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**New Jersey Department of Human Services**

**Division of Developmental Disabilities**

**Support Coordination Unit**

**Individual/Family - Support Coordinator Face to Face Visit Declination Form**

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| **Instructions for Support Coordinator Use**1. If an individual experiences 3 or more consecutive months without a face to face visit, complete this “Individual/Family - Support Coordinator Visit Declination Form”.
2. Upload the Declination Form to iRecord.
3. Ensure Case Notes are up to date and include outreach attempts to schedule visits.
4. Send an email to DDD.SCHelpdesk@dhs.nj,gov with the individual’s name and DDD ID# indicating that the visits have been declined and the Declination Form is uploaded.
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| **Individual Name:** Click or tap here to enter text. | **DDD ID#:**Click or tap here to enter text. |
| **SCA Name:** Click or tap here to enter text. | **SC Name:**Click or tap here to enter text. |
| **Dates of Contact to Individual/Family to request Face-to-Face Visit as documented in iRecord notes:**Month 1: Click or tap to enter a date.Month 2: Click or tap to enter a date.Month 3: Click or tap to enter a date.**Date of Last Face to Face Visit**:Click or tap to enter a date. | **Does individual have external Self-Directed Employees (SDEs) coming into the home?**[ ]  Yes [ ]  No[ ]  Typically has SDE but none in place at this time[ ]  Other Click or tap here to enter text. |
| **Reason provided by Individual/family for Declining Visit (check as best applies):** [ ]  Individual medically fragile/immunocompromised/other health issues[ ]  Family member in home medically/fragile/immunocompromised/health issues[ ]  Individual unvaccinated[ ]  Family unvaccinated[ ]  Individual vaccinated but no booster[ ]  Family vaccinated but no booster[ ]  Unsure of Support Coordinator’s health/vaccination status[ ]  Not reachable[ ]  Other Click or tap here to enter text. |
| **Notes:** Click or tap here to enter text.  |
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