

NJ Children's System of Care

Administered by PerformCare®

Application for Determination of Eligibility for Children under Age 18 with Developmental Disabilities

Form C: Documentation Cover Sheet

Child Name: _____ Applicant Name: _____
Child DOB: _____ CYBER ID (if known): _____

Include this cover sheet with your forms and documentation and list the items you have enclosed. Indicate by check mark the documents you are submitting with your application. Please include the child's name, date of birth, and CYBER ID number (if known) on each document submitted.

Do not send originals. Your records will not be returned.

Required Forms

- Form A: Applicant Information Form
- Form B: Child Adaptive Behavior Summary (CABS)
- Form C: Documentation Cover Sheet (this form) with required documents
- Form D: HIPAA Acknowledgement

Required Documents

- Proof of US Residency & Citizenship
- Proof of New Jersey Residency
- Diagnostic Evaluation identifying a Mental or Physical Impairment
- Diagnostic Evaluation identifying a Developmental Disability

Supporting Documents

- Current medical diagnosis by a licensed health care practitioner
- Current Developmental, Neurological, Neuropsychological, or Psychological Evaluation
- Current Adaptive Behavior Assessments
- Current Child Study Team Evaluations (Not an Individualized Educational Plan/Program)
- Current Speech-Language Therapy Evaluation
- Current Occupational Therapy Evaluation
- Current Physical Therapy Evaluation
- Current Early Intervention Evaluations
- Use/need for adaptive devices and/or equipment

Other Documentation (optional)

Please indicate which other documents you are submitting to demonstrate substantial functional limitation/impairment, if not included in the supporting documents listed above.

- Name: _____ Date: _____ Pages: _____
- Name: _____ Date: _____ Pages: _____

If Necessary

- Proof of Guardianship or Court Order (if person submitting is not the child's parent)
- Third Party Release (to give other individuals permission to check application status)

See the instructions on the next page for further information. Send all documents to:

**PerformCare New Jersey
Attention: DD Eligibility Unit
300 Horizon Drive, Suite 306
Robbinsville, New Jersey 08691**

Documentation Instructions

Form C: Documentation Cover Sheet identifies the items you have enclosed in your eligibility application. Please indicate by checkmark which documents you are attaching to your application. Please be sure to include **all required documents as well as supporting documents**, as your application **cannot be reviewed** until they are received. Please send only **copies** of your documents, as **we will not return any materials submitted to us**. Send documents to:

PerformCare New Jersey
Attention: DD Eligibility Unit
300 Horizon Drive, Suite 306
Robbinsville, New Jersey 08691

Required Application Forms:

Forms A through D must be completed **and** signed where indicated and mailed to the above address. They are available by calling PerformCare at **1-877-652-7624** or on the PerformCare website at (<http://www.performcarenj.org/families/disability/determination-eligibility.aspx>).

Form A: Applicant Information and Declaration Form.

Applications for Eligibility may only be considered from a parent, legal guardian, or court or agency legal authorized to do so. The person submitting the application on behalf of the child must sign this form in the declaration section. You may seek assistance in filling out any portions of the application from a friend, family member, or advocate.

Form B: Child Adaptive Behavior Summary (CABS).

This form should be completed by a family member or caregiver who knows the child well and can speak to the typical functioning of the child in the past 6-month period. The person who completes the CABS should sign this form. This may be a different person than the parent/guardian if the child is not currently residing or receiving most of his/her care at home.

Form C: Documentation Cover Sheet.

Attached to this instruction. Please use the Cover Sheet any time you are submitting eligibility documents to PerformCare. Indicate which forms you are submitting, and make sure to attach copies of the required documents and/or supporting documents. Do not submit originals, as your documents will not be returned.

Form D: HIPAA Acknowledgement.

Please read the Department of Children and Families **Notice of Privacy Practices** and sign and return **the Acknowledgement Form**. This form indicates that you understand what we may and may not do with the application information you share.

Optional: Third Party Release.

If you would like to identify someone else we can speak with about your application status, please be sure to indicate this on the optional **Third Party Release section**. You may indicate more than one individual, however please note that this Release only grants the named individual the ability to find out about the child's application status. We will not release detailed health information to individuals named using this release.

Required Documentation for Residency, Citizenship or Guardianship:

Proof of US Residency & Citizenship

(One of the following: photocopy of youth or parent's US birth certificate, photocopy of youth or parent's valid US passport, other proof of child or parent's US citizenship, or child or Parent's valid Permanent Residency Card)

Proof of New Jersey Residency

(One of the following: photocopy of current Parent Voter Registration form, Parent Pay stub, Parent W2 form, Parent Real Estate Tax Bill, NJ State or County Identification Card, NJ Driver's License, or Utility Bill showing parent/guardian's name and New Jersey address)

Clinical Records sufficient to document the presence of a mental or physical impairment and developmental disability, including the required substantial functional limitations: You do not have to provide every type of record listed, but you **must** submit **current** records that are sufficient to establish:

1. The presence of a mental or physical impairment **and** a developmental disability, specifically evaluations that diagnose a mental or physical impairment and a developmental disability (that includes the specific diagnosis of a physical, neurological, genetic condition, and/or cognitive impairment with supporting evidences for making the diagnosis), and
2. Substantial functional limitations in **three or more** of the following major life activities: Self-Care; Receptive and Expressive Language; Learning; Mobility; Self-Direction; Capacity for Independent Living and Economic Self-Sufficiency. Substantial functional limitation(s) are evaluated based on a comprehensive review of the supporting documentation (i.e., psychological, speech-language therapy, occupational therapy, and/or physical therapy evaluations), CABS, and according to expectations based upon the child's chronological age.

Supporting Clinical Records:

- Current Developmental, Neurological, Neuropsychological, or Psychological Evaluation with full results of a standardized cognitive assessment
- Current Adaptive Behavior Assessments (i.e. Adaptive Behavior Assessment System)
- Current Child Study Team Evaluations (**Not an IEP - Individualized Educational Plan/Program**)
- Current Speech-Language Therapy Evaluation
- Current Occupational Therapy Evaluation
- Current Physical Therapy Evaluation
- Current Early Intervention Evaluations
- Assistive Technology Assessment indicating use/need for adaptive devices and/or equipment

Important Information about Documentation:

1. An application for eligibility cannot be reviewed until all required information and sufficient supporting documentation are provided to support the claim for eligibility.
2. Submitting all required and supporting documents at the same time will facilitate the DD Eligibility Review Team to process the application in a timely fashion.
3. A copy of an entire diagnostic evaluation report determining a mental/physical impairment and a developmental disability is needed, instead of a doctor's note, letter, or prescription.
4. Current supporting documents may be prepared by a Child Study Team or licensed private practitioners.
5. Current Child Study Team evaluations that may include cognitive assessment, adaptive behavior assessment, speech-language therapy, occupational therapy, and/or physical therapy evaluations are helpful, but NOT the Individualized Educational Plan/Program (IEP).

You will be notified if additional documentation is required.

Discrimination is against the law

PerformCare complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PerformCare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

PerformCare reduces language barriers to accessing services through the New Jersey Children's System of Care by:

- Providing free aids and services to people with disabilities to communicate effectively with us, such as:
 - Written information in other formats (large print, audio, accessible electronic formats, and other formats).
 - Telecommunication devices such as Device for the Deaf (TDD) and Text Telephone (TTY) systems to enable individuals who are deaf, hard of hearing, or speech-impaired to use the phone to communicate.
- Providing language services at no cost to people whose primary language is not English, such as:
 - Qualified interpreter services.
 - Information written in other languages.

If you need these services, contact PerformCare at **1-877-652-7624** or [TTY (for the hearing impaired) **1-866-896-6975**]. We are available 24 hours a day, seven days a week.

If you believe that PerformCare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can submit a complaint by mail or phone, by either calling PerformCare's Quality department at **1-877-652-7624** or by writing to:

PerformCare
Attn: Quality Department
300 Horizon Center Drive, Suite 306, Robbinsville, NJ 08691

If you need help filing a complaint, PerformCare's Quality department is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW, Room 509F, HHH Building
Washington, DC 20201

1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>.

Multi-language interpreter services

Attention: If you do not speak English, language assistance services are available to you at no cost. Call 1-877-652-7624 (TTY 1-866-896-6975).

Spanish: Atención: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-652-7624 (TTY 1-866-896-6975).

Portuguese: Atenção: Se fala português, encontra-se disponível serviço gratuito de intérprete pelo telefone 1-877-652-7624 (TTY 1-866-896-6975).

Arabic: ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-652-7624 (رقم هاتف الصم والبكم: 1-866-896-6975).

Haitian Creole: Atansyon: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-877-652-7624 (TTY: 1-866-896-6975).

Chinese Mandarin: 注意: 如果您说中文普通话/国语, 我们可为您提供免费语言援助服务。请致电: 1-877-652-7624 (TTY 1-866-896-6975)。

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-652-7624 (TTY 1-866-896-6975) 번으로 전화해 주십시오.

Bengali: লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-৮৭৭-৬৫২-৭৬২৪ (TTY 1-866-896-6975)।

French: Attention : si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-652-7624 (TTY 1-866-896-6975).

Vietnamese: Chú ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-652-7624 (TTY 1-866-896-6975).

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-877-652-7624 (TTY 1-866-896-6975) पर कॉल करें।

Chinese Cantonese: 注意: 如果您使用粵語, 您可以免費獲得語言援助服務。請致電 1-877-652-7624 (TTY 1-866-896-6975)。

Polish: Uwaga: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-652-7624 (TTY 1-866-896-6975).

Urdu: توجہ فرمائیں: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں۔ 1-877-652-7624 (TTY: 1-866-896-6975).

Turkish: Dikkat: Türkçe konuşuyorsanız dil yardımı hizmetlerinden ücretsiz olarak yararlanabilirsiniz. 1-877-652-7624 (TTY 1-866-896-6975) numaralı telefonunu arayın.

Russian: Внимание: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-652-7624 (TTY 1-866-896-6975).