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| cid:image002.jpg@01DA9C9B.873348C0 | **Offer of Residential Services**  **Notification and Response** |

**Instructions for Plan Coordinators after receiving an offer of residential services:**

1. Review [Guidance on Division Funding and Individual Funds Charged/Collected by Residential Providers](https://www.nj.gov/humanservices/ddd/documents/guidance-on-ddd-funding-and-residential-provider-charges.pdf) with the individual/legal guardian(s)/representative payee prior to confirming a decision in writing.
2. Complete sections 1 and 2 of this form.
3. Obtain a signature or written response via email or letter from the individual/legal guardian(s). If more than one legal guardian is assigned, a signature or written response is needed from **each** co-guardian. Response(s) should clearly indicate the decision. If the offer is not accepted, an explanation should be included.
4. Upload the completed form in iRecord with the written response if provided separately. If the offer is accepted, schedule a Pre-Placement Meeting.

**Notes:**

1. If accepted, before admission, the provider engages the individual/representative payee to determine the amount of the monthly individual contribution.
2. Individuals must establish and maintain Community Care Program (CCP) eligibility. Without enrollment in the CCP, residential services may not be possible.

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| **Section 1: Identifying Information** | | |
| Individual: Enter text. | | DDD ID: Enter text. |
| Support Coordination Agency or Division Unit: Enter text. | | |
| Plan Coordinator’s name: Enter text. | | Phone Number: Enter text.  Email Address: Enter text. |
| Mailing Address: Enter text. | | |
| **Section 2: Offer of Residential Services** | | |
| Residential services are being offered for the above named individual at the following location: | | |
| Name of Service Provider: Enter text. | | |
| Name of Program:  Address: | Enter text. Licensing VID / Program ID #: Enter text.  Enter text. | |
| Residential services are available as of: Enter a date. | | |
| This residential setting will be held until: Enter a date. | | |
| *After this date, the provider may offer this opportunity to another prospective resident.* | | |

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| **Section 3: Decision of the Individual or Legal Guardian(s)** | |
| Please check one of the boxes below to indicate the decision regarding this offer of residential services:  **I** **accept** this offer of residential services  **I do not accept** this offer of residential services | |
| If you do **not** accept this offer of residential placement, please explain: Enter text. | |
| Signature: | Date: |
| Signature: | Date: |
| Signature: | Date: |