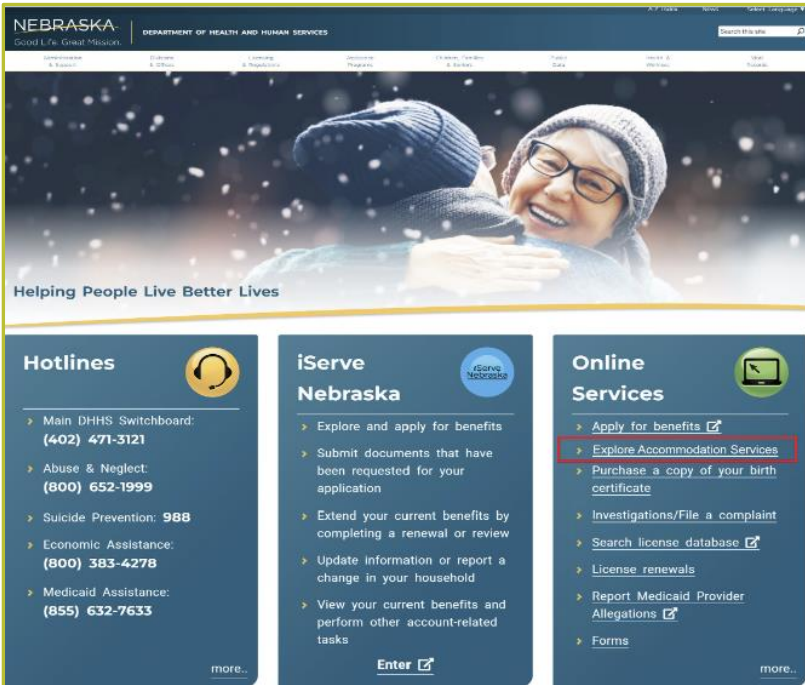
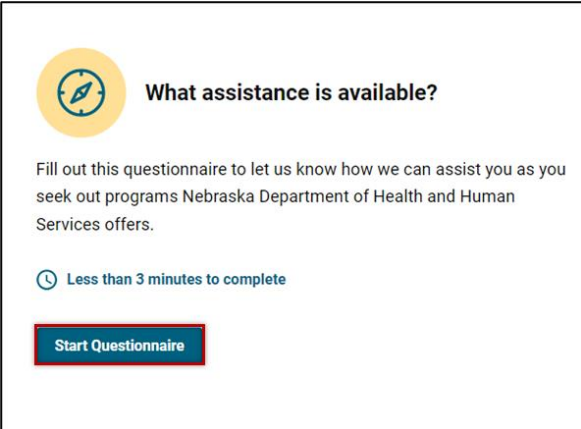
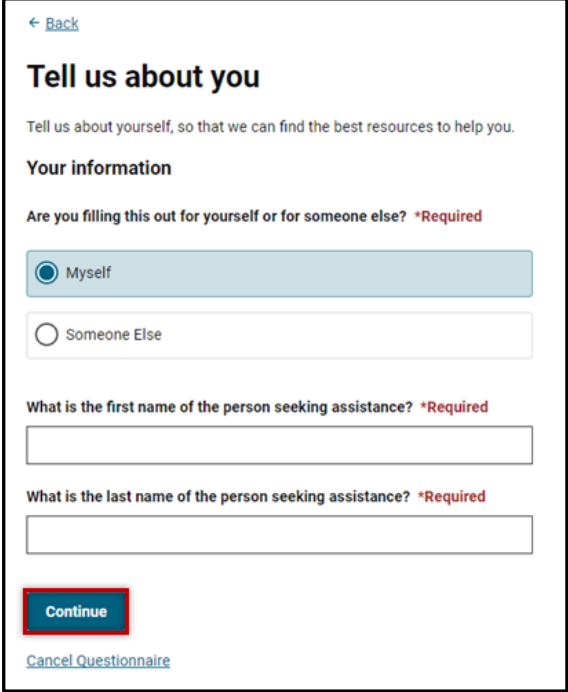


HOW TO COMPLETE THE ACCOMMODATION SERVICES QUESTIONNAIRE

Description: This is a step-by-step guide on completing the DHHS Accommodation Services Questionnaire.

Step #	Procedure
1.	<p>Access the Accommodation Services Website directly from the DHHS homepage at https://www.dhhs.ne.gov/. Click the Explore Accommodation Services link in the Online Services section.</p> 
2.	<p>On the Accommodation Services landing page, click the Start Questionnaire button.</p> 

Step #	Procedure
3.	<p>The Tell us about you page displays. Provide a response to the questions. Required sections are denoted by an asterisk. Then, click the Continue button.</p> 
4.	<p>The Tell us about accommodations or special circumstances page displays. Scroll down and select the accommodation or special circumstance for which you are seeking assistance. Select as many as apply, then click the Continue button.</p>
5.	<p>You will be directed to the Living Arrangements page. Answer the questions, then click Continue.</p> <p>Note: If you answer Yes to living in an Immediate Care or other type of Disability Facility, you will be presented with an additional question.</p>
6.	<p>The Mental Health page displays. Select the applicable response to each question. Then, click the Continue button.</p> <p>Note: If you choose No to having Nebraska Medicaid Coverage, you will be presented with a follow-up question asking if you need coverage.</p>

Step #	Procedure
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7. Finally, you will be directed to the **Follow Up** page. Answer the required questions. Then, click the **Submit questionnaire to DHHS** button.

Note: If you choose **Yes** to having someone from the Department of Health and Human Services contact you, you will be presented with further options to provide your contact information and date of birth.

Follow Up

Would you like to have someone from Department of Health and Human Services contact you and discuss services that may be available to you? ***Required**

We want to serve you the best we can. You may hear from more than one of our staff.

Yes

No

Which accommodation is most important to you? ***Required**

Select Service ▼

Submit questionnaire to DHHS

[Cancel Questionnaire](#)

Follow Up

Would you like to have someone from Department of Health and Human Services contact you and discuss services that may be available to you? ***Required**

We want to serve you the best we can. You may hear from more than one of our staff.

Yes

No

Please provide your email address or phone number and date of birth. ***Required**

By providing this information, you are giving us permission to reach out to you.

Email Address

Phone Number

Date of Birth
For example: 08/23/1994

Month / Day / Year

/ /

Which accommodation is most important to you? ***Required**

Select Service ▼


Submit questionnaire to DHHS

[Cancel Questionnaire](#)

Step #	Procedure
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8. The **Confirmation Page** displays. This page will provide you with a Questionnaire ID and recommendations to the DHHS division(s) that can best meet your most critical needs. **Make note of your Questionnaire ID for future reference.**
- From this page you can also **Print recommendations** or **Email recommendations**.
- When finished, click the **Done** button to return to the Accommodation Services home page.

Thank you for answering our questions.
Your questionnaire is submitted to Nebraska Department of Health and Human Services.
Here is how we can help you.

Recommendations: 

Questionnaire ID : 927	
To get help with these needs Nebraska Medicaid coverage	Contact information Nebraska Family Helpline 888-866-8660 Nebraska Network of Care https://portal.networkofcare.org/NebraskaBehavioralHealth Medicaid and Long Term Care 855-632-7633
Taking medicine	Division of Developmental Disabilities 877-667-6266 dhhs.DevelopmentalDisabilities@nebraska.gov https://dhhs.ne.gov/Pages/Developmental-Disabilities.aspx
Explore iServe Nebraska Benefit Programs	https://iServe.nebraska.gov

Print recommendations

Email Address

Email recommendations

Done