



NEW JERSEY DEPARTMENT OF VETERANS AFFAIRS CONTRACT SERVICE AUTHORIZATION

INSTRUCTIONS

Please print all answers. Please email this form and supporting documents to VBB@dva.nj.gov.

Please submit the following documents along with the CSA:

- **DD214**, showing character of service
- **Proof of residency** (for example utility bill or Driver's license)
- **Marriage Certificate or Birth Certificate** (for Family member application)

SERVICE PROVIDER INFORMATION		
1. Name of Contractor Providing Service		
2. Address of Service Provider		3. Phone number of Service Provider

VETERAN INFORMATION		
4. Name (Last, first, middle initial - Please Print)		5. Social Security Number
6. Address		7. Email
Street _____		8. County
City _____ State _____ Zip Code _____		
9. Phone	10. Relationship to Veteran	

SAMPLE

11. Veteran's name (if Spouse or Child CSA)		12. Veteran's Social Security Number (if Spouse or Child CSA)	
<div style="display: flex; justify-content: space-around; font-weight: bold;"> VETERAN SPOUSE CHILD </div>			
13. Branch of Service (check one)			
NATIONAL GUARD	AIR FORCE	ARMY	COAST GUARD
NAVY	RESERVE	SPACE FORCE	MARINES
14. Service Period (check one)			
OIF	OEF	VIETNAM	DS/DS
WWII	OTHER*		

*If Other please specify _____

15. This Veteran/Client has been determined eligible for the following:	
4 ASSESSMENT	FULL PROGRAM
16. I/We have informed the Veteran/Client of the following:	
He/She is eligible for an initial four (4) visits for assessment.	
If additional services are indicated, a treatment plan must be provided, to authorize continued contract services	

RELEASE STATEMENT/INFORMATION	
The provider must treat all personal records of applicants for and the recipients of contract services in accordance with all applicable Federal and State legislation and regulations, including Executive Orders, governing access to and confidentiality of records. With exceptions specified below, the Provider may not release or disclose records except to authorized personnel of the provider, the State Agency or another appropriate unit, agency, or agent of State or Federal government which is approved by the State Agency for receipt of the information. Exceptions are as follows:	
(1) When release or disclosure is court ordered; (2) When the applicant or recipient gives prior written approval as to the information to be released or disclosed and the person(s) and/or agency(ies) to receive information.	

AUTHORIZATION INFORMATION				
17. County	18. Signature	19. Title	20. Date	21. Phone