

NJ Children's System of Care

Administered by PerformCare®

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

Permission for PerformCare to Communicate with Third Party

Would you like to identify a person or agency to communicate with PerformCare for assisting on behalf of your child's application?

If yes, your permission allows us to explain the status of your child's application and to communicate what additional information may be needed to complete the application process.

Name of Individual

Name of Agency, if applicable

Phone Number

I hereby grant permission for PerformCare to disclose the status of my child's application and any information needed for completing the application process to the person named above. This permission **does not** include any release of Protected Health Information (PHI) about my child.

Parent/Guardian Signature

Date

Parent/Guardian Name (please print)

Name of Child (Please Print)

Date of Birth