

**Division of Developmental Disabilities (DDD)**

**Applicants Name:**

**Birthdate:**

**Date of Eligibility** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DDD ID#**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of completed NJ CAT**\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Tier Assignment** \_\_\_\_\_\_\_

**Contact Information of Case Manager or Support Coordinator** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medicaid#**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medicaid HMO**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DAC or Non DAC** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(See fact sheet below)*

**Are you on the Community Care Waiver (CCW) waiting list:  
YES or NO** *(if not, be sure to ask your case manager or support coordinator for more information, and see link below).*

**If yes, as of** *(date)*\_\_\_\_\_\_\_\_\_ **I am number** \_\_\_\_\_\_\_ **on the CCW waiting list.**

Help

**Helpful Links**

* **DDD’s Supports Program Policies & Procedures Manual:** [bit.ly/dddsupportsprogrammanual](http://bit.ly/dddsupportsprogrammanual)
* **“Disabled Adult Children (DAC)” Fact Sheet:** [bit.ly/2meVhO7](http://bit.ly/2meVhO7)
* **DDD’s Community Care Waiver (CCW) Waiting List:** [bit.ly/dddccwwaitinglist](http://bit.ly/dddccwwaitinglist)



The Arc of New Jersey Family Institute

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