



**Telephonic Review Document Upload Request
Fax Cover Sheet**

Name of Youth:

CYBER ID Number:

DCP&P Worker Name:

DCP&P Worker Phone:

DCP&P Worker E-Mail:

Please fax this cover sheet, the OOH Referral Request Checklist for Document Upload, and required documents to PerformCare at **877-736-9166**.

PerformCare will clinically review documents and will manually upload the documents to the youth's CYBER record.

The OOH Referral Request Checklist for Document Upload and DCP&P Fax Sheet are available on the PerformCare website at **www.performcarenj.org** under **Provider/Forms**.