



**Telephonic Review Document Upload Request  
Fax Cover Sheet**

**Name of Youth:**

**CYBER ID Number:**

**DCP&P Worker Name:**

**DCP&P Worker Phone:**

**DCP&P Worker E-Mail:**

Please fax this cover sheet, the OOH Referral Request Checklist for Document Upload, and required documents to PerformCare at **877-736-9166**.

PerformCare will clinically review documents and will manually upload the documents to the youth's CYBER record.

The OOH Referral Request Checklist for Document Upload and DCP&P Fax Sheet are available on the PerformCare website at **[www.performcarenj.org](http://www.performcarenj.org)** under **Provider/Forms**.