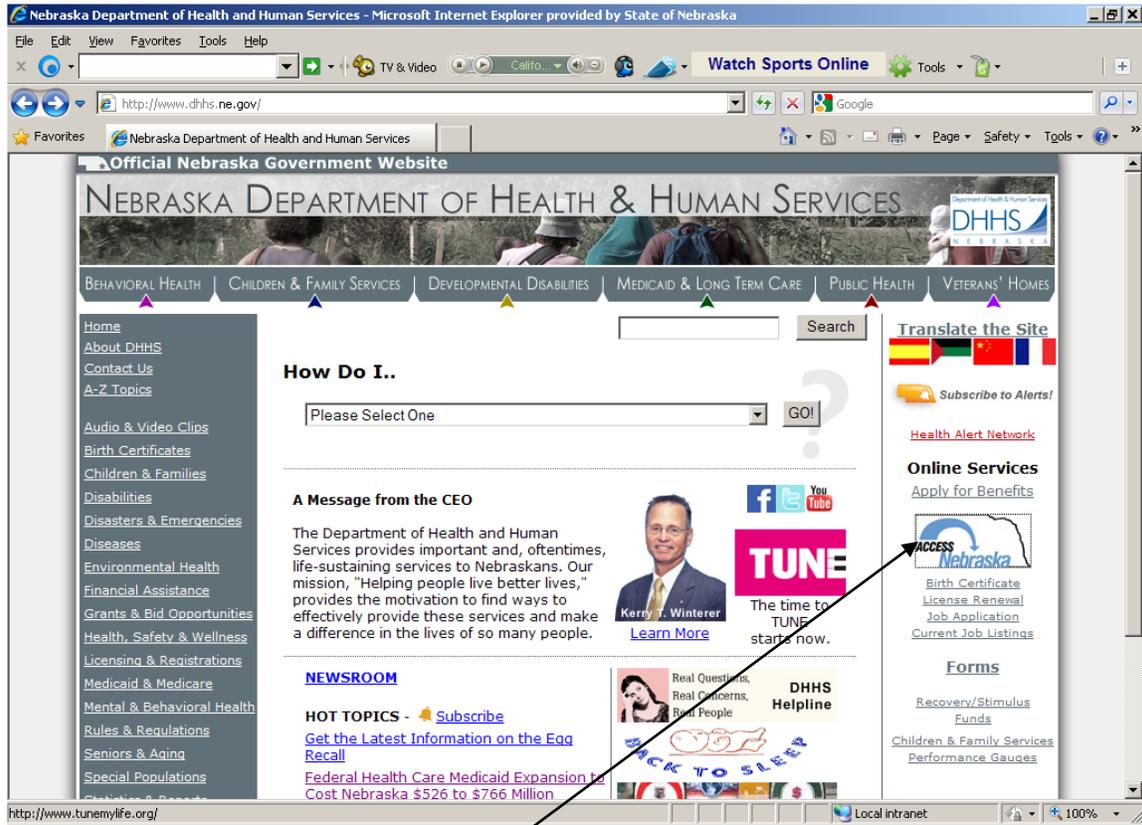
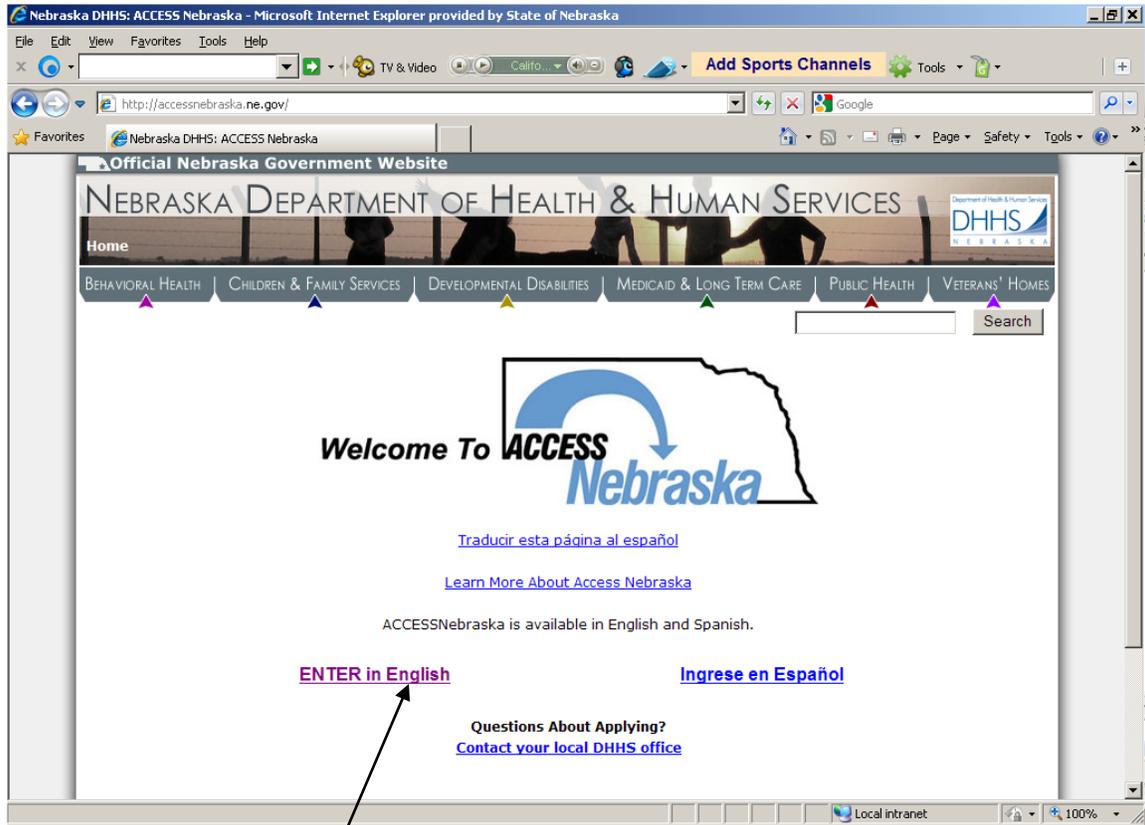


HOW TO REPORT A BIRTH OF A NEWBORN USING ACCESS NEBRASKA

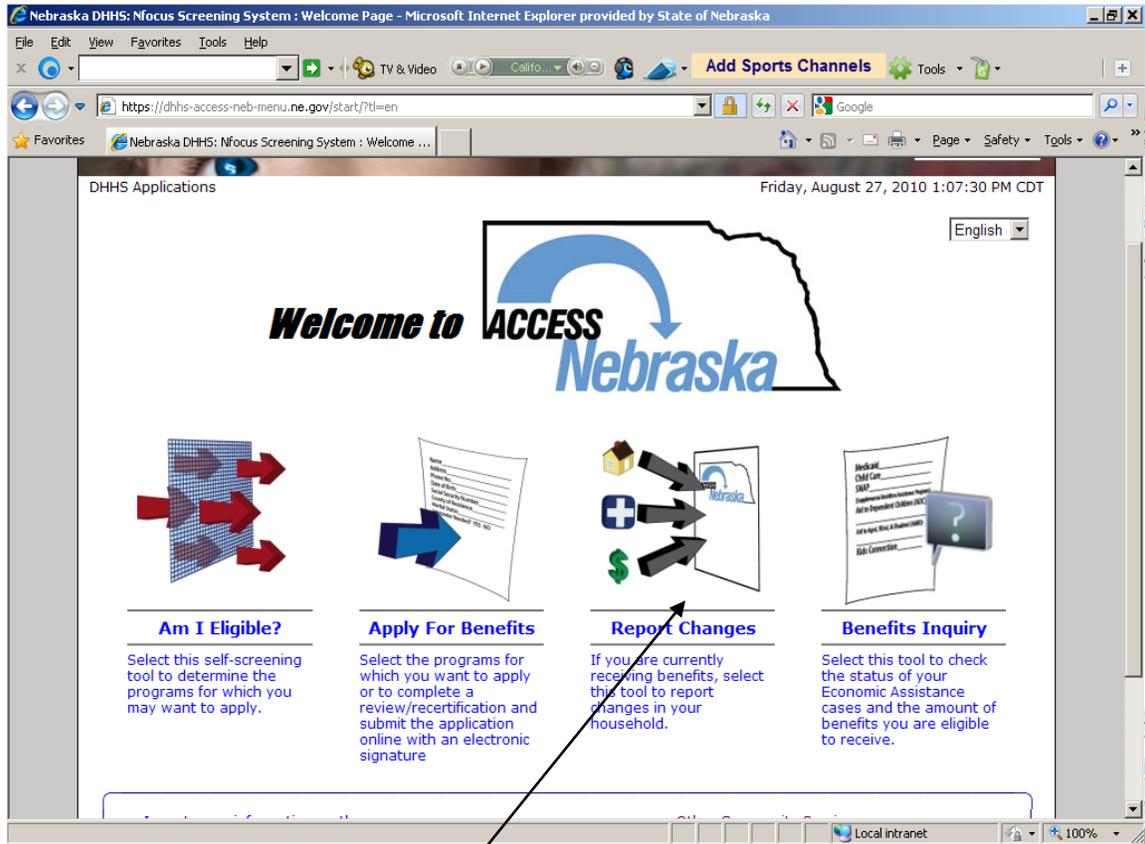
- 1) Go to the Nebraska Department of Health Human Services's website:
<http://www.dhhs.ne.gov>



- 2) Click on the ACCESS Nebraska icon



3) Click on Enter (either in English or Espanol)



4) Click on Report Changes

Nebraska DHHS: Change Reporting - Identification - Microsoft Internet Explorer provided by State of Nebraska

Official Nebraska Government Website

ACCESS Nebraska

Report Changes

DHHS
Nebraska Department of Health
and Human Services

08/27/2010 01:08 PM

INSTRUCTIONS: Please complete the information below for the person who is receiving benefits from the Nebraska Department of Health and Human Services (DHHS). If the person is not currently receiving benefits, a new application will need to be filed. Enter the person's name, date of birth and only the last 4 numbers of the Social Security Number in the boxes below. When entering the date, use the two-number month, then the two-number day and the four-number year. For example, if you were born on August 15, 1979, enter it as 08-15-1979.

HELP ?

Identification

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

Date of Birth Example: mm-dd-yyyy

Last 4 numbers of the Social Security Number

EXIT CONTINUE

[Contact Us](#)

Start 6 Microsoft Off... 5 DHHS N-FOLUS Logout Screen 11 Internet Ex... 3 Microsoft Off... 1:08 PM

- 5) Enter Medicaid eligible mother's name, date of birth and last 4 digits of her social security number. Please note if the mother is not Medicaid eligible or if her Medicaid case is closed the Report Change function will not work.

Nebraska DHHS: Change Reporting - Welcome - Microsoft Internet Explorer provided by State of Nebraska

ACCESS Nebraska

Report Changes

DHHS
Nebraska Department of Health
and Human Services

08/27/2010 01:48 PM

HELP ?

Welcome to ACCESSNebraska Change Reporting

There are three steps to submitting your changes.

- Step 1: Select and complete the information about the change(s).
- Step 2: Review all of the changes.
- Step 3: Submit the changes.

If your household is currently receiving benefits, you can use this Change Report to submit changes for the following programs:

- Aid to Dependent Children (ADC)
- Supplemental Nutrition Assistance Program (SNAP)-formerly known as the Food Stamp Program
- Aid to Aged, Blind and Disabled (AABD)
- Medicaid
- Kids Connection
- Child Care
- Refugee Resettlement Program

If you are not currently receiving benefits, you will need to file a new application.

This Change Report should not be used for the following:

- to report changes to your Employment First Case Manager
- in place of the SNAP/Food Stamp Interim Report Form which you received in the mail
- to report a change if your SNAP/Food Stamp case was closed in the past 30 days. Report the change by phone call as your case may be able to be reopened without a new application.

If you are reporting a domestic violence issue and you have a Child Support Enforcement case, please call 1-877-631-9973, Option #2.

Not all changes need to be reported. Please refer to the notice that you received or click on the HELP button on the top right for information.

EXIT CONTINUE

Start 7 Microsoft Off... 5 DHHS N-FOCUS Logout Screen 11 Internet Ex... 3 Microsoft Off... 1:48 PM

6) Read and click Continue.

Nebraska DHHS: Change Reporting - Menu - Microsoft Internet Explorer provided by State of Nebraska

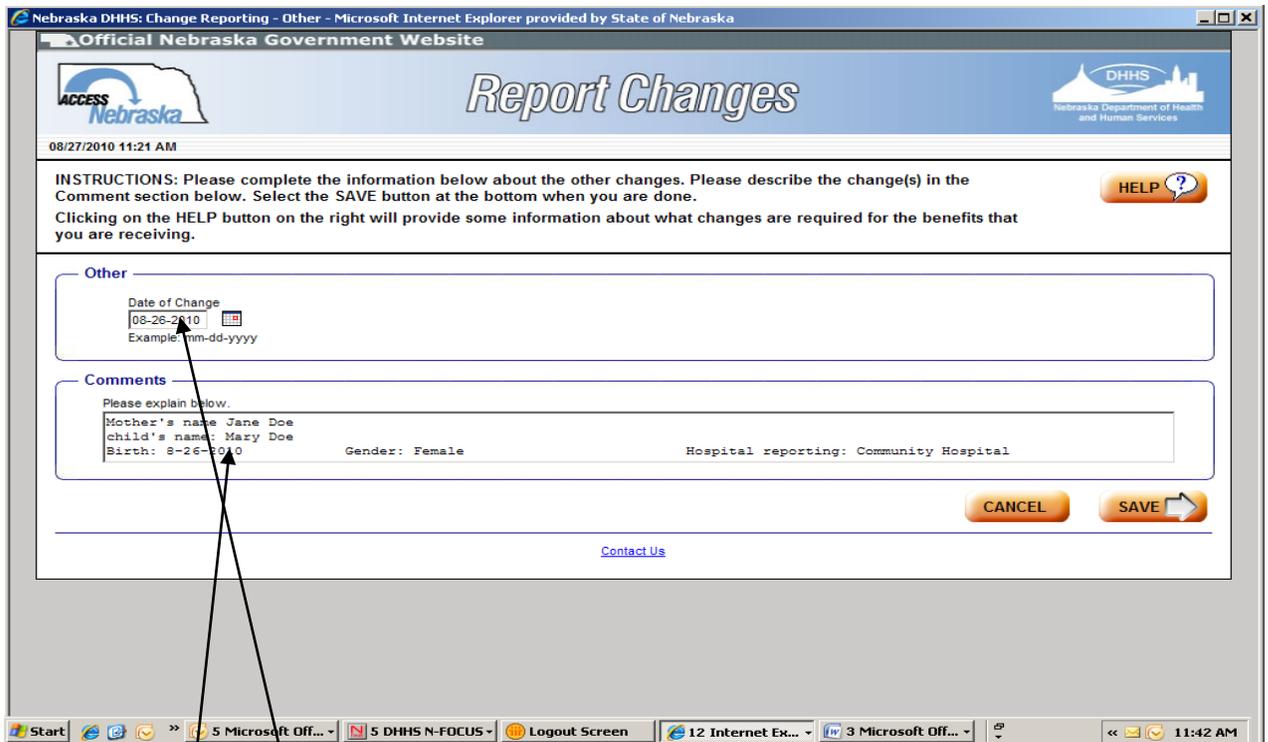
STEP 1: INSTRUCTIONS: You can submit multiple changes on one Change Report. Click on the underlined item below for the change that you want to report. This will take you to another page where you can enter information. When you return to this page, a checkmark will appear to the left of that line once you have entered your changes. 

1. Address/Phone Number	Your address or phone number has changed.
2. Housing Bills	Your household's housing bills have changed (rent, mortgage, lot rent, taxes, etc.).
3. Utility Bills	Your household started or stopped paying utility bills (gas, electricity, garbage, telephone, etc.).
4. Person Moved In	Person(s) moved into your household (include newborn babies).
5. Person Moved Out	Person(s) moved out of your household.
6. Pregnancy	Someone in your household is pregnant.
7. Marital Status	Someone in your household had a change in marital status (report marriages and divorces).
8. Deceased Person	Someone in your household died.
9. Disabled, Blind, Unable to Work	Someone in your household became disabled, blind or unable to work due to illness or injury.
10. Job	Someone in your household started or stopped a job, had a change in job status or income from a job changed (report if the source, hours or income changed).
11. Self Employment	Someone in your household started, stopped or had a change in self employment (report if the source, hours or income changed).
12. Other Income	Someone in your household started, stopped or had a change in another type of income (other than a job or self employment) such as Social Security, Unemployment Compensation, Child Support, etc.
13. Child Support Expense	Someone in your household started, stopped or changed the amount of child support they are paying.
14. Child Care	Someone in your household changed child care providers, your household's child care costs have changed or your reason for using child care has changed.
15. School Attendance	Someone in your household started attending school or dropped out of school.
16. Resources	Someone in your household has a new resource, or has sold or transferred a resource (resources are things like bank accounts, vehicles, property, etc.).
17. Health Insurance	Someone in your household has a new health insurance policy, coverage has stopped or your current coverage has changed.
18. Other	Any other changes you would like to tell us about.

STEP 2: Review the change(s).  

Local intranet 100%

7) Click on Other.



8) Insert the effective date of the birth of the newborn. In the comment section, include the following:

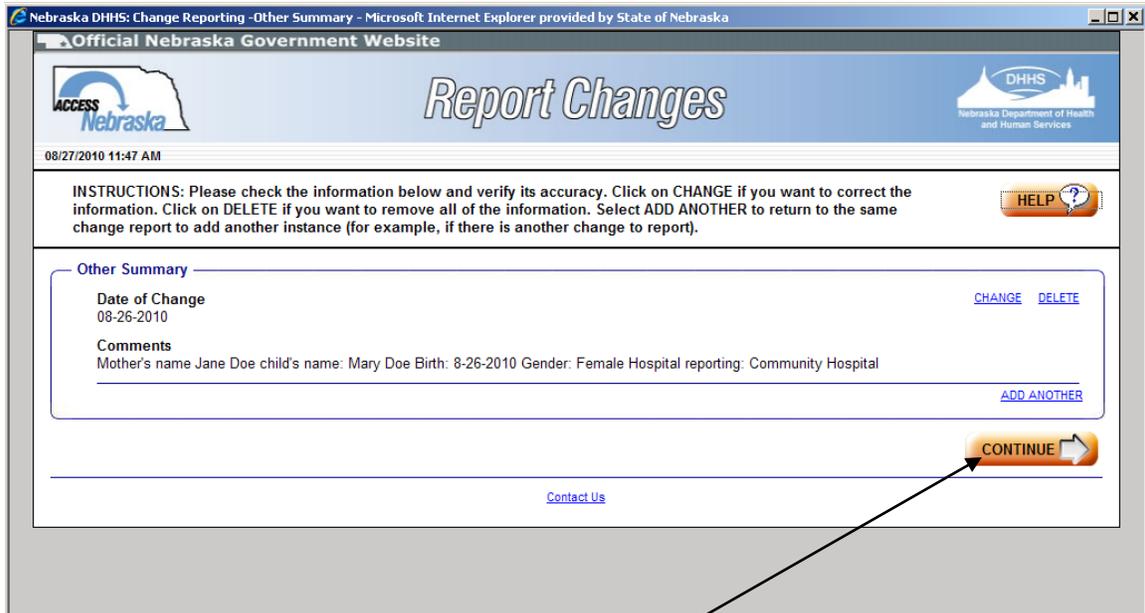
Mother's name:

Child's name:

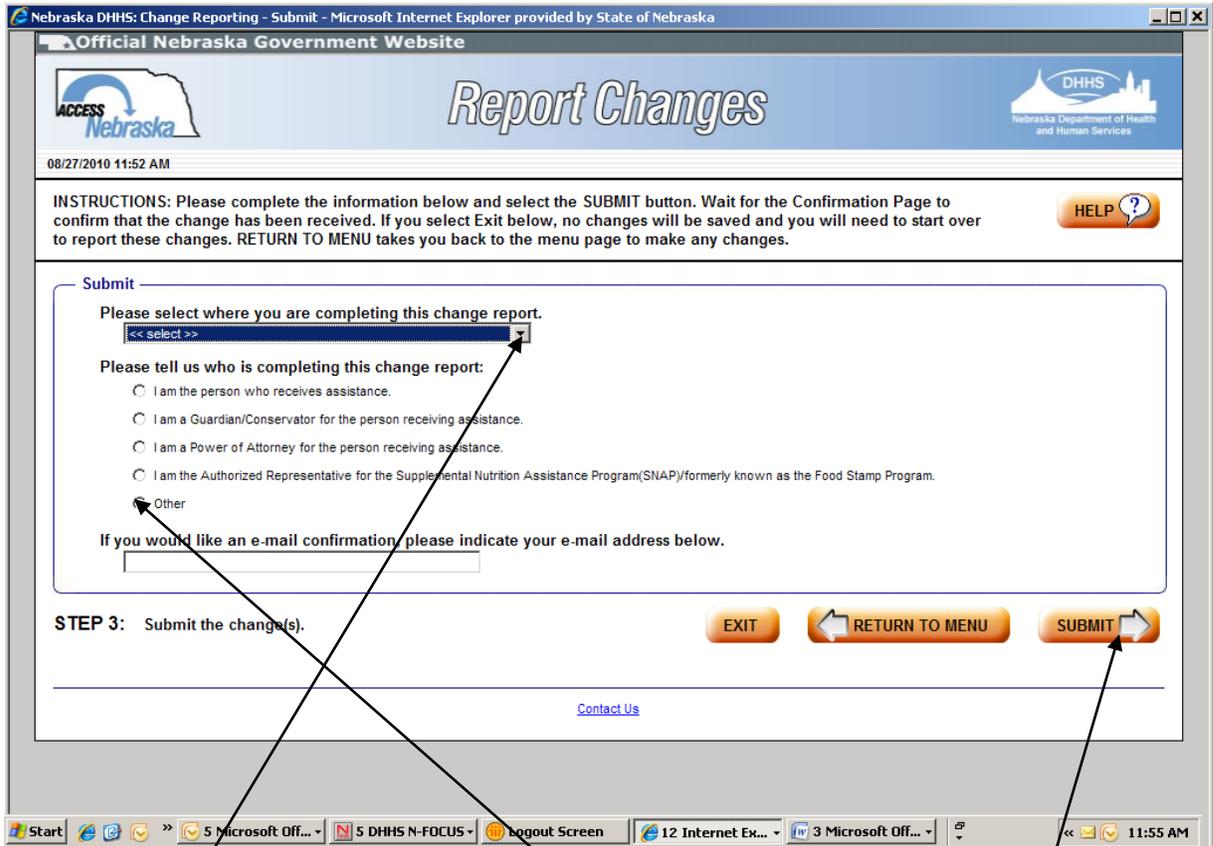
Gender:

Birth date of child:

Facility reporting birth:



9) If Change is correct, click Continue.



10. Select Other from the dropdown menu and Other from the bullets. Enter your Name and Email address, if you would like a confirmation of your submission. Click submit.