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 ACCESSNebraska wherever you see the icon.

2) You can enter the site in English or Spanish. Click 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 all the instructions, click CONTINUE to apply online.

5) When you already have an ACCESSNebraska account, you can use it to apply.
6) Login using your existing account, OR Create a new 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;
- Not include symbols;
- Not repeat any character sequence more than 2 times;
- Have at least 1 lowercase and 1 uppercase letter; and
- Not include: password, husker, or admin.
7) Once you are logged in, 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. When you are helping someone who you are legally responsible for, such as a child or ward, be sure to fill out his/her 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

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
<th>Extension</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>&lt;&lt; select &gt;&gt;</td>
</tr>
</tbody>
</table>

Previous Names

Sex
- [ ] Male
- [ ] Female

Date of Birth

Social Security Number

<table>
<thead>
<tr>
<th>Physical Address</th>
<th>Mailing Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address Line 1</td>
<td>Address Line 1</td>
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<tr>
<td>Address Line 2</td>
<td>Address Line 2</td>
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<tr>
<td>Address Line 3</td>
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<tr>
<td>City</td>
<td>City</td>
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<td>State</td>
<td>State</td>
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<tr>
<td>Zip Code</td>
<td>Zip Code</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary Phone Number</th>
<th>Type of Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>(999)999-9999</td>
<td>&lt;&lt; select &gt;&gt;</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Secondary Phone Number</th>
<th>Type of Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>(999)999-9999</td>
<td>&lt;&lt; select &gt;&gt;</td>
</tr>
</tbody>
</table>

Email Address

example@domain.com
Has the applicant ever been a child in the legal custody (state ward) of the Nebraska Department of Health and Human Services?

- Yes
- No

Is the applicant a United States citizen?

- Yes
- No

Where was the applicant born?

City: [Input]
State: [Select]

Is the applicant a qualified alien under the Federal Immigration and Nationality Act?

- Yes
- No

Is the applicant a legal resident of Nebraska?

- Yes
- No

This question MUST be marked Yes. Applicant must be a US citizen OR a qualified alien under the Federal Immigration and Nationality Act.

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10) Review applicant information. When the applicant has an authorized representative helping with the application, select “Authorized Representative” and click Add. An authorized representative does not have to be a legal representative; it’s just someone who is helping with the application.

**Applicant**

<table>
<thead>
<tr>
<th>Applicant: JOHN DOE</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth: 01-10-1960</td>
<td></td>
</tr>
</tbody>
</table>

Does the applicant have a person with one of the following roles that will act on the applicant’s behalf when working with the Department of Health and Human Services regarding the application? (If so, which one?)

- Authorized Representative
- Guardianship/Attorney in Fact
- Parent of Minor
- None of the above

The applicant is 19 years of age or older and authorizes the following representative to provide assistance and consent for release of information. (See Help (under Options) for more information.)

**Authorized Representative Information**

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Last Name: [Input]

Address: [Input]

City: [Input]
State: [Select]

Phone Number: (999)999-9999

Enter all information about the Authorized Representative.

More than one person can be entered by clicking Add Another.

When done, click CONTINUE.
On the same screen, when the applicant has a guardian or attorney in fact, select Guardian/Attorney in Fact and click Add.

Enter all information about the guardian or attorney in fact.

More than one can be entered by clicking Add Another.

When done, click CONTINUE.

On the same screen, when 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 a minor.

More than one can be entered by clicking Add Another; this must be done with both parents are natural guardians.

When done, click CONTINUE.
On the same screen, when the applicant does not have an authorized representative, guardian, attorney in fact, or parent when a minor, select None of the above and click CONTINUE. This should only be selected when an applicant is completing the application without any help.
11) Provide contact information for schools and doctors to support your diagnosis of a developmental disability and/or show your skills. **It is important to complete this section so DDD can 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 applicants 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.

For each source of information, enter all contact information.

More than one can be entered by clicking Add Another. Multiple sources of information should be entered.

When done entering all, click CONTINUE to return to the main Contact Information page.

When you select Yes, you will be given the option to Add Contact. Click 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.**
12) The authorized disclosure section **must be completed** to give DDD permission to contact the schools and doctors you provided in the previous section. When finished click CONTINUE.

The Reason for Disclosure is automatically checked 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 school(s) and doctor(s) to provide to DDD. It is recommended you check those marked in this example.
13) Review your application by clicking Application Summary, Rights and Responsibilities, and Authorization for the Disclosure of Protected Health Information. As you review each section click the corresponding checkbox. Then click CONTINUE.

14) Submit your application by clicking your relationship to the applicant, typing your name, and clicking Submit. This serves as your signature.

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