

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

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

Nebraska Total Care: 1-844-385-2192

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
