

**New Jersey Department of Children and Families
Division of Children's System of Care**

Documentation Checklist

It is the responsibility of the applicant's parent or legal guardian to complete all of the required application forms in Section A and to obtain all of the required documents in Sections B and C. The complete application packet (including application forms and supporting documents) should be mailed to PerformCare at the following address:

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

A. Required Application Forms that must be completed and/or signed as directed to apply for determination of eligibility for children with developmental disabilities:

- **#1-Application for Eligibility.** The person completing the application must sign this form.
- **#2-Applicant Information Form.** The Applicant, a family member or a caregiver can complete this form. No signature is required. Use additional sheets of paper as necessary.
- **#3-Adaptive Behavior/Health/Safety/Risk Summary (ABS/HSRS).** This form should be completed by a family member or caregiver who knows the Applicant well.
- **#4-ABS Acknowledgment.** The person who completes the ABS should sign this form.
- **Health Information and Portability and Accountability Act (HIPAA) information;**
 - **#5-Notice of HIPAA Privacy Practices and #6-Acknowledgement.** Please read the Department of Children and Families *Notice of Privacy Practices* and sign and return the *Acknowledgement Form*.
 - **#7-Authorization for Disclosure of Health Information to Family and Involved Persons.** Gives CSOC permission to talk with people the Applicant chooses about his or her health information. Complete, sign and return.
 - **#8-Authorization for the Release of Health Information.** Gives CSOC permission to send copies of Applicant's health records to people or organizations chosen by the Applicant's parent or legal guardian. Complete, sign and return.

B. Required Documentation for Residency, Citizenship or Guardianship:

_____ Proof of US residency & citizenship (one of the following: photocopy of birth certificate or social security Card, proof of parent(s) US citizenship, or Parents(s) Green Card)

_____ Proof of New Jersey Residency (one of the following: photocopy of Parent(s) Voter Registration form, Parent(s) Pay stub, Parent(s) W2 form, Parent(s) Real Estate Tax Bill)

_____ Proof of Guardianship: (required **ONLY** if the application is not being submitted by child's natural or adoptive parent)

C. Records sufficient to document the presence of a developmental disability, including the required substantial functional limitations (You do not have to provide every type of record listed, but you *must* submit records that are sufficient to establish the presence of a developmental disability and the substantial functional limitations.

Preferred records if available:

_____ Medical Documentation of Disability/Physician's Statement

_____ Most Recent Psychological Evaluation, including IQ Score

_____ Functional Assessments, for example, Vineland

_____ Developmental Assessments

_____ Most recent Child Study Team or School Reports/Learning Evaluations/Social Summaries

Other records if above not available:

_____ Early Intervention Evaluations

_____ Psychiatric Evaluation

_____ Division of Vocational Rehabilitation Services (DVRS) Records/Evaluations

_____ Neurological Evaluation

_____ Physical Therapy Evaluation/Occupational Therapy Evaluation

_____ Speech/Therapy evaluation

_____ Diagnostics Reports (specify): _____

_____ Hospital Records/Discharge Summary

_____ Other (specify): _____