

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**Healthy Blue Nebraska**

Care Management Medically Complex

PO Box 241238

Omaha NE 68124

Fax: 1-844-464-9244

Email: NECMReferral@healthybluene.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**Healthy Blue Nebraska:** 1-833-388-1405**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)
Telephone	Email Address
Address	Signature
