



EASTERN NEBRASKA OFFICE ON AGING

Self Directed Care Provider Information Form

Name:

Address:

Phone:

Email:

All providers must provide their social security number for a background check to be completed.

Social Security Number:

The following background checks will be done:

- Sex Offender
- APS
- CPS
- Criminal
- Nebraska Medicaid Excluded Providers

Please indicate which service(s) you would like to provide:

- Homemaker
- Bath Aide

Please indicate which counties you will be providing services in:

- Cass
- Dodge
- Douglas
- Sarpy
- Washington

Comments: