

HOW TO USE THE EXPLORE BENEFITS TOOL

Description: This quick reference guide will provide guidance on how to use the Explore Benefits tool to see benefits for which you may qualify.

Note: You are not required to sign in or have an account to complete the Explore Benefits questionnaire.

Step #	Procedure
1.	<p>Access the iServe Nebraska Portal landing page directly from the DHHS homepage at https://www.dhhs.ne.gov/.</p> 
2.	<p>Click the Explore Benefits button.</p> <div data-bbox="256 1297 1427 1745" style="border: 1px solid gray; padding: 10px;"> <p style="text-align: center;">Apply for benefits and find the help you need</p> <p>iServe Nebraska is a convenient new way for Nebraskans to apply to get help with food, utilities, healthcare, childcare, and other essential needs.</p> <p>Nebraskans can apply for a single benefit, or several at the same time.</p> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div data-bbox="277 1608 631 1671" style="border: 2px solid red; padding: 5px; text-align: center;">Explore Benefits</div> <div data-bbox="672 1608 1016 1671" style="padding: 5px; text-align: center;">Apply for Benefits</div> <div data-bbox="1062 1608 1406 1671" style="padding: 5px; text-align: center;">Manage Benefits</div> </div> <p style="text-align: center; margin-top: 10px;">Continue Application</p> </div>

3. The questionnaire is completely anonymous and will take approximately 3 minutes to complete. Click the **Start questionnaire** button to begin.

Explore benefits



Do I qualify?

Fill out this simple questionnaire to see if you may qualify for the programs that Nebraska Department of Health and Human Services offers.

Benefits are for those who live in Nebraska.

 **Less than 3 minutes to complete**

 **Completely anonymous**

Start questionnaire

4. Begin by answering the questions. Enter your **birthdate**.
Note: Fields denoted with an asterisk (*) are required. You cannot move forward without answering questions that are required.

Tell us about your household

Tell us about everyone who lives in your home, even if they're not there all the time. If you file taxes, we'll need to know about everyone on your tax return. (You don't need to file taxes to receive assistance.)

Your information

What is your birthdate? *** Required**

For example: 8/23/1994

Month	Day	Year		
<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>

<p>5.</p>	<p>Select whether you have an Intellectual, Physical, or Mental disability, if applicable.</p> <div data-bbox="386 296 1281 1026" style="border: 1px solid #ccc; padding: 10px;"><p>Do you have a disability?</p><p>Disabilities can include physical, mental, or emotional health conditions that limit activity.</p><p>Select all that apply.</p><p><input type="checkbox"/> Intellectual/ Developmental disability</p><p><input type="checkbox"/> Physical disability (including blindness)</p><p><input type="checkbox"/> Mental/emotional health disability</p><p><input type="checkbox"/> Do not have a disability</p></div>
<p>6.</p>	<p>If applicable, click the Add another household member button to include additional members of your household. You will be prompted to address the same two questions, birthdate, and disability. Continue to click this button to add all applicable household members.</p> <div data-bbox="315 1226 1352 1360" style="border: 1px solid #ccc; padding: 10px; text-align: center;"><p>+ Add another household member</p></div>

<p>7.</p>	<p>After adding all household members. Click the Continue button.</p> <div data-bbox="415 296 1252 716" style="border: 1px solid #ccc; padding: 10px;"><div data-bbox="431 321 1230 415" style="border: 1px solid #0070c0; text-align: center; padding: 5px;">+ Add another household member</div><p data-bbox="431 478 1114 506">If you're the only person in the household, select Continue.</p><div data-bbox="418 573 615 653" style="border: 2px solid #c00000; padding: 5px; display: inline-block;">Continue</div><p data-bbox="431 684 678 711">Cancel questionnaire</p></div>
<p>8.</p>	<p>Select Yes or No to indicate whether any member of your household is pregnant.</p> <div data-bbox="443 810 1224 1293" style="border: 1px solid #ccc; padding: 10px;"><h3 data-bbox="464 831 1203 877">Tell us more about the household</h3><p data-bbox="464 919 1187 989">Answering these questions will help us determine which programs to recommend.</p><p data-bbox="464 1037 1000 1064">Is anyone in the household pregnant? * Required</p><div data-bbox="451 1087 1221 1285" style="border: 2px solid #c00000; padding: 5px;"><p data-bbox="480 1108 1208 1171"><input type="radio"/> Yes</p><p data-bbox="480 1199 1208 1262"><input type="radio"/> No</p></div></div>
<p>9.</p>	<p>Select Yes or No to indicate whether any household member needs supportive services.</p> <div data-bbox="448 1383 1221 1814" style="border: 1px solid #ccc; padding: 10px;"><p data-bbox="469 1415 1016 1442">Does anyone need supportive services? * Required</p><p data-bbox="469 1472 1151 1566">For example: in-home services, out-of-home services, prepared meals, medication assistance, and chore services. It may also include services or training to live and work more independently.</p><div data-bbox="461 1612 1208 1801" style="border: 2px solid #c00000; padding: 5px;"><p data-bbox="480 1633 1195 1696"><input type="radio"/> Yes</p><p data-bbox="480 1724 1195 1787"><input type="radio"/> No</p></div></div>

10.

Enter the **monthly household income**, then click **Get my results**.

What is the monthly income for the household? * Required
If monthly income fluctuates, please enter the income for the last month. Only numeric values are accepted in this field, please enter a whole dollar amount.

Get my results

[Cancel questionnaire](#)

11.

Your results will display based on your responses. Click the plus sign (+) next to a program for more details on that program.

Note: This is a sample results page and in no way indicates what your results will be.

Your results

Based on your responses, you may qualify for the programs listed below.

2 results below:

 **Healthcare**

Healthcare/Medicaid	+
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 **Aged and disabled**

Assistance to Aged, Blind or Disabled (AABD)	+
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12.

Click **Apply for benefits** to complete the full benefit application for an official decision on which programs you are eligible for.

Note: Even if the Explore Benefit results state you are not eligible, you can still complete the full application to get an official decision.

Every situation is different. These results are meant to be a guide and may not include every program that you could be eligible for.

These results are not a promise of benefits. You must submit an application to find out if you are eligible.

Most programs require proof of citizenship or lawful status for all persons applying for benefits.

Apply for benefits

[Return to main page](#)

13.

Review the programs displayed so you know how to proceed with your benefit application. Then, click the **Yes, apply for benefits** button to be routed to **ACCESSNebraska** to complete the full benefit application.

Apply for benefits

You will be directed to ACCESSNebraska to complete an application for each program that you would like to apply for. Please see the examples below of the buttons you should choose once in ACCESSNebraska.

For Medicaid:

**Healthcare/Medicaid
Application**

- Apply for Medicaid
- Federal Insurance
Affordability Programs, or
- Qualified Healthcare plans

For Home and Community Based Services (HCBS):

**Developmental Disabilities
Application**

- Complete an application
for Developmental
Disabilities Services

For Economic Assistance programs which include any of the **Food and utilities** or **Family and children** services as well as **Social Services for the Aged and Disabled (SSAD)**, **Personal Assistance Services (PAS)** and **Assistance to Aged, Blind or Disabled (AABD)**:

**Economic Assistance
Application**

- Complete an application
for most DHHS benefits
- Re-apply for continuous
benefits
(Recertification/Review)
for DHHS programs
except for Medicaid

Yes, apply for benefits [No, go back](#)