

NJ Children's System of Care

Administered by PerformCare®

Substance Use Treatment Services (SUTS) Request Form

PerformCare Substance Use Fax Number: (877) 949-6590

Requestor Name/Title:	
County:	
Entity:	<input type="checkbox"/> CMO <input type="checkbox"/> Juvenile Court <input type="checkbox"/> DCP&P <input type="checkbox"/> SUTS Provider <input type="checkbox"/> County Representative <input type="checkbox"/> Other:
Phone Number:	
Fax Number:	
Date of Request:	
Funding Streams Exhausted:	<input type="checkbox"/> Private Insurance <input type="checkbox"/> County Funding <input type="checkbox"/> Not Applicable <input type="checkbox"/> Other:

Youth Name:	
CYBER ID # (if known):	
Date of Birth:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Current Street Address:	
City, State, Zip Code:	
Phone Number:	
Legal Guardian Name:	
Legal Guardian Street Address:	
City, State, Zip Code:	
Legal Guardian Phone Number:	

Service Requested:	<input type="checkbox"/> Needs Bio Psychosocial Evaluation <input type="checkbox"/> Substance Use Treatment Services
If there is a specific agency preferred, please provide name:	
Attachments:	<input type="checkbox"/> Substance Use Evaluation within 30 days <input type="checkbox"/> 42-CFR Consent for Disclosure Form <input type="checkbox"/> Other: