



Division of Developmental Disabilities (DDD): **Applying for Eligibility: Intake Package**

Applicants Name:

Birthdate:

- **Date of completed intake package** _____
(Be sure to make copies)
- **Name of your DDD Intake Worker** _____
- **DDD ID#** _____
- **Date of completed NJ CAT** _____
- **Tier Assignment** _____
- **Medicaid#** _____
- **Medicaid HMO** _____
- **Non DAC** _____ **If applicable** *(See link below)*
- **Are you on the Community Care Waiver (CCW) waiting list** _____ *(if not, be sure to ask your support coordinator or intake worker for more information about the CCW)*

Helpful Links

- **Let's Talk: Conversations with The Arc of NJ Family Institute:** bit.ly/2kk2yse
- **Understanding DDD's Determination of Eligibility Process:** English - bit.ly/fiddapplyingforeligibilityenglish | Spanish - bit.ly/fiddapplyingforeligibility_spanish
- **“Disabled Adult Children (DAC)” Fact Sheet:** bit.ly/2meVhO7
- **DDD’s NJ CAT Website:** bit.ly/2mFOHxo
- **DDD’s Eligibility Package:** bit.ly/2mumhtz
- **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