

**NEW JERSEY DEPARTMENT OF MILITARY AND VETERAN'S AFFAIRS  
DIVISION OF VETERANS' SERVICES  
CONTRACT SERVICES AUTHORIZATION**

<b>1. CONTRACTOR INFORMATION</b>	
A. Name of Contractor to provide services:	B. Provider #:
C. Address of Service Provider and Phone Number:	

<b>2. VETERAN INFORMATION</b>	
D. Name of Veteran/Spouse/Family (Last, First, Middle):  Relationship to Veteran: <input type="checkbox"/> VETERAN <input type="checkbox"/> SPOUSE* <input type="checkbox"/> CHILD* *If Spouse or Child add Veterans name: Address of Veteran:  Phone #: Email Address:	E. Social Security #:  *If Spouse or Child add Veterans SS#:
SAMPLE	
Branch of Service (check one) <input type="checkbox"/> AIR FORCE <input type="checkbox"/> ARMY <input type="checkbox"/> COAST GUARD <input type="checkbox"/> MARINES <input type="checkbox"/> NAVY <input type="checkbox"/> RESERVE <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> SPACE FORCE	
Service Period (check one) <input type="checkbox"/> OIF <input type="checkbox"/> OEF <input type="checkbox"/> VIETNAM <input type="checkbox"/> DS/DS <input type="checkbox"/> WWII <input type="checkbox"/> Other* *If Other Please Specify _____	
F. Veteran Administration (VA) File Number:	
G. This Veteran/Client has been determined eligible for the following: <input type="checkbox"/> 4 ASSESSMENT <input type="checkbox"/> FULL PROGRAM	
H. I/We have informed the Veteran/Client of the following: <input type="checkbox"/> He/She is eligible for an initial four (4) visits for assessment. <input type="checkbox"/> If additional services are indicated, a treatment plan must be provided, to authorize continued contract services.	

<b>3. RELEASE STATEMENT/INFORMATION</b>
I. The provider must treat all personal records of applicants for and the recipients of contract services in accordance with all applicable Federal and State legislation and regulations, including Executive Orders, governing access to and confidentiality of records. With exceptions specified below, the Provider may not release or disclose records except to authorized personnel of the provider, the State Agency or another appropriate unit, agency, or agent of State or Federal government which is approved by the State Agency for receipt of the information. Exceptions are as follows: (1) When release or disclosure is court ordered; (2) When the applicant or recipient gives prior written approval as to the information to be released or disclosed and the person(s) and/or agency(ies) to receive information.

<b>4. AUTHORIZATION INFORMATION - To be Completed by Authorized Personnel Only</b>				
J. County:	K. Signature:	L. Title:	M. Date:	N. Telephone No.: