

**Nebraska Department of Health and Human Services
Pharmaceutically Manufactured Metabolic Foods Program
Financial Hardship Waiver Application July 1- June 30**

1. Name of Applicant (person who medically requires pharmaceutically manufactured food):

2. Name(s) of Individual(s) who can order food for applicant (if other than the applicant):

3. Select one of the following:

Applicant currently enrolled in Medicaid.
(The DHHS Metabolic Foods Office will confirm Medicaid status)

OR

The Applicant does not have Medicaid, but has a household income of no more than 185% of the Federal Poverty level (see chart provided on the back of this page)
AND
Included are copies of all paychecks or income from the last 30 days OR a copy of the most recent year's tax return.
This household supports _____ child(ren) under age 19.

Signature: _____ Date: _____

*By signing this form, I attest or affirm the above information is truthful.

*If approved, applicant qualifies for the Financial Hardship Waiver from July 1 of the current year until June 30 of next year.

Return in one of the following ways:

Mail: DHHS – Newborn Screening Program
PO Box 95026
Lincoln, NE 68509-5026

Fax: (402) 742-2332

Email: dhhs.newbornscreening@nebraska.gov

2021-2022 Income Guidelines
Based on 185% of Federal Poverty Level Established for 2021

Household

Household Size	Annual	Monthly	Twice-Monthly	Bi-weekly	Weekly
1	\$23,828	\$1,986	\$993	\$917	\$459
2	\$32,227	\$2,686	\$1,343	\$1,240	\$620
3	\$40,626	\$3,386	\$1,693	\$1,563	\$782
4	\$49,025	\$4,086	\$2,043	\$1,886	\$943
5	\$57,424	\$4,786	\$2,393	\$2,209	\$1,105