

**Division of Children's System of Care
Children's Support Services Program (CSSP)
Intellectual/Developmental Disabilities (I/DD)
Waiver Request to Enroll in I/DD NJ FamilyCare**



Date:

Youth	
Youth name:	Date of Birth:
CYBER ID:	SSN (last 4 digits):

Parent/Legal Guardian	
Name:	Phone number:
Address:	

CMO Care Manager	
Agency name:	
Care manager name:	
Phone number:	Email:

CSSP I/DD Waiver Status (as of date of application)		
Youth meets DD eligibility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the youth currently authorized for CMO services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the youth authorized for at least one (1) I/DD waiver service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is youth under the age of 21?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Parent/legal guardian/youth was notified and agrees to this action	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Date Institutional Support Services (ISS) received the application:
