

Nebraska Home and Community-Based Waiver Notification of Death Version 11/10/2021

(This form is used to report the death of a person who receives Comprehensive Developmental Disabilities, Developmental Disabilities Adult Day, Aged and Disabled and Traumatic Brain Injury Waiver Services)

Section I. Select Type of Waiver	Section II. Reporter Information
Comprehensive Developmental Disabilities (CDD)	Service Coordinator, Provider/Agency:
Developmental Disabilities Adult Day (DDAD) Waiver	Provider/Agency Name:
Aged and Disabled (AD) Waiver	Contact Person's Name/Title:
Traumatic Brain Injury (TBI) Waiver	Daytime Telephone Number:
	E-mail address:

Section III. Information Regarding the Deceased						
Deceased Person's Name:						
Date of Birth:		Date of Death:		Time of Death:		Time of Death Unknown
Deceased Information						
Medicaid Number:		He/Him	She/Her	They/Them		
Race/Ethnicity:		Did the Deceased Live Alone?		Yes	No	
Do Not Resuscitate (DNR) Order:	Yes	No	Unknown			
Last Known Physical Address:						
Location with Address (if known) of Death:						
Cause of Death (if known):						
How did you become aware of the death?						
Medical Diagnosis and Conditions:						

Section IV: Manner of Death (Select all that apply)						
Natural	Accidental	Choking	Drowning	Homicide	Suicide	
Traffic Accident	Undetermined	Pending Investigation		Other		
Did the death occur while the individual was in receipt of DDD waiver services?				Yes	No	
Describe all life-saving measures attempted (if applicable) or why if none were attempted:						
Describe circumstances preceding death (if known):						
Indicate applicable agencies investigating and/or authorities who were notified, person notifying, and date if necessary (Adult or Child Protective Services, Police, 911-EMS, local hospital, etc.):						
Was the Individual's guardian notified? Yes No Unknown						