

**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):

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2. 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

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](mailto:dhhs.newbornscreening@nebraska.gov)