

Case Number - 00002113
Case Name - JACKSON JONES
CONTACT - None Assigned
Phone Number - (308)436-6500
Toll Free Number - (800)383-4278
Fax Number - (402)471-9209
Date of Notice - 04-15-2026
Mail Date - 04-17-2026

JACKSON JONES
8953 N ST
OMAHA NE 68111

Medicaid Work Requirements Screener

Medicaid Work Requirements

(Household Members Ages 19-64)

The following optional questions are being asked of household members 19 through 64 years of age who may be eligible for Nebraska Medicaid through Medicaid expansion. Household members eligible for Nebraska Medicaid through Medicaid expansion are required to demonstrate compliance with Medicaid work requirements to qualify under Medicaid expansion. Providing responses to these optional questions will assist DHHS in screening for compliance with work requirements under Medicaid expansion.

Qualifying Month(s):

For **new applicants**, or individuals being added to a household, these optional questions should be answered, and will be assessed, based on the month before the month in which the individual applied (last month).

For **existing members**, these optional questions should be answered, and will be assessed, based on the time between now and your initial determination or last Medicaid renewal.

Household Members

Full Name

JACKSON JONES

Date of Birth

03/04/1996

1. Did anyone in the household volunteer in their community in a qualifying month?

Yes No **Who? (list all that apply):**

2. Did anyone in the household participate in a work program in a qualifying month (including job training or employment services)?

Yes No **Who? (list all that apply):**

3. Does anyone in the household have a job that is considered seasonal (for example: snow removal, harvesting, or similar seasonal employment)?

Yes No **Who? (list all that apply):**

4. Is anyone in the household an American Indian, Alaska Native, Urban Indian, California Indian, or otherwise eligible to receive services through the Indian Health Service (IHS)? (This also includes anyone who is eligible to receive services at a Tribal hospital or clinic.)

Yes No Who? (list all that apply):

5. Has anyone in the household ever received care through the Indian Health Service (IHS)? (This also includes anyone who receives services, or has received services, at a Tribal hospital or clinic.)

Yes No Who? (list all that apply):

6. Is anyone in the household a parent, guardian, caretaker relative, or family caregiver for a disabled individual?

Yes No Who? (list all that apply):

7. Is anyone in the household a veteran with a VA disability rating of 100% (total)?

Yes No Who? (list all that apply):

8. Was anyone in the household considered medically frail or did they otherwise have special medical needs in a qualifying month? (This includes anyone who is blind or disabled, has a substance use disorder, has a disabling mental disorder, has a physical, intellectual, or developmental disability that significantly impairs their ability to perform one or more activities of daily living, or who has a serious or complex medical condition.)

Yes No Who? (list all that apply):

9. Did anyone in the household participate in a drug addiction, alcohol treatment, or rehabilitation program in a qualifying month?

Yes No Who? (list all that apply):

10. Did anyone in the household receive inpatient hospital services, nursing facility services, services in an intermediate care facility for individuals with intellectual disabilities (ICF/DD), inpatient psychiatric hospital services, or other similar services in a qualifying month?

Yes No Who? (list all that apply):

11. Did anyone in the household (or their dependent) travel outside their community for an extended period of time to receive medical care for a serious medical condition in a qualifying month?

Yes No Who? (list all that apply):

12. Was anyone in the household enrolled in school or a career and technical education program in a qualifying month?

If Yes, please complete the following for each individual (as applicable):

Name	Name of school or Program	Number of Credit Hours Enrolled	Enrollment Begin Date / Anticipated Graduation Date

SAMPLE - DO NOT USE

For New Applicants Only

The following additional optional questions only apply to new applicants, or individuals who are being added to a household, who are 19 through 64 years of age and may be eligible for Nebraska Medicaid through Medicaid expansion. Providing responses to these optional questions will assist in screening for compliance with work requirements under Medicaid expansion.

These additional optional questions should be answered, and will be assessed, based on the month before the month in which the individual applied (last month).

Did anyone in the household make more than \$580 last month?

Yes No Who? (list all that apply):

Was anyone in the household under the age of 19 at any point last month?

Yes No Who? (list all that apply):

Was anyone in the household pregnant last month?

Yes No Who? (list all that apply):

Was anyone in the household incarcerated at any point in the 4 months prior to their Medicaid application?

Yes No Who? (list all that apply):

Submission Instructions

If any household member between the ages of 19 and 64 answered "Yes" to any question on this form, they may need to complete a Medicaid Work Requirements Individual Declaration Form (IDF) to demonstrate compliance with Medicaid Work Requirements.

The Medicaid Work Requirements IDF can be accessed by scanning the QR code on this form or by contacting Nebraska Medicaid at any of the ways listed below.



Please return this form, and any additional information, to Nebraska Medicaid using one of the following methods:

- **Online:** at iServe.nebraska.gov
- **By mail:** P.O. BOX 2992
OMAHA, NE 68103-2992
- **By Phone:**
 - Phone Number: (855) 632-7633 (select option 3)
 - Lincoln Phone Number: (402) 473-7000 (select option 3)
 - Omaha Phone Number: (402) 595-1178 (select option 3)
 - TTY Number: (402) 471-7256
 - Fax: (402) 742-2351
- **In person:** at a local DHHS office dhhs.ne.gov/Pages/Public-Assistance-Offices.aspx

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

تقدم دائرة الصحة والخدمات الإنسانية في نبراسكا خدمات المساعدة اللغوية والوسائل المساعدة والخدمات الإضافية مجانًا. للحصول على خدمات المساعدة اللغوية أو الوسائل المساعدة، يرجى 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

Waxaad Caafimaadka iyo Adeegyada Aadanaha ee Nebraska waxay bixiyaan adeegyada kaalmada luqadda iyo qalabka caawiyo dadka wax maqalka ku adeegayahay oo bilaash ah. Adeegyada kaalmada luqadda ama qalabka caawiyo dadka wax maqalka ku adeegayahay, 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।

Nebraska Medicaid Eligibility
Toll Free: (855)632-7633
Lincoln: (402)473-7000
Omaha: (402)595-1178

Go online:
iServe.nebraska.gov

Federal Health Insurance Marketplace
Go online: Healthcare.gov
Customer Service Center: (800)318-2596