



Foster Parent Claim Form
NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Risk Management Division

Form with 19 numbered fields: 1. Name, 2. Social Security Number, 3. E-mail Address, 4. Street Address, 5. City, State, Zip Code, 6. Phone Number, 7. Place of Occurrence - City / County, 8. Date of Occurrence, 9. Foster Child(ren) Names(s), 10. Case Manager's Name, 11. Case Manager's Phone Number, 12. Do You Have Insurance Covering This Claim, 13. Deductible, 14. If yes, please attached a copy of the determination letter..., 15. Amount Paid To You, 16. Have You Filed A Claim With Your Homeowner's and/or Automobile Insurance, 17. Name, Address and Phone Number of Your Insurance Company..., 18. Name, Address, and Phone Number of Your Attorney..., 19. Description of Accident or Occurrence.

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.

sign here (Claimant's Signature)

Please retain a copy of your claim form and documentation for your files and mail the original signed claim form to:

NRMA
Centerstone Building
100 North 12th Street, Ste 200
Lincoln, NE 68508
402-742-9220