Applying for Developmental Disabilities (DD) Services

How to apply for DD services online

DDD has simplified the process to apply for DD services. Just 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 DD 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

### Personal Information

- **First Name**
- **Middle Name**
- **Last Name**
- **Extension**
- **Previous Names**
- **Sex**
  - [ ] Male
  - [ ] Female
- **Date of Birth**
- **Social Security Number**

### Physical Address

- **Address Line 1**
- **Address Line 2**
- **Address Line 3**
- **City**
- **State**
- **Zip Code**

### Mailing Address

- **Address Line 1**
- **Address Line 2**
- **Address Line 3**
- **City**
- **State**
- **Zip Code**

### Contact Information

- **Primary Phone Number** (999)999-9999
- **Secondary Phone Number** (999)999-9999
- **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.

Enter all information about Authorized Representative. More than one can be entered by clicking Add Another. When done, click CONTINUE.
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 DD and/or show your skills. **IT IS IMPORTANT TO COMPLETE THIS SECTION SO DDD MAY GATHER ALL NECESSARY RECORDS AND MAKE AN ACCURATE DETERMINATION IN A TIMELY MANNER.** When finished click CONTINUE.

In this section, you can supply contact information for doctors and schools that can assist DHHS with determining eligibility for DD Services. Types of records may include but are not limited to:

- Assessments for intellectual or adaptive behavioral functioning completed by a licensed psychologist
- Medical diagnoses prior to age 22 which have affected the applicant's ability to carry out activities of daily living
- Current or previous psychiatric diagnoses prior to age 22 which have affected the applicant's ability to carry out activities of daily living
- Educational reports such as Multi-Disciplinary Team (MDT) reports and Individual Education Plans (IEP)

The Department of Health and Human Services will not contact any doctors or schools for applicant records unless the applicant (or applicant's legal guardian) has provided the necessary authorization. You can provide this authorization to DHHS by the applicant or the legal guardian completing the Authorization Disclosure Section in this signed and submitted electronic application. Providing the authorization with this application will enable the Department of Health and Human Services to more quickly determine your eligibility.

### Contact Information

**Do you want to provide contact information for Educational records?**

- [ ] Yes
- [ ] No
- [ ] Not Available

**Educational Records**

**Do you want to provide contact information for Physician records?**

- [ ] Yes
- [ ] No
- [ ] Not Available

**Do you want to provide contact information for Psychologist records?**

- [ ] Yes
- [ ] No
- [ ] Not Available

**Do you want to provide contact information for Psychiatrist records?**

- [ ] Yes
- [ ] No
- [ ] Not Available

**Do you want to provide contact information for Therapists/Counselors?**

- [ ] Yes
- [ ] No
- [ ] Not Available

**Comments**

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.

### Contact Information

**Applicant Name:** JOHN DOE

**Educational Contact Information**

**School**

- [ ] Specific Disability

**Address**

- [ ] Address Line 1
- [ ] Address Line 2
- [ ] Address Line 3

- [ ] City
- [ ] State
- [ ] Zip Code

**Phone Number**

- [ ] 999-9999

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.

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 DDD 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 DDD. 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.

If you are someone other than the applicant, your information should match that of someone entered in step 10 of this document.
15) You will receive a confirmation number for your application. Click on Print and be sure to save this number.