



Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

## Department of Health and Human Services Recognition and Celebrations - Recommendation Form

Ensuring the confidentiality and security of Protected Health Information (PHI) is a legal requirement under HIPAA and a fundamental component of our commitment to trust and respect for those we serve. Please ensure submissions do not include PHI.

**Please describe the type of collaboration are you celebrating:**

(i.e. community partnership, exemplary service, innovative approach, etc.) (How did this impact the child welfare system?)

Description of Celebration:

**Who are you recognizing?**

Agency/Organization/Individual Name:

Date/Timeframe of recognition celebration:

**Representative submitting this form:**

Name:

Email:

Agency/Organization:

This form can be submitted to: [dhhs.cfsproviderrelations@nebraska.gov](mailto:dhhs.cfsproviderrelations@nebraska.gov)