

# OTHER SERVICES & RESOURCES

The **Area Agency on Aging (AAA)** can assist with the first step of health screening for NJ FamilyCare long term services and supports. The AAA may have other resources and services that can benefit seniors and persons with disabilities. Please feel free to contact them directly regarding services that might be available for you using their contact information below. If you complete and sign this form and they will reach out to you directly.

**AUTHORIZATION TO DISCLOSE INFORMATION TO**  
**AREA AGENCY ON AGING**  
**RELATED TO SCREENING FOR NJ FAMILYCARE APPLICATION**

I understand that information, which I have provided to the Eligibility Determining Agency (EDA) as part of the NJ FamilyCare Aged Blind Disabled Program application process, may not be disclosed to another person without the applicant's express written authority. In order to help with the health screening for long term care services related to the NJ FamilyCare Aged, Blind, Disabled Program application, I hereby give authority to the EDA with which I am filing an application, to disclose personal contact information (name, address and telephone number of applicant, and contact information for any spouse or family member, authorized representative or person holding power of attorney (attorney-in-fact) or guardianship, who is filing the application) for the following individual:

Applicant's Name (Print): \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**I authorize the contact information to be provided to the following Agency.**  
**I understand that they will call and ask for health information so they can screen for available services.**

**Check the agency you want us to send information to:**

- ☐ **Atlantic** (609-645-7700 x4347) Atlantic County Office on Aging, Shoreview Building, Office 217, 101 South Shore Rd, Northfield, NJ 08225
- ☐ **Bergen** (201-336-7400) Bergen County Division of Senior Services, One Bergen County Plaza, 2nd Floor, Hackensack, NJ 07601-7076
- ☐ **Burlington** (609-265-5069) Burlington County Office on Aging, Mailing: PO Box 6000, Mount Holly, NJ 08060; Physical: Human Services Facility, 795 Woodlane Road, Westampton, NJ 08060
- ☐ **Camden** (856-858-3220) Camden County Division of Senior & Disabled Services, 512 Lakeland Avenue, 4th Floor, Blackwood, NJ 08012
- ☐ **Cape May** (609-886-2784/2785) Cape May County Department of Aging and Disability Services, 3801 Route 9, South, Unit 4, Rio Grande, NJ 08242
- ☐ **Cumberland** (856-453-2220) Cumberland County Office on Aging and Disabled, Administration Building, 800 East Commerce Street, Bridgeton, NJ 08302
- ☐ **Essex** (973-395-8375) Essex County Division of Senior Services, 465 Dr. Martin Luther King, Jr. Blvd., Room 102, Newark, NJ 07102
- ☐ **Gloucester** (856-384-6900) Gloucester County Division of Senior Services, 115 Budd Blvd., West Deptford, NJ 08096
- ☐ **Hudson** (201-369-4313) Hudson County Office on Aging, 830 Bergen Avenue, Suite 3B, Jersey City, NJ 07306
- ☐ **Hunterdon** (908-788-1361/1362/1363) Hunterdon County Div. of Senior, Disabilities & Veterans' Services, 4 Gauntt Place, Bldg 1, PO 2900, Flemington, NJ 08822-2900
- ☐ **Mercer** (609-989-6661/6662) Mercer County Office on Aging, Physical: 2110 Hamilton Ave., Hamilton, NJ 08619; Mailing: 640 S. Broad St., PO Box 8068, Trenton, NJ 08650-0068
- ☐ **Middlesex** (732-745-3295) Middlesex County Office of Aging and Disabled Services, 75 Bayard Street, 5th Flr., New Brunswick, NJ 08901
- ☐ **Monmouth** (732-431-7450) Monmouth County Division of Aging, Disabilities and Veterans Services, 3000 Kozloski Road, Freehold, NJ 07728
- ☐ **Morris** (973-285-6848) Morris County Division on Aging, Disabilities and Community Programming, 340 West Hanover Avenue, PO Box 900, Morristown, NJ 07963-0900

- ☐ **Ocean** (732-929-2091) Ocean County Office of Senior Services, 1027 Hooper Avenue, Bldg #2, PO Box 2191, Toms River, NJ 08754-2191
- ☐ **Passaic** (973-569-4060) Passaic County Dept of Senior Services, Disabilities & Veterans' Affairs, 930 Riverview Drive, Suite 200, Totowa, NJ 07512
- ☐ **Salem** (856-339-8622) Salem County Office on Aging, 110 Fifth Street, Suite 900, Salem, NJ 08079
- ☐ **Somerset** (908-704-6346) Somerset County Office on Aging and Disability Services, 27 Warren Street, 1st Flr., PO Box 3000, Somerville, NJ 08876
- ☐ **Sussex** (973-579-0555) Sussex County Division of Senior Services, Sussex County Administration Building, 1 Spring Street, 2nd Flr., Newton, NJ 07860
- ☐ **Union** (908-527-4870 or toll-free 888-280-8226) Union County Division on Aging, Administration Building, 10 Elizabethtown Plaza, 4<sup>th</sup> Floor, Elizabeth, NJ 07207
- ☐ **Warren** (908-475-6591) Warren County Division of Aging & Disability Services, Wayne Dumont Jr. Admin. Bldg., 165 County Road, Suite 245, Route 519 South, Belvidere, NJ 07823-1949

This authorization expires on (enter date) \_\_\_\_\_ or six months from the date signed below, whichever occurs first. I understand that upon this expiration date, the EDA will no longer provide my information to the entity stated above, and that if I wish for this person to continue to receive information, I must execute another authorization.

I understand that if the above-named entity is not a health care provider or part of a health plan covered by federal privacy regulations, health information provided may be re-disclosed by the entity I have named above and will no longer be protected by these regulations.

I understand that if I do not sign this form, the EDA will not disclose my information and I will have to contact the County Area Agency on Aging or other responsible agency on my own to schedule and receive the screening needed for long term care services.

I understand I may revoke this authorization at any time, in writing, except to the extent the EDA has taken action in reliance on this authorization. A written request to revoke this authorization must be provided to: the applicant's local EDA caseworker. The revocation will be effective on the date that the applicant's EDA caseworker receives the revocation.

**Signature** (or mark) **of Individual** (including Parent of Minor Child, Legal Guardian or Attorney-in-Fact)\*:



\_\_\_\_\_Date of Signature\*\_\_\_\_\_

Name of Parent of Minor Child, Legal Guardian or Attorney-in-Fact (if applicable\*):  
\_\_\_\_\_

**Copy of Valid Appointment of Guardianship or Power of Attorney must be attached.**

If a mark is provided in place of a signature above, the mark must be witnessed:  
Witness Signature (if applicable): \_\_\_\_\_  
Witness Name/Title: \_\_\_\_\_

**\*Denotes information that is required.**

**+++++ PROVIDE THE INDIVIDUAL WITH A COPY OF THIS FORM +++++**