

## Nebraska Department of Health and Human Services Nebraska State Ward Education Program Certification Form

I hereby certify the information provided is accurate, these costs have not been previously billed or billed to another funding source, and this billing has been prepared in accordance with State Statue Section 79-215 and HHS regulations regarding the State Ward Education Program.			
Signature:			Date:
Official Name:			Title
School System/Residential Provider Name:			
Control Cystem/residential Frovider Name.			
Address:	City:		State:
Grand Total Services Billed:		Grand Total of Numbe	r of Billings: