



STATE OF NEW JERSEY

DEPARTMENT OF HUMAN SERVICES
DIVISION OF DEVELOPMENTAL DISABILITIES

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TRENTON, NJ 08625-0726

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Deputy Commissioner

Eligibility Documentation Checklist
Please complete the following forms as directed

A. DDD Eligibility Forms:

- **Application for Eligibility.** The person completing the application must sign this form.
- **Health Information and Portability and Accountability Act (HIPAA) information**
 - i. **Notice of Privacy Practices and Acknowledgement Form.** Please read the Department of Human Services *Notice of Privacy Practices* and sign and return the *Acknowledgement Form*.
 - ii. **Authorization for Disclosure of Health Information to Family and Involved Persons.** Gives DDD permission to talk with people the Applicant chooses about his or her health information. Complete, sign and return.
 - iii. **Authorization for the Release of Health Information.** Gives DDD permission to send copies of Applicant's health records to people or organizations chosen by the Applicant. Complete, sign and return.
- **Consent Form.** For use with the documents in Section B.

B. Documentation: You must provide DDD the information listed below, that relates to your developmental disability.

- _____ Medical Documentation of Disability/Physician's Statement
- _____ Most Recent Psychological Evaluation, Including IQ Score
- _____ All Available Psychological Reports
- _____ Most Recent Child Study Team or School Reports/Learning Evaluations/Social Summaries
- _____ Psychiatric Evaluation
- _____ Division of Vocational Rehabilitation Services (DVRS) Records/Evaluations (F3 form)
- _____ Neurological Evaluation
- _____ Physical Therapy Evaluation/Occupational Therapy Evaluation/Speech Therapy Evaluation
- _____ Hospital Records/Discharge Summary
- _____ Photocopy of Birth Certificate
- _____ Photocopy of Social Security Card *or* Proof of US Citizenship *or* Green Card
- _____ Proof of New Jersey Residency: Photocopy of one of the following: 1) Voter Registration form
2) Pay Stub 3) W2 form 4) Real Estate Tax Bill or 5) Permanent Change of Station Orders to New Jersey
(If individual's legal guardian is in the U.S. Military Service)
- _____ Photocopy of Guardianship Order (if applicable)
- _____ Photocopy of Medicaid Card
- _____ Letter certifying Medicaid eligibility and SSI annual award letter
- _____ Other: _____