**New Jersey Department of Human Services**

**Division of Developmental Disabilities**

**Voluntary Discharge from Division Services**

Used by an individual/legal guardian to request discharge from the Division of Developmental Disabilities.

**Notes**

* Once discharged, access to DDD services are no longer be available. This includes housing subsidy from the Supportive Housing Connection and guardianship through the Bureau of Guardianship Services.
* To **disenroll** from waiver services only (for example, not using a waiver service at this time but have a BGS guardian) instead use the **Waiver Disenrollment Request Form**.
* In lieu of using this form, the individual/legal guardian may put their request to be discharged from DDD in writing to their Support Coordinator via email or US Mail.

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| **General Information** | |
| Individual’s Name: Click to enter text.  Program Enrollment: Choose an item. | DDD ID: Click to enter text.  DOB: Click to enter text. |
| Is the individual currently receiving a waiver service in addition to Support Coordination? Yes  No  If yes, list the service(s): Click to enter text. | |

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| **Discharge Request** |
| I wish to be voluntarily discharged from the Division of Developmental Disabilities (DDD) including disenrollment from DDD Medicaid waiver: the Community Care Program (CCP) or the Supports Program (SP).  I understand discharge will discontinue all access to services funded through DDD. I understand if I wish to receive DDD services in the future, I will need to contact my [Regional DDD Office](https://www.nj.gov/humanservices/ddd/about/contactus/communityservices/), be Medicaid eligible, meet DDD functional criteria and be a New Jersey resident. |
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| **My discharge request is due to one of the following:**  No longer a New Jersey resident  Other (List Reason): Click to enter text. |

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| **Signature of Individual or Legal Guardian, if applicable.** | |
| Signature:  *The availability of services ends effective the date of signature.* | Date: |

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| **Support Coordination Agency Information** | |
| Support Coordination Agency Name: Click to enter text.  Support Coordinator Name: Click to enter text. | |
| Email Address: Click to enter text.  Mailing Address: Click to enter text. | Phone Number: Click to enter text. |

**Directions**

1. The completed Voluntary Discharge Request Form, or other written request for discharge, must be signed by the individual/legal guardian and submitted to their Support Coordinator.
2. The SCA uploads the form in iRecord and notifies [DDD.SCHelpdesk@dhs.nj.gov](mailto:DDD.SCHelpdesk@dhs.nj.gov).