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| --- | --- | --- |
| Provider Name: DDD logo emailClick here to enter text. | Federal ID#: Click here to enter text. | NPI#:  Click here to enter text. |
| Name of Person Completing this form:Click here to enter text. | Title: Click here to enter text. | Phone:Click here to enter text. |
| Program Developer Name:Click here to enter text. | Phone: Click here to enter text. |
| **Site Information** |
| VID#:Click here to enter text. | Projected Capacity:Click here to enter text. | Projected Opening Date:Click here to enter text. |
| Program type:[ ] Group Home [ ] Supervised Apartment[ ] Supported Living  | Funding Source: Click here to enter text. |
| Street: Click here to enter text.  |
| City: Click here to enter text. | State: Click here to enter text. | Zip: Click here to enter text. |
| County of Residence: Click here to enter text.  |
| Site Search Approved:[ ]  Yes[ ]  No | State Architect Approved:[ ]  Yes[ ]  No |
| **Housing Subsidy Information** |
| Subsidy Request Completed:[ ]  Yes [ ]  No [ ]  N/A  | DDD ID #s of Individuals Confirmed for this site: Click here to enter text. |
| If housing subsidies are needed, please refer to the Housing Subsidy Guidance for New Admissions available at <http://www.state.nj.us/humanservices/ddd/resources/community/>.  |
| **DDD Office Use Only:**  |
| Program Developer Signature: | Date:  |