NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

SRTU CONSULTATION REQUIRED COVER LETTER

PLEASE NOTE RECENT PROCESS CHANGE: ***Upon completing this cover letter, please upload this document to the youth's CYBER record then send an e-mail to SRTUconsultation@dcf.state.nj.us verifying that SRTU consultation is being requested. Please include the youth's CYBER ID# and care manager's contact information within your e-mail. Once assigned for SRTU consultation, the name/contact information of the assigned SRTU consultant will be viewable on the Provider tab of the youth's CYBER face sheet.***

YOUTH'S NAME:

CYBER ID#:

DATE OF IOS DETERMINATION:

SRTU QUALIFYING CRITERIA (check all that apply):

DIABETES INSULIN DEPENDENT		PARENTING WITH CHILD	
DIABETES NON-INSULIN DEPENDENT		PCH IOS	
GH-1 IDD IOS		PCH-IDD IOS	
GH-2 IDD IOS		SSH-IDD IOS	
HUMAN TRAFFICKING		SPEC IOS	
INTENSIVE-IDD IOS		SPEC-IDD IOS	
IPCH-IDD IOS		TRANSGENDERED YOUTH	
PREGNANT			

STATUS OF IDD ELIGIBILITY (check off eligibility status):

DD ELIGIBLE	
DEEMED DD INELIGIBLE	
PENDING IDD ELIGIBILITY DETERMINATION (APPLICATION WAS SUBMITTED)	
NOT APPLICABLE (NO IDD NEEDS EXIST)	

YOUTH'S CURRENT LOCATION (check off applicable blue box and complete location section):

HOME:		ADDRESS:	COUNTY:
OOH PROGRAM:		NAME OF PROGRAM:	DATE OF ADMISSION:
HOSPITAL:		HOSPITAL NAME:	DATE OF ADMISSION:
DETENTION:		DETENTION CENTER:	DATE OF ADMISSION:
OTHER:		SPECIFY TYPE AND ADDRESS:	EFFECTIVE DATE:

COMPLETE CARE MANAGEMENT CONTACT INFORMATION:

Care Manager Name:	
Care Manager E-Mail:	
Care Manager Phone:	
Care Manager Supervisor Name:	
Care Manager Supervisor E-Mail:	
Care Manager Supervisor Phone:	

COMPLETE IF YOUTH IS INVOLVED WITH DCP&P:

DCP&P Worker Name:	
DCP&P Worker E-Mail:	
DCP&P Worker Phone:	
DCP&P Supervisor Name:	
DCP&P Supervisor E-Mail:	
DCP&P Supervisor Phone:	

By signing this cover letter, I acknowledge that all information is complete and accurate.

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Care Manager/Date

_____

Care Manager Supervisor/Date

Updated 2/26/18