**Interest in Retirement Form**

Support Coordinators must complete this document when an individual is interested in retiring prior to reaching the age of 65. Once completed, please submit the document to DDD.ServiceApprovalHelpDesk@dhs.state.nj.us.

**Name of Individual**: Click here to enter text. **DDD ID#** Click here to enter text.

**Reason for interest in early retirement**: Click here to enter text.

**What supports does the individual need during the day once he/she is retired?** Click here to enter text.

**What is the plan for addressing the individual’s support needs during the day?** Click here to enter text.

**Support Coordinator Name**: **Date of Request**:

To be completed by the Division of Developmental Disabilities

☐ Denied ☐ Approved Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

If denied, reasoning and/or additional information needed for approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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