

COMPLETING THE ECONOMIC ASSISTANCE RECERTIFICATION APPLICATION ON ISERVE NEBRASKA

Description: This guide provides steps to complete the Economic Assistance (EA) Recertification application on the iServe Nebraska Portal.

Step #	Procedure		
1.	Access the iServe Nebraska Portal landing page directly at <u>iserve.nebraska.gov</u> or scan the QR code on the Eligibility Review Due Letter you received from DHHS.		
	Nor logged in A PLAN A		
	Enhance your experience by logging into iServe Nebraska Log In		
	Apply for benefits and find the help you need iserve Nebraska is a convenient new way for Nebraskans to apply to get help with food, utilities, healthcare, childcare, and other essential needs.		
	Nebraskans can apply for a single benefit, or several at the same time.		
	Explore Benefits Apply for Benefits Manage Benefits		
2.	From the iServe Nebraska homepage, scroll down to the Quick links section, then click Extend your existing benefits.		
	Quick links to take action on existing or pending benefits		
	Upload documents Extend your Report changes to Continue a saved Provide documents that have been requested for your application. Renew, recertify, or review your Update your address, household Log into iServe Nebraska to return to an application you started but didn't finish.		

Step #	Procedure		
3.	The Renew, review or recertify your benefits page displays. Click the Start EA Review/Recertification button. Note: If you have not already logged in to your account, you will be routed to the login page.		
	 Back Extend your benefits Renew, review or recertify your benefits From here you can review/recertify Economic Assistance (EA) benefits or renew Medicaid eligibility. These need to be done separately. Help us guide you to the correct application. Select an option below. 		
	Economic Assistance Review & Recertification Start a review/recertification application for your Economic Assistance benefits. Start EA Review/Recertification		
4.	Enter your Username and Password , then click Login . Note: You can use your existing ACCESSNebraska login information to access iServe Nebraska. If you do not have an account, click the Create your account link.		
	Sign in to your benefits account, you can application, view your current benefits, manage reneval and registration, and update your house reneval and registration and update your house reneval and registration access. Si you include logging in your the Frequent Acaded Outstime seek. Si you include logging in your the peritory grader un borrador de au solicitud ver sus beneficios actuales, administra la renovación y el registro, y scultura la información de su logar. Si view problemas para iniciar seitón, vieta la adejina de Prequestas Precuentes. Username / Nombre de usuario Si tow password Dessured la publica de Prequestas Precuentes. Username / Nombre de usuario Si tow password Dessured la publica de Prequestas Precuentes. Dessured para de Precuentas Precuentes. Dessured para de Precuentes para de Precuentes. Dessured para de Precuentes para de Precuentes para de Precuentes. Dessured para de Precuentes para de Precuentes. Dessured para de Precuentes para de Precu		

5.	You will be routed to the Validate your PIN page. Enter the required information and click Continue.			
	Validate your PIN			
	Please enter the PIN assigned by DHHS, along with your date of birth and the last four digits of your Social Security Number. Once the PIN is validated, you will be able to view benefits and apply online to extend existing benefit programs.			
	Press the 'Continue' button to complete the validation process. After this step, the PIN is no longer needed. For new applicants, please allow 1-2 business days for the PIN to be assigned.			
	PIN *required			
	Date of Birth *required MM/DD/YYYY			
	Last 4 digits of Social Security Number *required			
	Back to Home Continue			
	If you are a new applicant or have forgotten your PIN and need to have it sent to you, click the link below. What is my PIN?			
Note:	If you do not have a PIN or have forgotten your PIN, click the What is my PIN? link to be redirected to a Quick Reference Guide that provides information on retrieving your PIN or			
	requesting a new PIN.			
	Validate your PIN			
	Please enter the PIN assigned by DHHS, along with your date of birth and the last four digits of your Social Security Number. Once the PIN is validated, you will be able to view benefits and apply online to extend existing benefit programs.			
	Press the 'Continue' button to complete the validation process. After this step, the PIN is no longer needed.			
	For new applicants, please allow 1-2 business days for the PIN to be assigned.			
	PIN *required			
	Date of Birth *required			
	Last 4 digits of Social Security Number *required			
	Back to Home Continue			
	If you are a new applicant or have forgotten your PIN and need to have it sent to you, click the link helow			
	What is my PIN2			

6.	The Start your application to extend benefits page displays. Read through the Helpful Information, then click Get Started.			
	Extend your benefits			
	Start your application to extend benefits			
	This application is only to extend existing Economic Assistance benefits that include SNAP, CC Subsidy, ADC, AABD, and SSAD. If you want to renew Medicaid benefits click here.			
	Helpful information as you apply to extend your current benefits			
	Extend benefits you are already receiving Save time by applying for benefits you are already receiving, using our short review/recertification application.			
7.	 On the Benefits eligible for extension page all EA benefits eligible for review/recertification are preselected. If you do not wish to continue to receive the benefits, deselect those by clicking the checkbox to the right of the program name. Click Extend Benefits to continue. 			
	Benefits eligible for extension This application is only to extend existing Economic Assistance benefits that include SNAP, CC Subsidy, ADC, AABD, and SSAD. If you want to renew Medicaid benefits Click here. We have preselected all benefits eligible for review and/or recertification. If you do not wish to continue to receive the benefits, please de-select those programs below. Measter Cases Number: 1690			
	Program Case Name: HELEN BOBB Supplemental Nutrition Assistance Program (SNAP) Benefit End Date 04/30/2024			
	Assistance to Aged, Blind or Disabled (AABD) Benefit End Date 04/30/2024			
	You have the right to submit an incomplete application for all selected benefits and services. This must include your name, address, and signature. We recommend continuing to complete the application online to get the fastest response. If you choose to submit an incomplete application, a caseworker will contact you in the future to gather more information.			
	Extend Benefits			
8.	Before you begin the application, you will be required to review the details about filling out an Economic Assistance application. After reading the information, click the Continue button.			

9.	Your application page the application, review additional fields.	e will display. Some of you w the prepopulated inform	r information wi mation for accura	ll be prepopulated throughout acy, then complete the applicable		
	Click Save and contin	ue at the bottom of each	page to advance	to the next page.		
	Note: The left side of the screen provides a list of the sections you will need to complete. The green highlighted area shows the section you are working on.					
	Household members Benefits eligible for extension Edit Household members Personal information Household details Additional household details Financial situation Summary/Finishing up	Household The people you live with are an important part of your applica all people who live at your address. HELEN BOBB - Primary Applicant Date of Birth: 07/05/1950 Social Security Number: *****1118 Relationship: Self Physical address Street address or PO Box	ion. Please include any children and			
		City State Select -	\$			
10.	The final section is Su entered. Review your applicable section. Af of the page, then click	mmary/Finishing up, whi responses; if you need to ter you have fully reviewe s Save and continue.	ch provides a su make changes, d all the informa	mmary of all the information you click the Edit button in the ition, scroll down to the bottom		
	Summary/Finishing up					
	Let's review your application. Please make any correction continue'.	s needed. A green check means that section is complete. To submit the application, s	elect "Save and			
	Benefits eligible for extension Ø Selected Supplemental Nutrition Assistance Program Selected Assistance to Aged, Blind or Disabled (AAB	(SNAP) Benefit End Date 04/30/2024) Benefit End Date 04/30/2024	Edit			
	Household members O	DOR SSN	Edit			
	HELEN BOBB Self	07/05/1950 ***.**.1118				
	Stevie Bobb Spouse	04/10/1950 ***.**.6778				
	Physical address	Mailing address				
	po box 123, Omana, NE 01235 Personal information Home Phone Cell Phone	Not Answered	Edit Not Answered (402) 656-9995			

11.	The next page has optional questions you can address, and the Rights and Responsibilities related to Economic Assistance benefits. Review the information then click the I have reviewed the Rights and Responsibilities checkbox. Click Save and continue
12	Sign and submit is the final page of the application
12.	 Select the person completing the application. Review the attestation statements and click the I agree checkbox. Enter your full legal name. Then click the Sign and Submit button.
13.	The confirmation page confirms your application was submitted and provides a confirmation number, as well as the option to print the page or download a copy of your completed application. Note: This is the only time this page will be available, so be sure to save all the information that you need before exiting.
	Vour confirmation Confirmation number You applied for • Supplemental Nutrition Assistance Program (SNAP) • Assistance to Aged, Blind or Disabled (AABD) Digital signature Print this page 38920b6a3172225ffdb470f6b746755a7 Download a copy of your application Downloading your application could be useful for your own records or to have as reference during a caseworker interview (if applicable). This page won't be accessible after you leave. Download your application (PDF)

14.	Scroll down to the What to expect next section. Read the information about what to expect in the process. Use the Upload Documents button to add any supporting documentation, if applicable			
	Finally, the Additional Information section provides a list of resources that you may find useful and contact information for DHHS benefit departments.			
	What to expect next Provide documentation If further documentation is required for your application, the specific agencies will reach out to you via a phone call and/or postal mail/email. If you'd like to upload documents now, here's a list of documents and you can upload them here. Complete a caseworker interview (if applicable) If required for your application, you will receive a phone call and postal mail/email to set up an interview. Receive a final update on eligibility for benefits You'll receive your determination of eligibility via postal mail, or email if you selected that as your preferred method of communication.			
	Additional Information Additional Benefit Applications Application for Home and Community Based Services (HCBS) Provides additional services for aged and/or disabled individuals seeking in-home support or, out-of-home services if living with developmental disabilities. Available waivers: Aged and Disabled (AD), Developmental Disabilities (DD) and Traumatic Brain Injury (TBI). Application for Child Support Services Locating Parents, establishing Potentity, establishing Court Orders for Child Support and Medical Support, enforcing Order for Child, Spousal and Medical Support, Medifying Child Support Orders (Upon Request)			
	Other links you can visit Release information Download Voter registration form Online voter registration			
	If you have questions Available Monday through Friday: 8:00 am - 5:00 pm Medicaid Contacts			
	Economic Assistance Contacts v			
	Home & Community Based Services Contacts			
	Provide feedback about iServe Nebraska We'd love to hear feedback about your experience using iServe Nebraska and how we can make it better. Take a quick survey to share your thoughts. All responses are anonymous. Return to iServe Nebraska home page			