

# State of Nebraska Non-Foster Parent Care Claim Form

This form is for Individuals whose property is damaged by a Foster Child as part of the Nebraska Department of Health and Human Services Foster Program.

Only **COMPLETED** and **SIGNED** Claim Forms will be accepted by the Office of Risk Management.

FOR OFFICE USE ONLY

\* Indicates a **REQUIRED** field. If required fields are not filled out, your Claim will not be processed.

Claimant's Name*:	Claimant's Phone Number*:	Alternate Phone Number:
Claimant's Mailing Address*:	Claimant's Email Address:	Date of Occurrence*:
	Foster Parent's Name*:	Foster Parent's Phone Number*:

Foster Child(ren) Names(s) \*:

Does the Foster Parent have insurance covering this claim? <input type="checkbox"/> YES <input type="checkbox"/> NO	Insurance Deductible Amount:
If YES, have you filed a claim with their Insurer? <input type="checkbox"/> YES <input type="checkbox"/> NO	Date Claim Filed:
Has their Insurer made a determination? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, attach a copy of the determination letter.
Has their Insurer made any payments? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, amount:
Has any other Insurance Company made payments? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, amount:
Name and Address of Insurance Company & Insurance Policy Number:	

Name, Address, and Phone Number of Attorney, if any:

In the below space, please provide a 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 below, along with the findings of the investigating agency, will form the basis of any decision. \*

If additional space is needed, please use another page.

Claimant 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.	
Please include copies of any supporting documents that may be relevant to your claim including, but not limited to, Photos, Invoices, Receipts, Police Reports, Estimates, Medical Bills, Expense Reports, etc.	
Make and keep copies of all documentation submitted as copies will not be provided.	

**Claim form and supporting documents should be emailed to:** [as.riskmanagement@nebraska.gov](mailto:as.riskmanagement@nebraska.gov)

If you are unable to submit your claim by email, you may mail your claim to:

Office of Risk Management, PO Box 94974, Lincoln, NE 68509-4974

**\*\*DO NOT SUBMIT YOUR CLAIM MORE THAN ONCE\*\***

Questions? Call the Office of Risk Management at (402) 471-2551

ORM 05/2022



# State of Nebraska Non-Foster Parent Care Claim Form

This form is for Individuals whose property is damaged by a Foster Child as part of the Nebraska Department of Health and Human Services Foster Program.