

# NJ Children's System of Care

Contracted System Administrator — 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
- Current Adaptive Behavior Assessments

#### Supporting Documents

- Current medical diagnosis by a licensed health care practitioner
- Current Developmental, Neurological, Neuropsychological, or Psychological Evaluation
- 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)
- Authorization for Sharing Health Information (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: Authorization for Sharing Health Information.**

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 **Authorization for Sharing Health Information 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.
3. Current Adaptive Behavior Assessments (i.e. Adaptive Behavior Assessment System)

**Supporting Clinical Records:**

- Current Developmental, Neurological, Neuropsychological, or Psychological Evaluation with full results of a standardized cognitive assessment
- 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.**