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| --- | --- | --- | --- |
| Provider Name:  DDD logo email  Click here to enter text. | | Federal ID#:  Click here to enter text. | NPI#:  Click here to enter text. |
| Name of Person Completing this form:  Click here to enter text. | | Title:  Click here to enter text. | Phone:  Click here to enter text. |
| Program Developer Name:Click here to enter text. | | | Phone: Click here to enter text. |
| **Site Information** | | | |
| VID#:  Click here to enter text. | Projected Capacity:  Click here to enter text. | | Projected Opening Date:  Click here to enter text. |
| Program type:  Group Home Supervised Apartment  Supported Living | Funding Source:  Click here to enter text. | | |
| Street: Click here to enter text. | | | |
| City: Click here to enter text. | State: Click here to enter text. | | Zip: Click here to enter text. |
| County of Residence: Click here to enter text. | | | |
| Site Search Approved:  Yes No | State Architect Approved:  Yes No | | |
| **Housing Subsidy Information** | | | |
| Subsidy Request Completed:  Yes  No  N/A | DDD ID #s of Individuals Confirmed for this site:  Click here to enter text. | | |
| If housing subsidies are needed, please refer to the Housing Subsidy Guidance for New Admissions available at <http://www.state.nj.us/humanservices/ddd/resources/community/>. | | | |
| **DDD Office Use Only:** | | | |
| Program Developer Signature: | Date: | | |