Support Coordination Agency Selection Form

In order to access services funded by the New Jersey Division of Developmental Disabilities, you will need to have a Support Coordination Agency (SCA).

You may find potential SCAs through the Provider Search Database at **https://irecord.dhs.state.nj.us/providersearch**, using the following four steps: **(1)** under Filter, select "Service" and check Support Coordination; **(2)** select "Medicaid Approved" and check the box; **(3)** select "County Served" and select the county in which the individual resides; and **(4)** click the magnifying glass. If you do not have a preference, you can choose to have the Division auto-assign one to you.

A Guide to assist individuals and families in choosing a Support Coordination Agency is also available at The Boggs Center on Developmental Disabilities at http://rwjms.rutgers.edu/boggscenter/projects/infopeopleandfamilies.html.

Preferred Option:　　**Email completed form to**
DDD.SCAChoice@dhs.state.nj.us
-OR-
Mail the completed form to:
New Jersey Division of Developmental Disabilities
Central Office c/o SCA Selection Forms
PO Box 726
Trenton, NJ 08625-0700

Individual's Name:	**DDD ID**:	**County of Residence**:
	Date Of Birth:	

I need a Support Coordinator that speaks ☐ **Spanish** ☐ **Other Language**: _____

Please indicate if any of the following apply
☐ I am a graduating student (please note that the Division begins assigning SCAs for graduating students in April) **Graduation Date**: _____
☐ I would like to **CHANGE** my current SCA **Current SCA**: _____
☐ My SCA is **CLOSING** **Current SCA**: _____

Please indicate your choice of SCA OR auto-assign option
We encourage that two SCA's be provided to improve your chances of being assigned to an agency of your choice. If the agency you choose does not provide services within your county, or does not have the capacity to provide you with services at this time, you will be auto assigned.
My **first choice** for a Support Coordination Agency is**:** _____ *I prefer a particular Support Coordinator in the above agency – Name**:** _____
My **second choice** for a Support Coordination Agency is**:** _____ *I prefer a particular Support Coordinator in the above agency – Name**:** _____
Auto-Assign
I **do not have a preference** for Support Coordination Agency. Please auto-assign me. ☐ (check here if applicable)

*Please be aware that Support Coordination Agencies cannot guarantee, nor are they required to, assign your preferred Support Coordinator.

Signature:	**Date**:
Print Name:	**Phone**:
Email (*for notification purposes*):	