Unpaid/volunteer work
- In-kind (Work in exchange for rent or other services) \_\_\_\_\_
- Paid employment

Comments: \_\_\_\_\_

Thank you for providing this information.

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Phone #*

\_\_\_\_\_  
*Date*