



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.**

Helpful Links

- **DDD's Supports Program Policies & Procedures Manual:** bit.ly/dddsupportsprogrammanual
- **"Disabled Adult Children (DAC)" Fact Sheet:** bit.ly/2meVhO7
- **DDD's Community Care Waiver (CCW) Waiting List:** bit.ly/dddccwwaitinglist



The Arc of New Jersey Family Institute
985 Livingston Avenue, North Brunswick, NJ 08902 | 732.828.2022
| thefamilyinstitute@arcnj.org | www.thearcfamilyinstitute.org