PCG Public Partnerships
Supporting Choice. Managing Cost.™

NJ DDD Self-Directed Option
Individual Referral Form

The Individual Referral Form is for use when an individual is interested in participating in/accessing services through the DDD Self-Directed Employee (SDE) Option. The Individual Referral Form is submitted to Public Partnerships by the individual's Support Coordinator before an SDE service is added to the service plan. Public Partnerships will process the Individual Referral Form and contact the Support Coordinator to initiate the enrollment process.

Instructions to Support Coordinator

1. Complete Support Coordination Agency (SCA) Information.
2. Complete Support Coordinator (SC) Information.
3. Complete Individual Information.
4. Sign and date the Individual Referral Form.
5. Submit completed and signed form to Public Partnerships by email: **NJDDD-SC@pcgus.com**

Support Coordination Agency (SCA) Information						
SCA Name:						
SCA Phone:		SCA E-mail:				
SCA Address:						
	Street		Unit/Fl	City	State	Zip

Support Coordinator (SC) Information			
SC First Name:		SC Last Name	
SC Phone:		SC E-mail	

Individual Information			
First Name:		Last Name:	
DDD Id:	__ __ __ __ __ __	Date of Birth:	__ __ / __ __ /__ __ __ __
State System:	❑ iRecord ❑ eRecord	Waiver/ Program	
Dually enrolled in the Personal Preference Program (PPP)?		❑ Yes ❑ No	
Phone:		E-mail:	
Mailing Address:			
	Street	Apt/Ste	City / State / Zip

X

Support Coordinator Signature | Printed Name | Date (mm/dd/yyyy)

✹Please scan and e-mail completed form to NJDDD-SC@pcgus.com✹