

Nebraska Department of Health and Human Services
Disabled Children's Program
Lodging Billing Document

OFFICE USE ONLY
BILL ID #

Client Name		Client ID #		Phone Number	
Parent/Legal Guardian (one name only)			Email Address		
Mailing Address (<input type="checkbox"/> check if new address)				City, State, Zip	
Payee ID #		If new payee, a Social Security Number is required			
Location List City/Town, and State	Dates List dates of service separately (month, day & year)	Lodging Costs		Total Amount	
Office Use Only. Authorized By	Office Use Only. Authorized Date	TOTAL BILLED			
Instructions: Receipts must be submitted for lodging costs. Submit one billing document per calendar month. Bills must be received by Service Coordinator within 60 days from <u>first</u> date of service. Billing document must be legible.					
Parent/Legal Guardian Signature			Date (on or after last date of service)		
Anyone who files a false claim may be prosecuted for fraud White Copy - DHHS; Yellow Copy - Parent/Legal Guardian					