NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Applying for Developmental Disabilities Services

How to apply for developmental disabilities services online

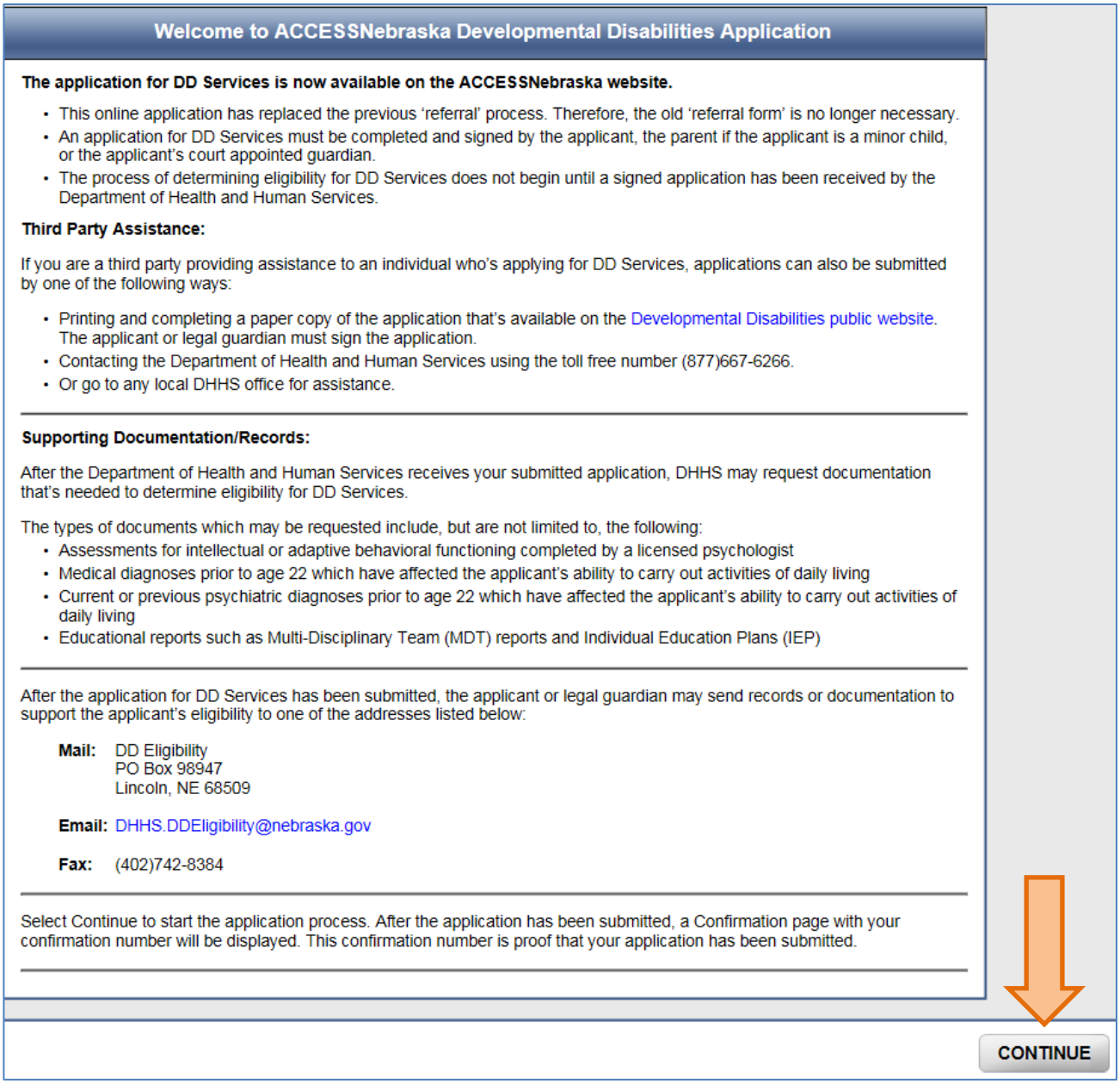
To apply for developmental disabilities services with DHHS follow these steps:

1) Start by clicking on ACCESSNebraska wherever you see the icon.

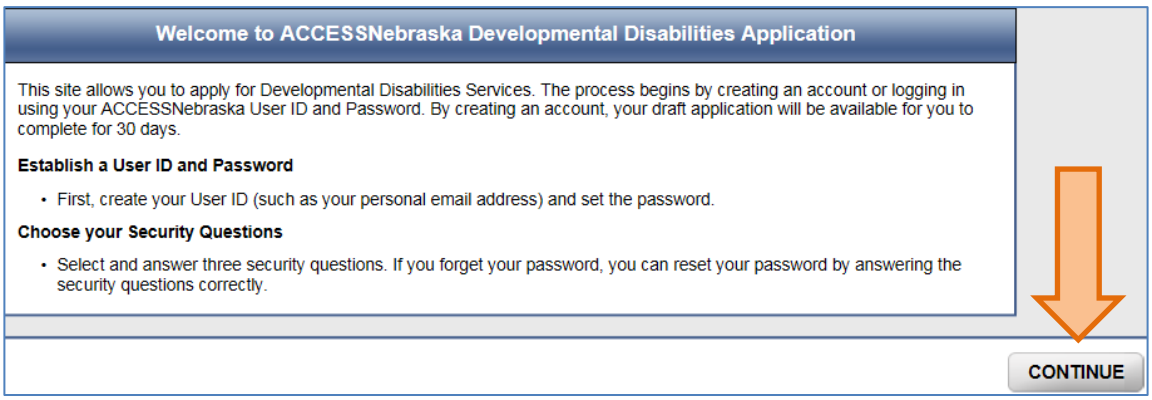
2) You can enter the site in English or Spanish. Click on ENTER in English to do so.

3) To apply for developmental disabilities services, click Developmental Disabilities Application.

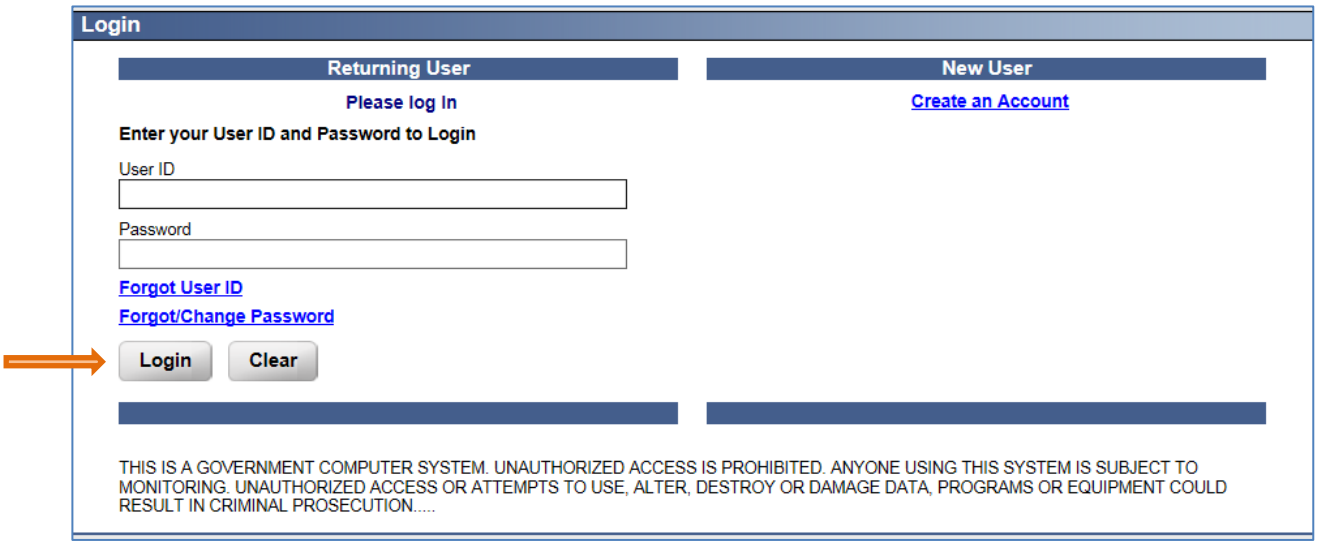
4) Instructions for the application will open in a new window. Once you have read the instructions, including assistance with the form and supporting documentation/records, click CONTINUE to apply online.



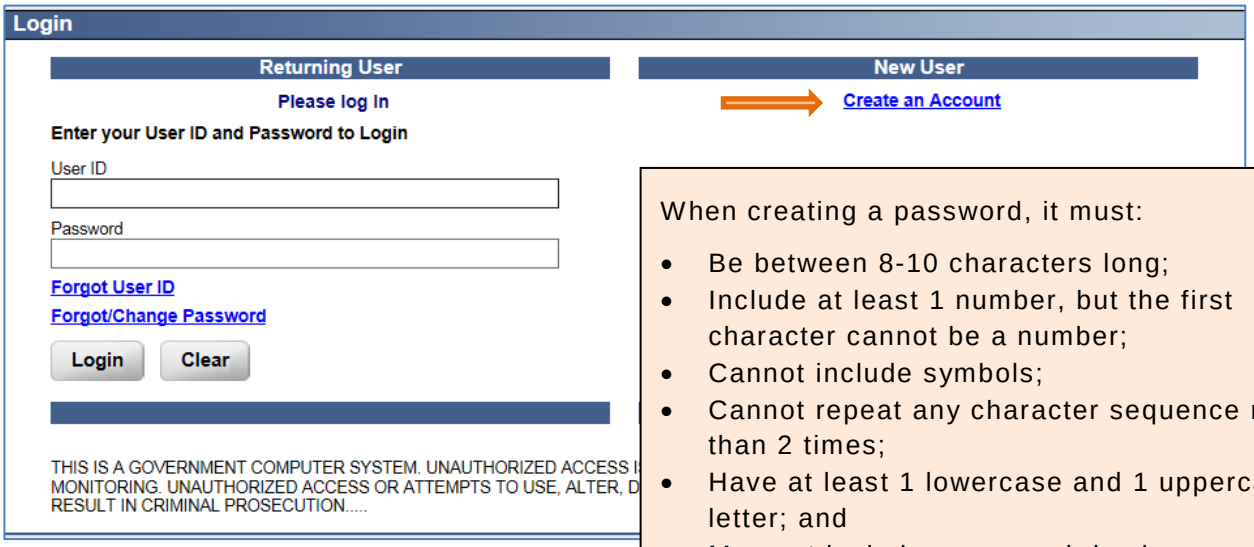
5) Know if you already have an ACCESSNebraska account.



6) Login using existing account

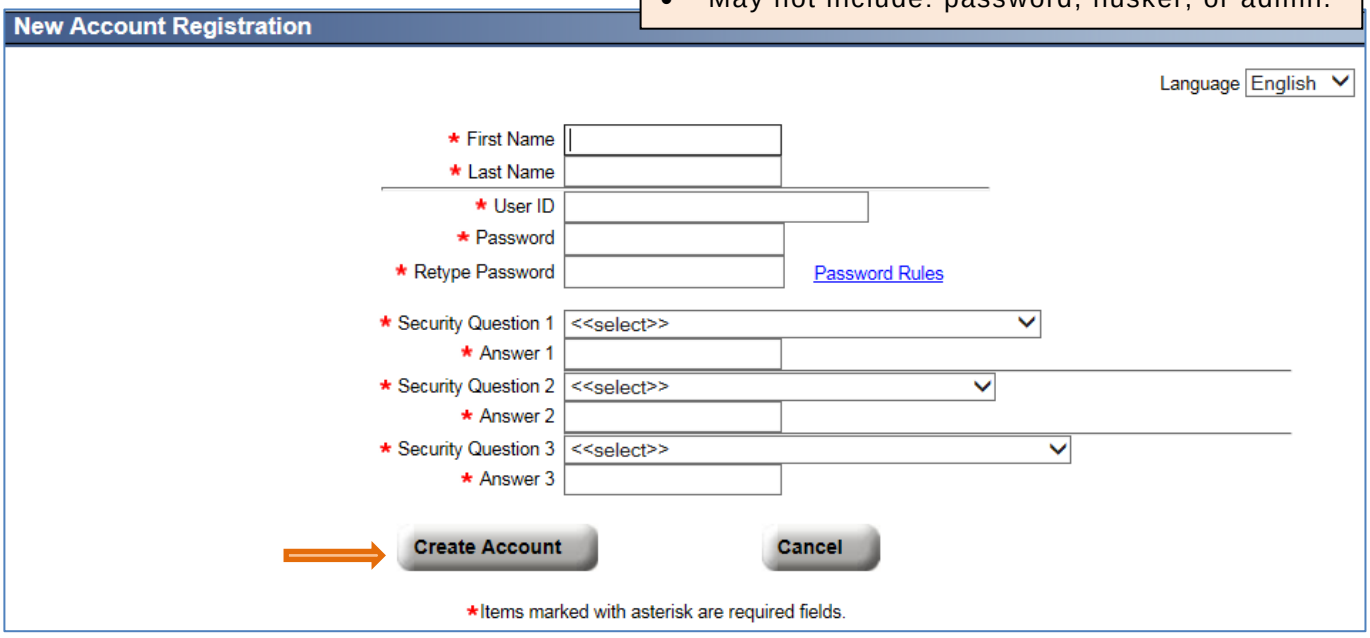


OR Create an ACCESSNebraska account by following instructions.

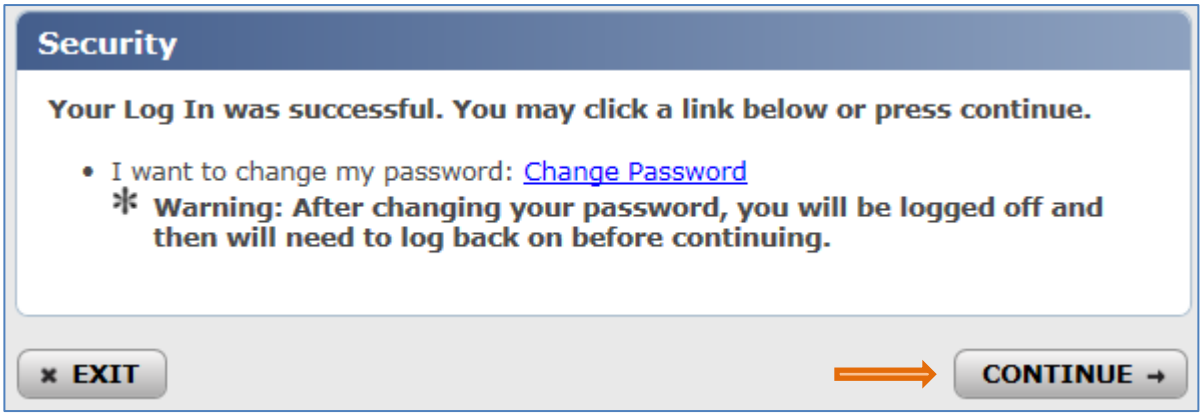


When creating a password, it must:

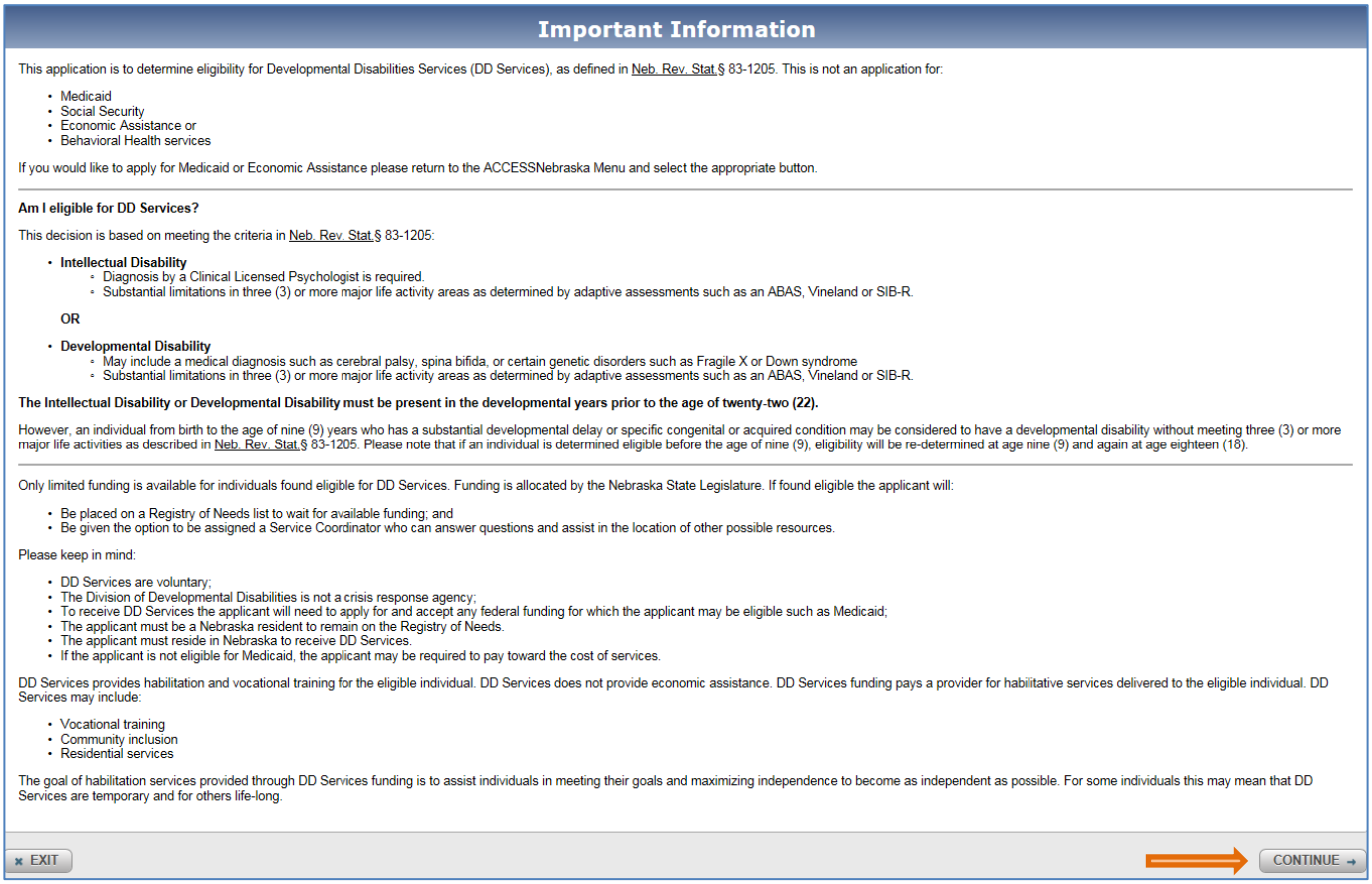
- Be between 8-10 characters long;
- Include at least 1 number, but the first character cannot be a number;
- Cannot include symbols;
- Cannot repeat any character sequence more than 2 times;
- Have at least 1 lowercase and 1 uppercase letter; and
- May not include: password, husker, or admin.



7) Once you are logged in, or register, you will be asked if you want to change your password. Unless you want to create a new password, click CONTINUE.



8) Read the "Important Information" screen and click CONTINUE.



9) Fill out all information about the applicant. If you are helping someone who you are legally responsible for (such as a child or ward), be sure to fill out their information and not yours. When all information is entered, click CONTINUE.

Applicant Information

Does the applicant have an intellectual or developmental disability?

(•) Yes ( ) No

This question MUST be marked Yes.

Did this intellectual or developmental disability occur before the age of 22?

( ) Yes ( ) No

Is the applicant currently receiving or has the applicant ever received Aged & Disabled waiver services, Traumatic Brain Injury (TBI) waiver services, or other Medicaid & Long-Term Care Services?

( ) Yes ( ) No ( ) Unsure

Does the applicant want to be connected with other services?

( ) Yes ( ) No

First Name | Middle Name | Last Name | Extension << select >>

Previous Names

Sex ( ) Male ( ) Female | Date of Birth mm-dd-yyyy | Social Security Number

Physical Address

Address Line 1

Address Line 2

Address Line 3

City | State << select >>

Zip Code 99999-9999

Mailing Address

Address Line 1

Address Line 2

Address Line 3

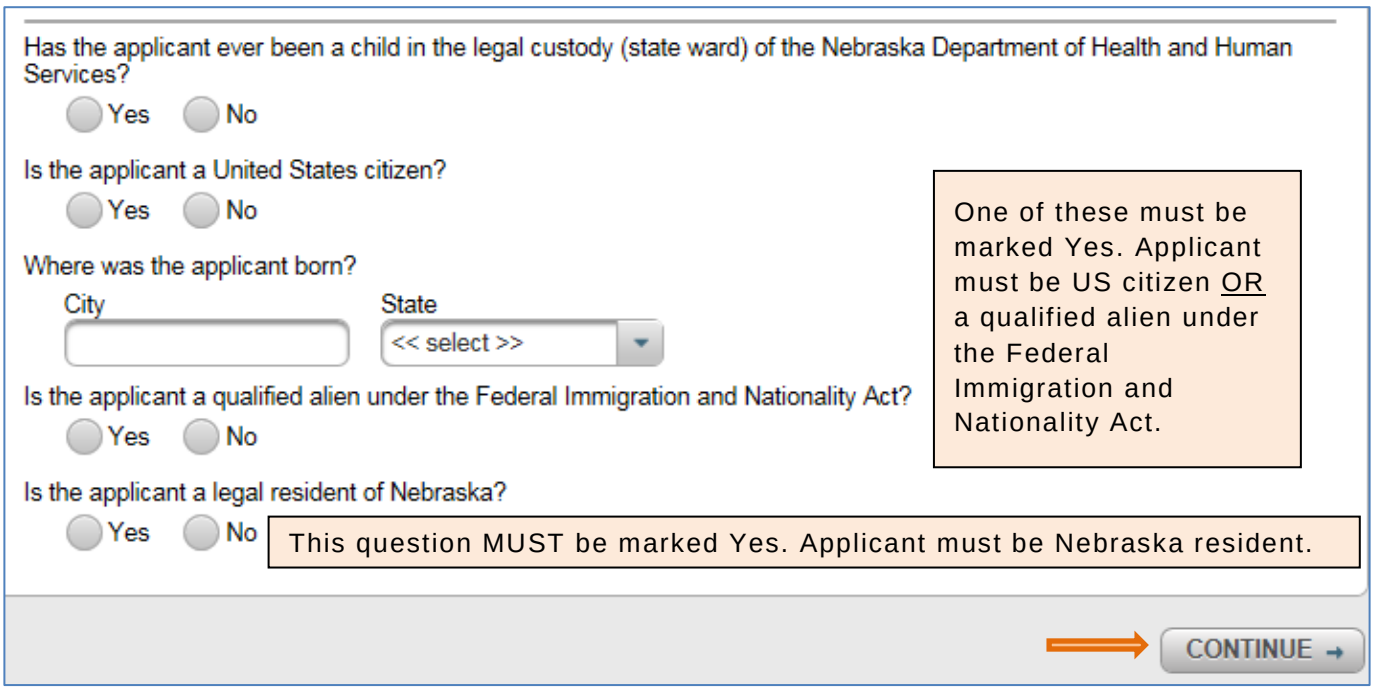
City | State << select >>

Zip Code 99999-9999

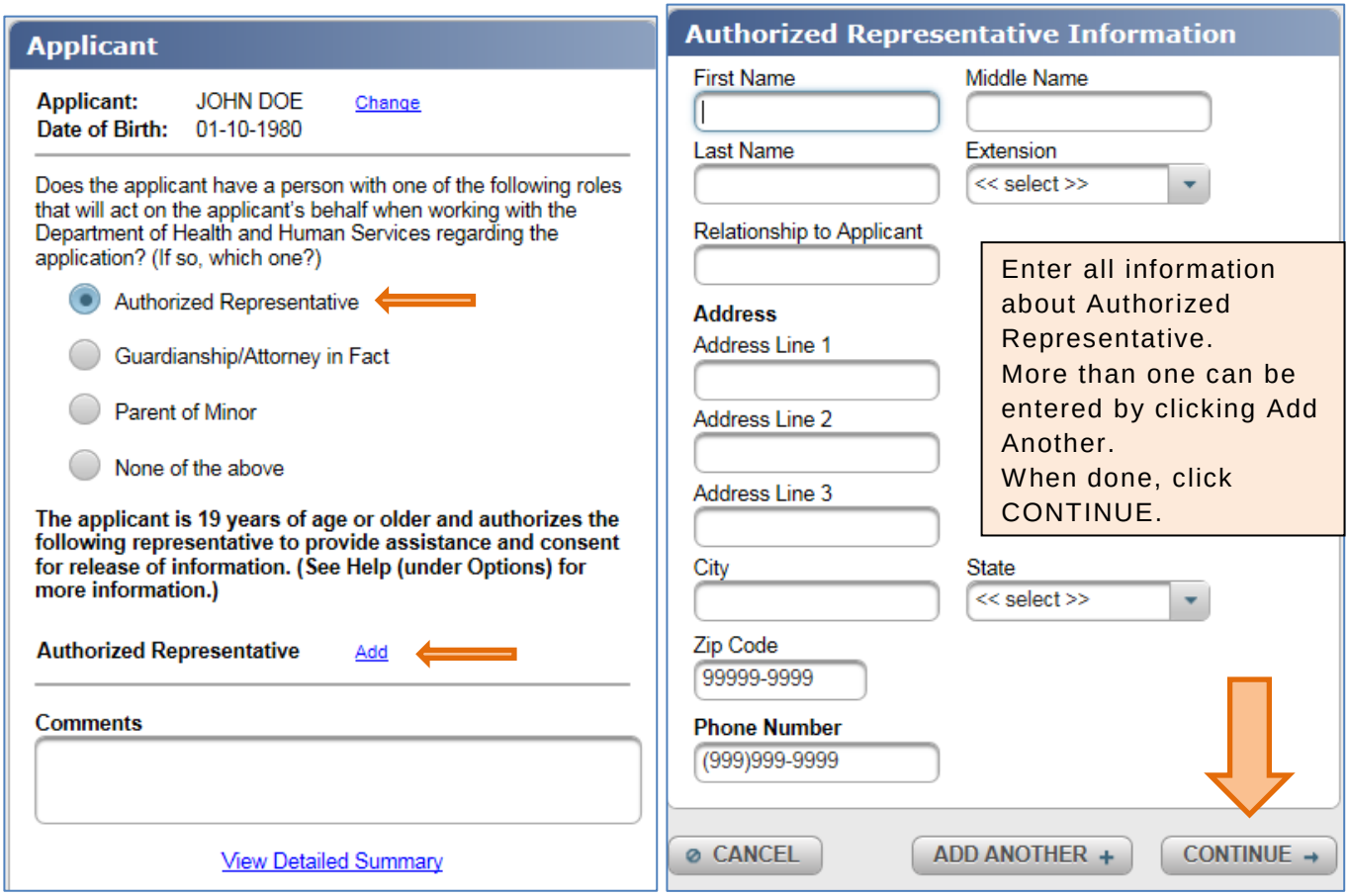
Primary Phone Number (999)999-9999 | Type of Phone << select >>

Secondary Phone Number (999)999-9999 | Type of Phone << select >>

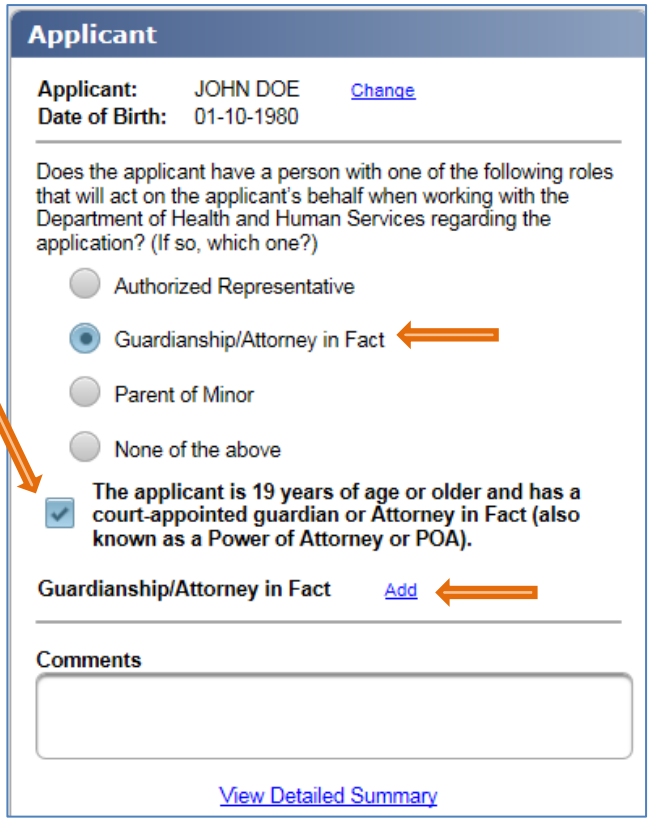
Email Address example@domain.com

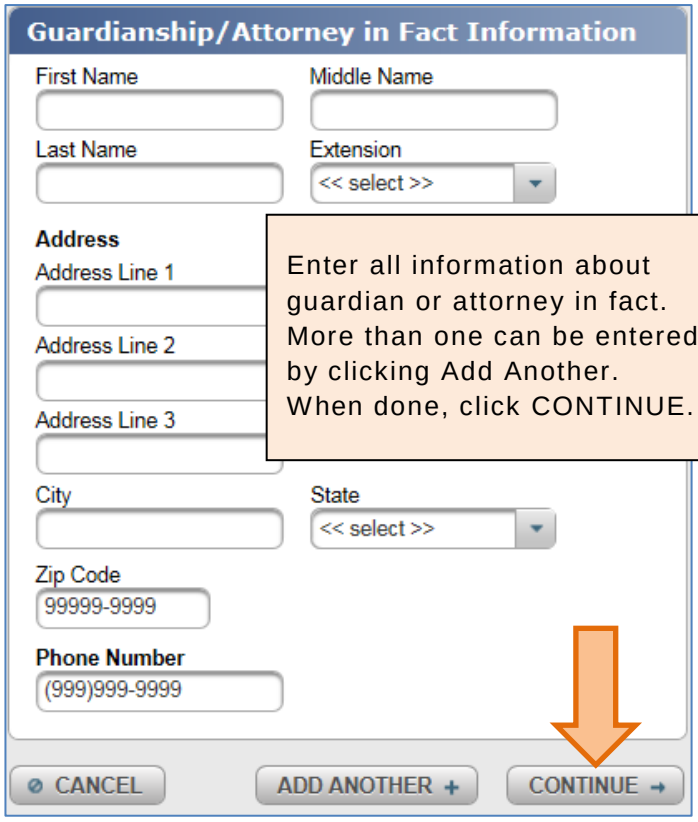


10) Review applicant information. If the applicant has an authorized representative helping with the application, select "Authorized Representative" and click Add.



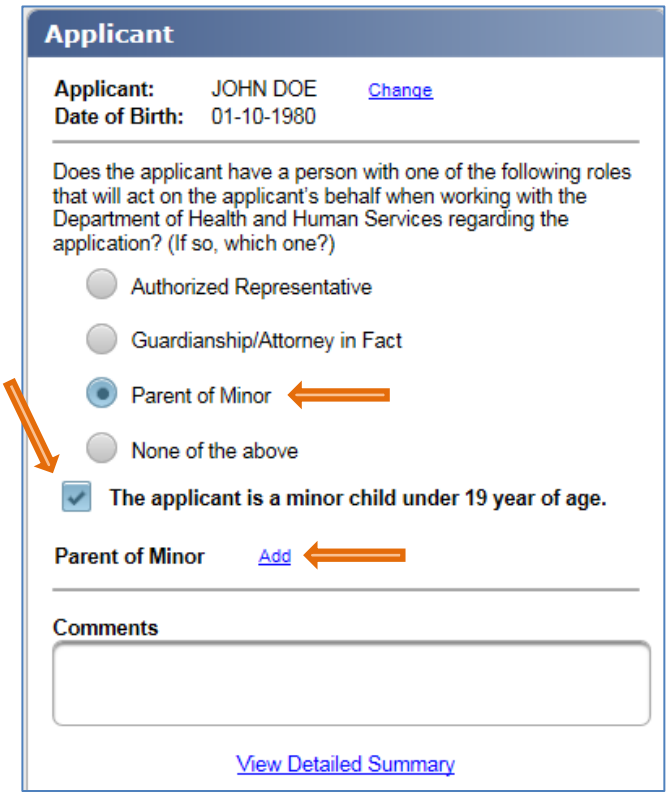
AND/OR on the same screen, if the applicant has a guardian or attorney in fact, select Guardian/Attorney in Fact and click Add.

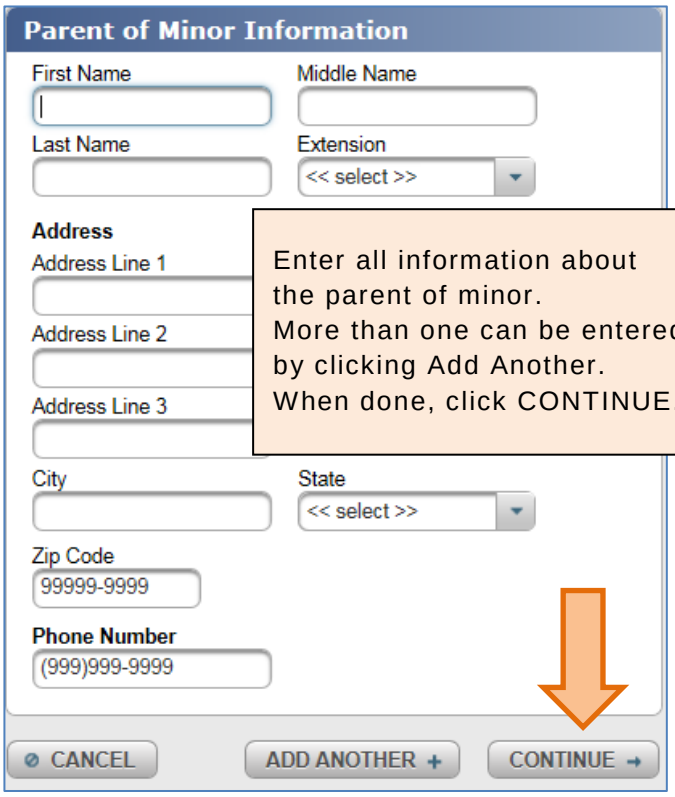




Enter all information about guardian or attorney in fact.
More than one can be entered by clicking Add Another.
When done, click CONTINUE.

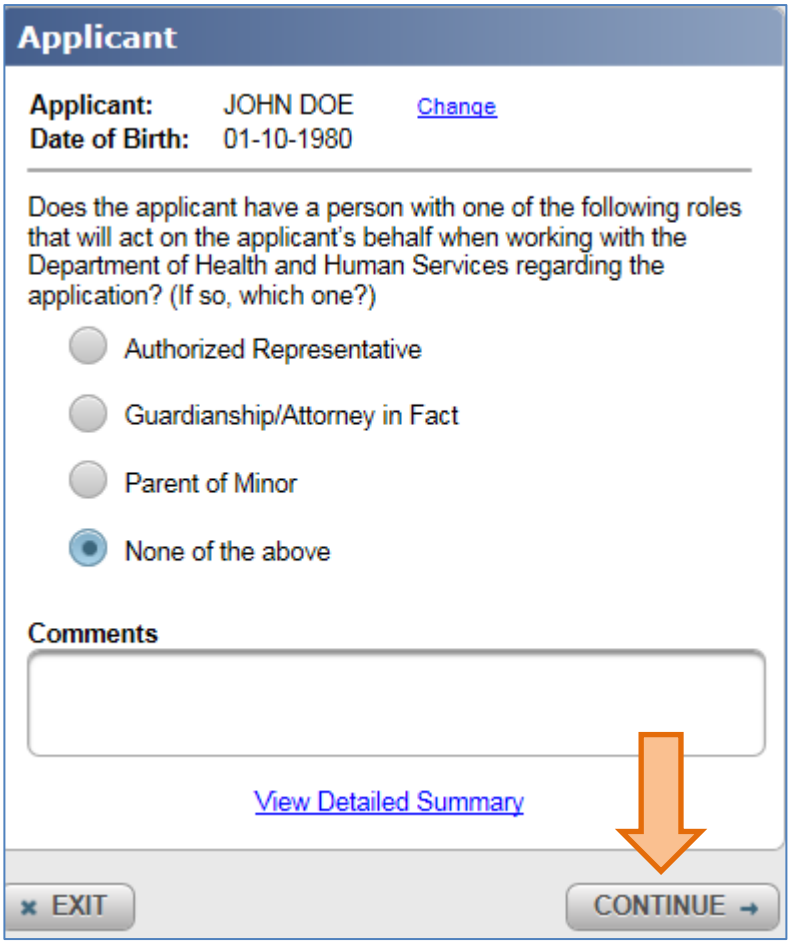
AND/OR on the same screen, if the applicant is a minor and a parent is their natural guardian, select Parent of Minor and click Add.



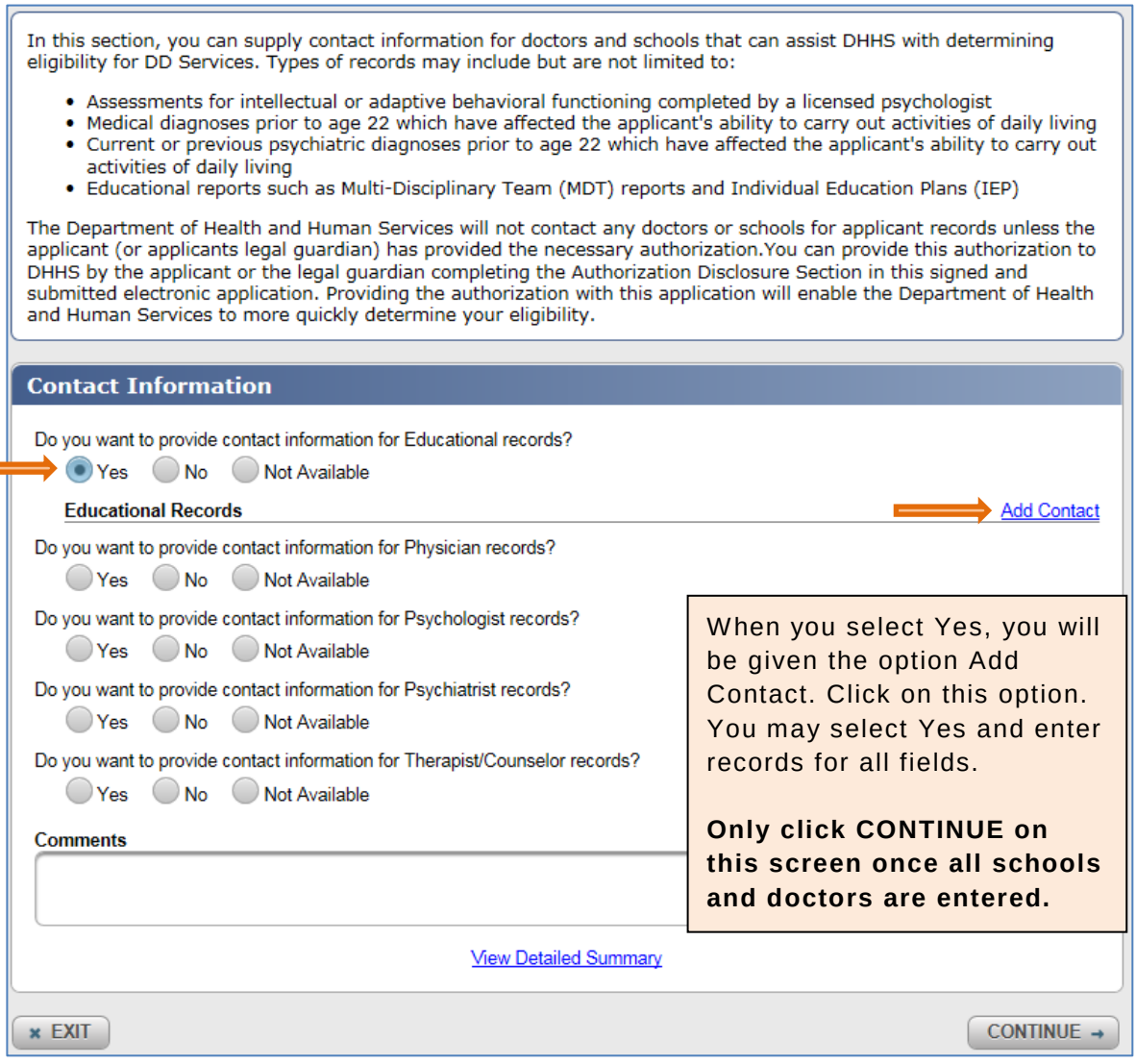


Enter all information about the parent of minor.
More than one can be entered by clicking Add Another.
When done, click CONTINUE.

OR on the same screen, if the applicant has none of the above, select None of the above and click CONTINUE.

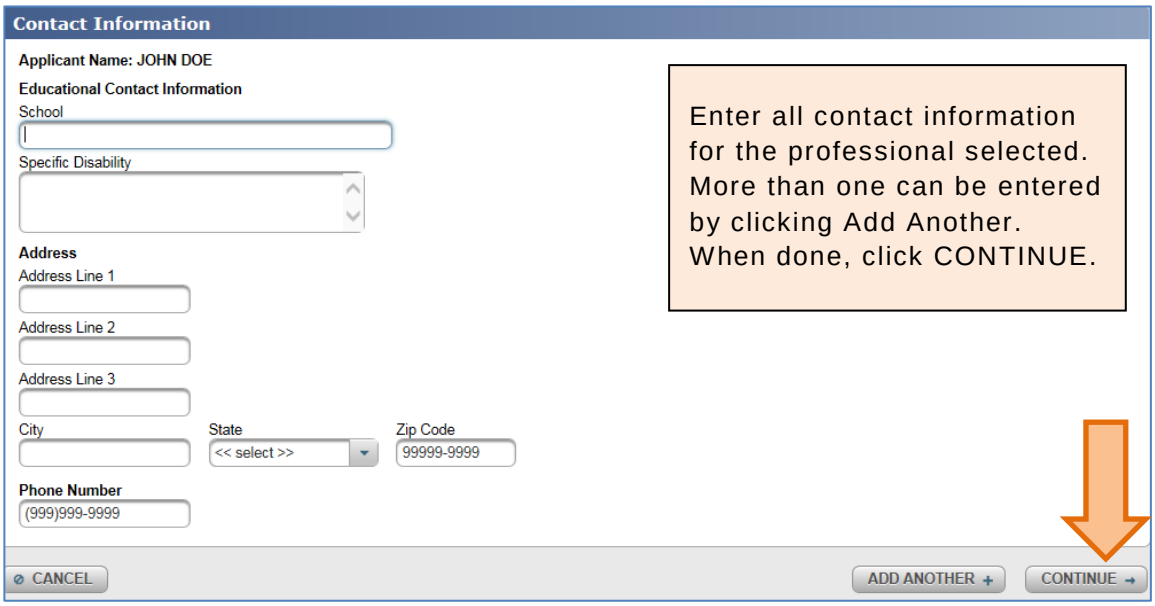


11) Provide contact information for schools and doctors that will support a diagnosis of a developmental disability and/or show your skills. **IT IS IMPORTANT TO COMPLETE THIS SECTION SO DHHS-DD MAY GATHER ALL NECESSARY RECORDS AND MAKE AN ACCURATE DETERMINATION IN A TIMELY MANNER.** When finished click CONTINUE.



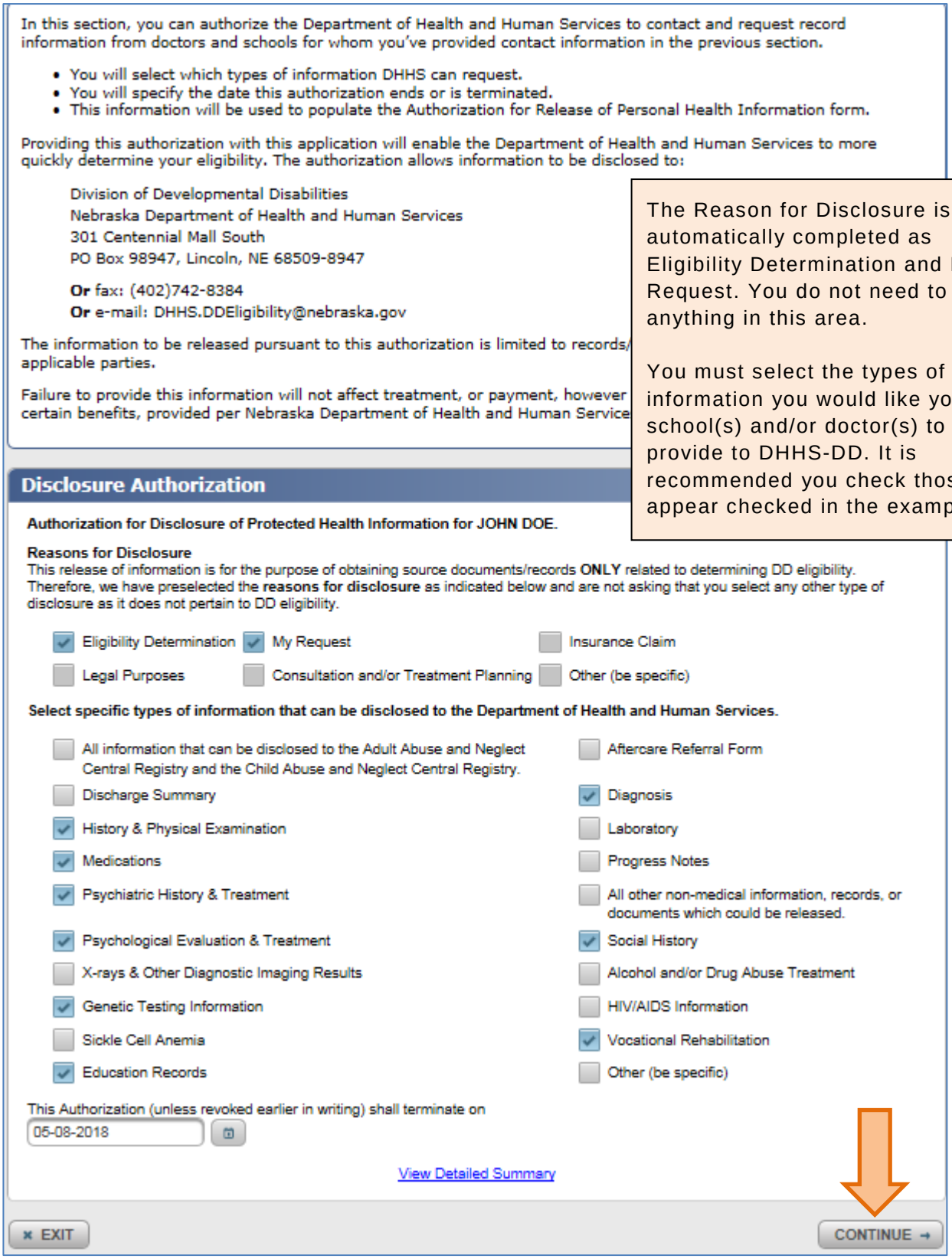
When you select Yes, you will be given the option Add Contact. Click on this option. You may select Yes and enter records for all fields.

Only click CONTINUE on this screen once all schools and doctors are entered.



Enter all contact information for the professional selected. More than one can be entered by clicking Add Another. When done, click CONTINUE.

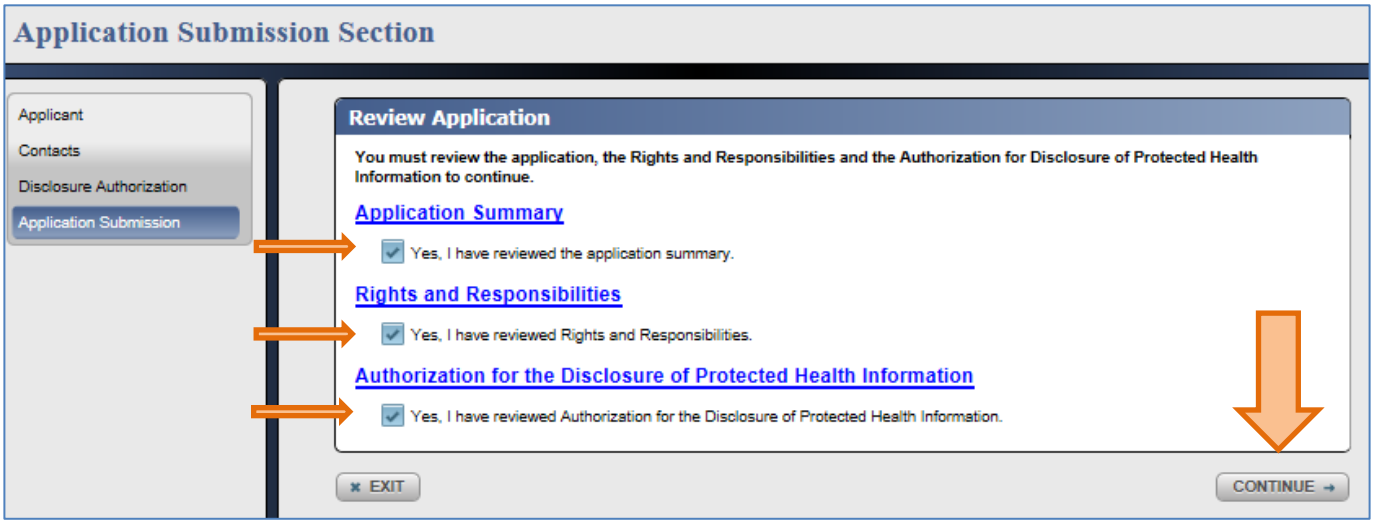
12) The authorized disclosure section **must be completed** to give DHHS-DD permission to contact the schools and doctors provided in the previous section. When finished click CONTINUE.



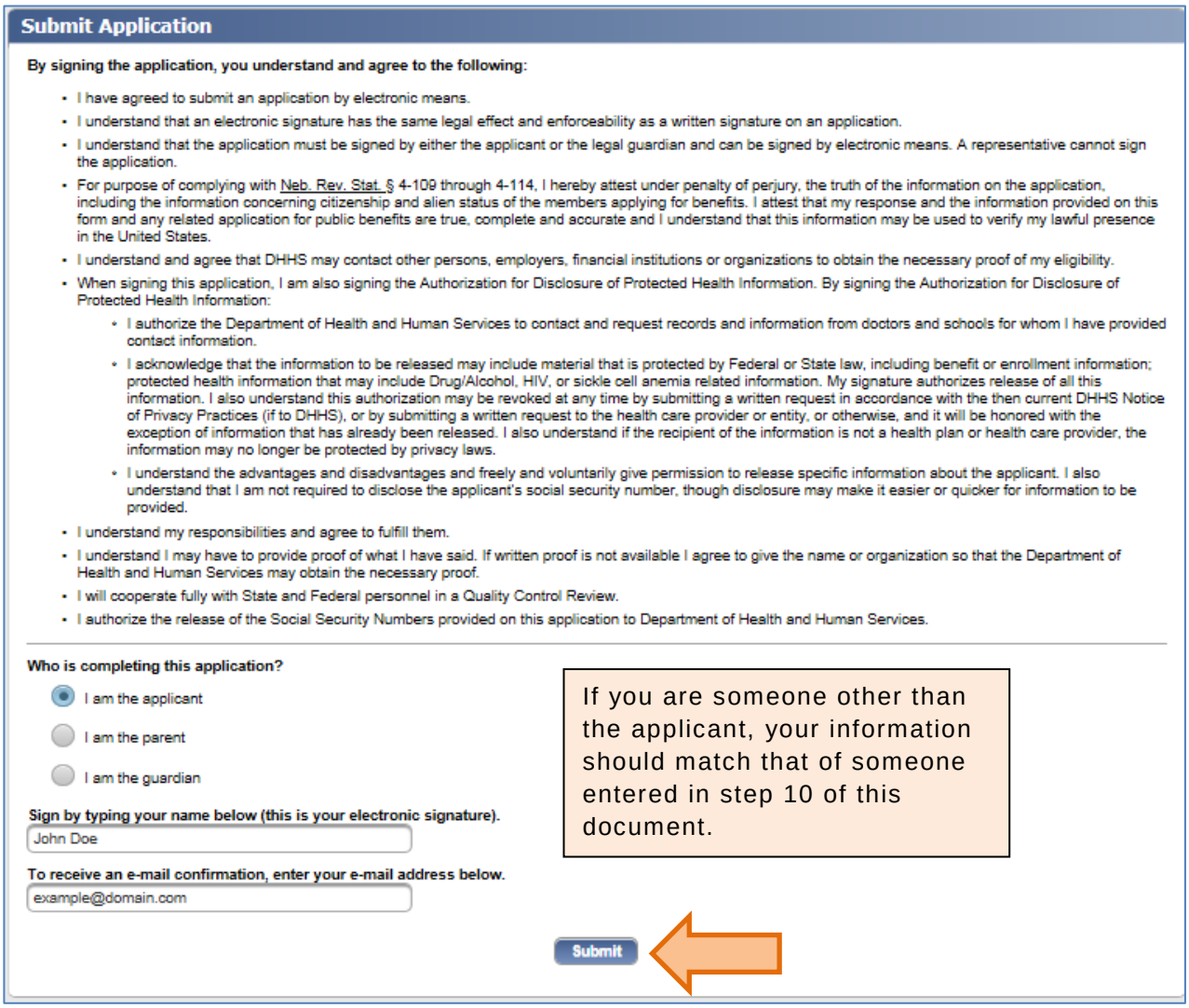
The Reason for Disclosure is automatically completed as Eligibility Determination and My Request. You do not need to do anything in this area.

You must select the types of information you would like your school(s) and/or doctor(s) to provide to DHHS-DD. It is recommended you check those that appear checked in the example.

13) Review application by clicking on Application Summary, Rights and Responsibilities, and Authorization for the Disclosure of Protected Health Information. As you review click the checkbox. Then click CONTINUE.



14) Submit the application by clicking on who you are, typing your name, and clicking Submit.



15) You will receive a confirmation number for your application. Click on Print and be sure to save this number.