

Department of Administrative Services **Guidance Document**

This guidance document is advisory in nature but is binding on an agency until amended by such agency. A guidance document does not include internal procedural documents that only affect the internal operations of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules and regulations made in accordance with the Administrative Procedure Act. If you believe that this guidance document imposes additional requirements or penalties on regulated parties, you may request a review of the document.

Foster Parent Claim Form

For Foster Parents involved in the Foster Parent Program through Dept. of Health & Human Services.

FOR OFFICE USE ONLY

*** Indicates REQUIRED fields**

PLEASE TYPE, OR WRITE LEGIBLY

Only COMPLETED and SIGNED Claim Forms will be accepted

1. Claimant's Name *	2. Daytime Phone Number *	3. Date of Occurrence *
4. Street Address *	5. Email Address	6. Case Manager's Name *
7. City, State *	8. ZIP + FOUR *	9. Case Manager's Phone Number *
10. Foster Child(ren) Name(s)*		
11. Do You Have Insurance Covering This Claim? <input type="checkbox"/> YES <input type="checkbox"/> NO		Deductible \$
12. If yes, have you filed a claim with your insurer? <input type="checkbox"/> YES <input type="checkbox"/> NO		Date Claim Filed
13. Name and Address of Insurance Company & Insurance Policy Number		
14. Has Your Insurer Made a Determination? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, attach a copy of the determination letter.
15. Has Your Insurer Made Any Payments? <input type="checkbox"/> YES <input type="checkbox"/> NO		Amount \$
16. Has any other insurance company made payment? <input type="checkbox"/> YES <input type="checkbox"/> NO		Amount \$
17. Name and Address of Attorney, if any		

Provide detailed itemization of all known facts/circumstances/damages leading to your claim. Identify all property, places, and people involved. Include names, addresses and phone numbers of witnesses, if any. The information provided herein, along with the findings of the investigating agency, will form the basis for any decision.

sign
here

(Claimant's Signature)

(Date)

Under penalties of law, I declare that I have examined this statement and that it is, to the best of my knowledge and belief, true, complete, and correct, and that I am duly authorized to sign this statement.

If submitted electronically: I agree that my typed signature is the legally binding equivalent to my handwritten signature. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding.

Claim form and supporting documents should be mailed to:

NIRMA, Centerstone Building, 100 North 12th Street, Ste. 200, Lincoln, NE 68508

Questions? Call NIRMA at (402) 742-9220 Monday-Friday 8:00 AM - 5:00 PM (Central Time)



Risk Management Division

Make and keep copies of all documentation submitted