

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PO BOX 2992
OMAHA NE 68103-2992

Case Number - 00005019
Case Name - JOHN CASE
CONTACT - Medicaid
Fax Number - (402)595-1901
Date of Notice - 05-20-2026

JOHN CASE
852 ALPHA ST
LINCOLN NE 68522

VERIFICATION REQUEST

In order to determine initial or continued eligibility for assistance, you must **return the following verification items by 06-24-2026. DHHS is required to assist you in obtaining requested verifications.** Contact us at the telephone number below if you are unable to obtain the requested verifications. Provide the requested verifications to the office address listed above or FAX to the number above or submit online at <https://iserve.nebraska.gov>.

Do not send original documents as the Department will not be able to return your documents.

Failure to provide verifications by 06-24-2026 could result in the denial, termination or decrease in your benefits.

Listed below are the verification items needed, the person we need them for, and the programs that require them in order to determine eligibility.

MWR Verification of Compliance Notice

- Medicaid Work Requirements Compliance (see comments below for details)

JOHN CASE - MEDICAID

Comment(s) - Medicaid Work Requirements Verification of Compliance Notice - Action Needed

You are receiving this notice because you must complete Medicaid work requirements in order to qualify for coverage. The Department of Health and Human Services (DHHS) has not been able to confirm whether you have completed work requirements or have an exemption.

You must provide DHHS with more information by the due date included on this notice in order to qualify for coverage. This notice includes actions you can take to send DHHS the information we need.

You can find more information about work requirements online at <https://dhhs.ne.gov/WorkRequirements>.

How to contact Nebraska Medicaid

Included with this notice is a declaration form you can use to send information to DHHS related to certain work requirement activities or exemptions. Please complete this declaration form or provide any information you have related to other work requirement activities or other exemptions.

You can return this form or provide other information to us online, by mail, or drop them off at a local DHHS office. You can also call our customer service center for help.

- Online: at <https://iserve.nebraska.gov/>
- By mail: P.O. Box 2992
Omaha, NE 68103-2992
- By phone:
- Phone Number: (855) 632-7633 (press option 3)
- Lincoln Phone Number: (402) 473-7000 (press option 3)
- Omaha Phone Number: (402) 595-1178 (press option 3)
- TTY Number: (402) 471-7256
- Fax: (402) 742-2351

In person: at a local DHHS office <https://dhhs.ne.gov/Pages/Public-Assistance-Offices.aspx>

How can I meet Medicaid work requirements?

You can meet work requirements by completing work requirement activities or verifying that you have an exemption.

To show you are meeting work requirements, you must spend at least 80 hours per month doing one of these activities the month before you apply:

- Working
- Participating in a work program
- Volunteering

You can also meet work requirements by attending school at least half time. You can combine activities to reach 80 hours.

You can also meet the work requirements if you are working and earn at least \$580 in a month, even if you worked fewer than 80 hours.

Exemptions

Some Nebraska Medicaid expansion adults may not need to complete work requirements activities if they have one of the following exemptions:

- Under age 26 and aged out of foster care
- A tribal affiliation
- A parent or caretaker of a child age 13 or younger or someone with a disability
- A veteran with a total disability rating
- Medically frail
- Compliant with TANF work rules
- In a SNAP household that is not exempt from work rules
- In a drug or alcohol treatment program
- Incarcerated or recently released (within 90 days)
- Pregnant or up to 12 months postpartum
- Were hospitalized or in a nursing facility
- Traveled outside of their community for serious medical care

Other mandatory exceptions and temporary hardships, may apply.

What happens if I fail to meet Medicaid Work Requirements?

If you fail to qualify for Medicaid coverage because you do not meet Medicaid work requirements, do not have an exemption, or you do not respond to this notice by its due date, your coverage will be denied or closed. To qualify for coverage, you will need to meet work requirements and apply for Medicaid again (see contact information above for ways to apply).

If you have documentation that shows you meet Medicaid Work Requirements or have an exemption, please scan this QR Code or go online to iServe.Nebraska.gov to upload documents. Certain Medicaid Work Requirement activities and exemptions also require individuals to complete a Medicaid Work Requirements - Individual Declaration Form. Failure to show that you meet Medicaid Work Requirements may result in the denial, termination or decrease in your benefits. iServe.nebraska.gov.



Certain Medicaid Work Requirement activities and exemptions also require individuals to complete a Medicaid Work Requirements - Individual Declaration Form. Scan this QR code or go online to iServe.Nebraska.gov for more information and to complete a Medicaid Work Requirements - Individual Declaration Form.



English

The Nebraska Department of Health and Human Services provides language assistance services and auxiliary aids and services, free of charge. For language assistance services or auxiliary aids, please call (402) 471-3121 or speak to someone at the front desk.

Spanish

El Departamento de Salud y Servicios Humanos de Nebraska proporciona servicios de asistencia lingüística y ayudas y servicios auxiliares, de forma gratuita. Para servicios de asistencia lingüística o ayudas auxiliares, por favor llame al (402) 471-3121 o hable con alguien en la recepción.

Vietnamese

Sở Y tế và Dịch vụ Nhân sinh Nebraska cung cấp dịch vụ hỗ trợ ngôn ngữ và các thiết bị hỗ trợ bổ trợ, hoàn toàn miễn phí. Để được hỗ trợ ngôn ngữ hoặc sử dụng các thiết bị hỗ trợ bổ trợ, vui lòng gọi số (402) 471-3121 hoặc trao đổi với nhân viên tại quầy lễ tân.

Arabic

تقدّم دائرة الصحة والخدمات الإنسانية في نبراسكا خدمات المساعدة اللغوية والوسائل المساعدة والخدمات الإضافية مجانًا. للحصول على خدمات المساعدة اللغوية أو الوسائل المساعدة، يُرجى الاتصال على الرقم (402) 471-3121 أو التحدث إلى أحد الموظفين في مكتب الاستقبال.

French

Le Département de la Santé et des Services Sociaux du Nebraska propose gratuitement des services d'assistance linguistique et des aides et services auxiliaires. Pour obtenir ces services, veuillez appeler le (402) 471-3121 ou vous adresser à l'accueil.

Chinese

內布拉斯加州衛生和公共服務部免費提供語言援助服務和輔助工具和服務。如需語言輔助服務或輔助工具，請致電 (402) 471-3121 或與前臺人員聯系。

German

Das Gesundheits- und Sozialministerium von Nebraska bietet kostenlose Sprachunterstützung sowie Hilfsmittel und Dienstleistungen an. Für Sprachunterstützung oder Hilfestellungen wenden Sie sich bitte an die Telefonnummer (402) 471-3121 oder sprechen Sie mit einem Mitarbeiter an der Rezeption.

Somali

Waaxda Caafimaadka iyo Adeegyada Aadanaha ee Nebraska waxay bixiyaan adeegyada kaalmada luqadda iyo qalabka caawiyo dadka wax maqalka ku adeegyahay oo bilaash ah. Adeegyada kaalmada luqadda ama qalabka caawiyo dadka wax maqalka ku adeegyahay, fadlan wac (402) 471-3121 ama la hadal qofka jooga soo dhaweynta.

Swahili

Idara ya Afya na Huduma za Kibinadamu ya Nebraska hutoa huduma za usaidizi wa lugha na usaidizi wa ziada na huduma, bila malipo. Kwa huduma za usaidizi wa lugha au usaidizi wa ziada, tafadhali piga simu (402) 471-3121 au zungumza na mtu aliye kwenye dawati la mapokezi.

Nepali

नेब्रास्का स्वास्थ्य तथा मानव सेवा विभागले भाषा सहायता सेवाहरू र सहायक सहायता र सेवाहरू निःशुल्क प्रदान गर्दछ। भाषा सहायता सेवाहरू वा सहायक सहायताहरूको लागि, कृपया (402) 471-3121 मा कल गर्नुहोस् वा फ्रन्ट डेस्कमा कसैसँग कुरा गर्नुहोस्।

Tagalog

Nagbibigay ang Nebraska Department of Health and Human Services ng mga serbisyong pantulong sa wika at mga karagdagang tulong at serbisyo, nang walang bayad. Para sa mga serbisyong pantulong sa wika o mga karagdagang tulong, mangyaring tumawag sa (402) 471-3121 o makipag-usap kaninuman sa front desk.

Russian

Департамент здравоохранения и социальных служб штата Небраска предоставляет бесплатные услуги языковой поддержки, а также вспомогательные средства и услуги. Для получения услуг языковой поддержки или вспомогательных средств позвоните по телефону (402) 471-3121 или обратитесь к кому-нибудь на стойке регистрации.

Ukrainian

Департамент охорони здоров'я та соціальних служб штату Небраска надає безкоштовні послуги мовної підтримки, а також допоміжні засоби та послуги. Для отримання послуг мовної підтримки або допоміжних засобів зателефонуйте (402) 471-3121 або зверніться до когось на стійці реєстрації.

Telugu

నెబ్రాస్కా డిపార్ట్‌మెంట్ ఆఫ్ హెల్త్ అండ్ హ్యూమన్ సర్వీసెస్ భాషా సహాయ సేవలు మరియు సహాయక సహాయాలు మరియు సేవలను ఉచితంగా అందిస్తుంది. భాషా సహాయ సేవలు లేదా సహాయక సహాయాల కోసం, దయచేసి (402) 471-3121 కు కాల్ చేయండి లేదా ముందు డెస్క్ వద్ద ఉన్న ఎవరితోనైనా మాట్లాడండి.

Hindi

द नेब्रास्का डिपार्टमेंट ऑफ हेल्थ एंड ह्यूमन सर्विसेज़ मुफ्त भाषा सहायता सेवाएं तथा सहायक साधन एवं सेवाएं प्रदान करता है। भाषा सहायता सेवाओं या सहायक साधनों के लिए, कृपया (402) 471-3121 पर कॉल करें या फ्रंट डेस्क पर किसी से बात करें।

Economic Assistance Toll Free: (800)383-4278 Lincoln: (402)323-3900 Omaha: (402)595-1258	Go online: iServe.nebraska.gov Federal Health Insurance Marketplace Healthcare.gov (800)318-2596	Nebraska Medicaid Eligibility Toll Free: (855)632-7633 Lincoln: (402)473-7000 Omaha: (402)595-1178
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