

Licensed Health Care Provider Certification for the Family Caregiver Tax Credit Application

Full Name of Family Caregiver Applicant	Social Security Number of Family Caregiver
Full Name of Eligible Family Member	Social Security Number of Eligible Family Member

Please check the applicable boxes for the activities of daily living, as defined by the Caregiver Tax Credit Act, that the above-named **Eligible Family Member** requires assistance with:

- Ambulating, which is the extent of the ability of an individual to move from one position to another and walk independently.
- Feeding, which is the ability of an individual to feed oneself.
- Dressing, which is the ability of an individual to select appropriate clothes and to put the clothes on without aid.
- Personal hygiene, which is the ability of an individual to bathe and groom oneself and maintain dental hygiene and nail and hair care.
- Continence, which is the ability to control bladder and bowel function.
- Toileting, which is the ability of an individual to get to and from the toilet without aid, using it appropriately, and cleaning oneself.

I hereby certify that I have examined the above-named Family Member and to the best of my knowledge and belief attest the above is true and accurate.

**sign
here** ▶

Signature of Licensed Health Care Provider	Profession	Date	
Printed Name of Licensed Health Care Provider	Phone Number		
Address	City	State	ZIP Code

I hereby authorize this licensed health care provider to disclose the above information for myself or as a person authorized to share this information of the Eligible Family Member, which is necessary for determining Family Caregiver's eligibility for the tax credit allowed under the Caregiver Tax Credit Act.

**sign
here** ▶

Signature of Eligible Family Member or Authorized Individual	Date
Printed Name of Eligible Family Member or Authorized Individual	

Instructions

Who May File. A Family Caregiver who is applying for the nonrefundable tax credit under the Family Caregiver Tax Credit Act (Act) must file this form with the Family Caregiver Tax Credit Application, Form 3165. This form must document a licensed health care provider's certification that the Family Member requires assistance with at least two activities of daily living as required under the Act.

Signature of Licensed Health Care Provider. This form must be signed by a licensed physician, nurse practitioner, or physician assistant (PA).

Signature of Eligible Family Member or Authorized Individual. This form must be signed by the Eligible Family Member or an individual authorized to share Eligible Family Member's information with the Nebraska Department of Revenue for whom the Family Caregiver incurred eligible expenditures for the care and support of during the tax year.