FISCAL IMPACT STATEMENT

Please check one.
☒ **Draft** ☐ **Final**

Agency: **Department of Health and Human Services**	
Title: 390 NAC	Prepared by: Sherri Haber
Chapter: 1	Date prepared:
Subject: Juvenile Services	Telephone: 402-471-7989

Type of Fiscal Impact:

Please check all that apply

	State Agency	Political Sub.	Regulated Public
No Fiscal Impact	(☒)	(☒)	(☒)
Increased Costs	(☐)	(☐)	(☐)
Decreased Costs	(☐)	(☐)	(☐)
Increased Revenue	(☐)	(☐)	(☐)
Decreased Revenue	(☐)	(☐)	(☐)
Indeterminable	(☐)	(☐)	(☐)

Provide an Estimated Cost & Description of Impact:

State Agency:

Political Subdivision:

Regulated Public:

If indeterminable, explain why: