

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. Receipts must be submitted for meal costs for eligible child and one parent. Submit one billing document per calendar month. Bills must be received by Service Coordinator within **60 days** from first date of service. Billing document must be legible.

Parent/Legal Guardian Signature	Date (on or after last date of service)
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****Anyone who files a false claim may be prosecuted for fraud****

White Copy - DHHS; Yellow Copy - Parent/Legal Guardian