**New Jersey Department of Human Services**

**Division of Developmental Disabilities**

**Early Retirement Request**

Completed by the Support Coordinator when an individual/legal guardian requests retirement

from all employment and day services activities before age 65.

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| **Identifying Information** |
| Individual’s Name: Click to enter text.DDD ID#: Click to enter text.Age: Click to enter text.Program Enrollment: Choose an Item. | Date of Request: Enter a date.NJCAT Score: Self-Care, Behavioral, MedicalTier: Choose an item.Acuity: Behavioral[ ]  Medical[ ]  Both[ ]  N/A[ ]  |
| Support Coordination Agency Name: Click to enter text. |
| Support Coordinator (SC) Name: Click to enter text. |
| Phone Number: Click to enter text. | Email Address: Click to enter text. |
| Support Coordinator Supervisor (SCS) Name: Click to enter text. |
| Phone Number: Click to enter text. | Email Address: Click to enter text. |

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| **Planning Team Meeting Discussion** |
| **REQUIRED: Ensure that the Planning Team (individual, legal guardian, Support Coordinator, Service Providers, etc.) has met and discussed the below. Ensure meeting notes are uploaded in iRecord.** |
| Has the individual been competitively employed in the last 6 months? | Yes[ ]  No[ ]  |
| **If Yes**, what steps have been taken to encourage the individual to remain employed? Click to enter text. |
| Is the individual requesting early retirement because of a medical condition? | Yes[ ]  No[ ]  |
| **If Yes**, please explain: Click to enter text. |
| Is the individual requesting early retirement due to behavioral support needs? | Yes[ ]  No[ ]  |
| 1. **If Yes**, does the individual have a behavior support plan? **(Ensure it is uploaded in iRecord.)**
 | Yes[ ]  No[ ]  |
| 1. **If** the answer to ‘a.’ is **No**, please explain: Click to enter text.
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| ***(Additional explanation, if needed)*** Why is the individual/legal guardian interested in retirement at this time? |
| Click to enter text. |
| Has the Person Centered Planning Tool (PCPT) been reviewed with the individual/family to identify alternate interests for daytime activities (such as could be supported by IS/CBS)? | Yes[ ]  No[ ]  |
| Is the individual currently receiving a day service, regardless of funding source? | Yes[ ]  No[ ]  |
| **If Yes**, identify the funding source: Click to enter text. |
| Describe the individual’s current daily schedule (i.e. attends Day Hab., M-W from 9:00-2:00 p.m.):Click to enter text. |
| If approved for early retirement, describe how the individual’s support and supervision needs will be met. (i.e. The Residential Provider is prepared to adjust staffing patterns to support the individual in retirement.)Click to enter text. |
| If approved for early retirement, describe the anticipated daily routine, and how early retirement would maintain or enhance quality of life.Click to enter text. |
| Is the Planning Team aware that the Employment/Day budget component will no longer be  | Yes[ ]  No[ ]  |
| available if approved for early retirement? ***(See the waiver manuals, section 8.7.2 for additional information.)*** |
| Date of the Planning Team meeting: Enter a date. Does the team support early retirement? | Yes[ ]  No[ ]  |

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| **Required Documentation** *(Ensure these documents are uploaded in iRecord)* |
| [ ]  Planning Team Meeting Notes[ ]  Behavior Support Plan (if applicable)[ ]  Supporting Medical Documentation, i.e. prescriptions, medical evaluations, etc. (if applicable) |

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| ***This form is submitted by:*** |
| Name and Title: Click to enter text. | Date: Enter a date. |

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| ***To be completed by DDD Employment Unit*** |
| Reviewed by: Click to enter text. | Title: Click to enter text. |
| Approved [ ]  Denied [ ]  Date: Enter a date. |
| Additional comments if needed ***(copy and paste additional comments in iRecord case notes)***:Click to enter text. |

**Instructions**:

* Upload the completed form and supporting documentation in iRecord.
* Send the completed form via email to: DDD.EmploymentHelpdesk@dhs.nj.gov using the subject line, “(DDD ID), Early Retirement Request”.