

Nebraska Department of Health and Human Services Medicaid and Long-Term Care Homelessness Identification Form

If you are homeless or at risk of becoming homeless, you may submit this form for assistance and your Heritage Health plan will contact you. Assistance could include connecting you with housing, food, transportation and other services available to you. This could also include extra help finding providers and helping your providers work together.

The form can be completed by you, your caregiver, a family member or friend, an authorized representative, your health care provider or provider of homeless services.

You are not required to submit this form. Your Medicaid eligibility is not affected either way.

Send the completed form to your Heritage Health Plan:

Nebraska Total Care

2525 N. 117th Ave. Ste. 100 Omaha, NE 68164

Fax: 844-340-4888

Email: cmcoordinators@NebraskaTotalCare.com

Molina Healthcare of Nebraska

14748 W Center Rd., Suite 104 Omaha, NE 68144-2029

Email: NE CM@Molinahealthcare.com

UnitedHealthcare

2717 N. 118th Street Omaha, NE 68164 Fax: 855-784-7300

Email: ne_hha_e@uhc.com

If you have any questions, contact your Heritage Health plan:

Nebraska Total Care: 1-844-385-2192

Molina Healthcare of Nebraska: 1-844-782-2018

UnitedHealthcare: 1-800-641-1902

For additional information: https://dhhs.ne.gov/Pages/Medically-Complex.aspx

Please fill out the following information:	
Name	Medicaid ID (if known)
Date of Birth	Phone Number
Address	Email Address

Please describe your current housing situation		
 Examples of homelessness include: Not having a place to stay overnight Couch surfing Living in motels, hotels, or camping grounds Living in emergency or transitional shelters, a halfway house, or other temporary housing Sleeping in a car 		
 Examples of being at risk for homelessness include: Receiving an eviction notice Being the victim of domestic violence Having chronic disabilities or health problems Having a mental health or substance use condition 		
If somebody helped you fill out this form, please provide the following information about them:		
Name	Relationship to you (if any)	

If somebody helped you fill out this form, please provide the following information about them:	
Name	Relationship to you (if any)
Telephone	Email Address
·	
Address	Signature
Address	Signature