



STATE OF NEW JERSEY

DEPARTMENT OF HUMAN SERVICES
DIVISION OF DEVELOPMENTAL DISABILITIES

PO BOX 726
TRENTON, NJ 08625-0726
609.633.1482
www.nj.gov/humanservices/ddd

PHILIP D. MURPHY
GOVERNOR

Sheila Y. Oliver
LT. GOVERNOR

Carole Johnson
Commissioner

Sarah Adelman
Deputy Commissioner

Jonathan S. Seifried
Assistant Commissioner

May 3, 2019

Re: Voluntary Discharge from Division Services

Dear:

As you have indicated, you are no longer requesting Division services and choose to be voluntarily discharged. Please sign the below statement and return to the Division of Developmental Disabilities:

Via email as an attachment to the SC Help Desk @ DDD.SCHelpdesk@dhs.state.nj.us

-OR-

Mail the completed form to:
New Jersey Division of Developmental Disabilities
Central Office
P.O. Box 726
Trenton, New Jersey 08625-0700

I voluntarily request for the above named individual to be discharged from the Division of Developmental Disabilities. It is understood that by taking this action, _____ will no longer receive Division services. The discharge and cease of services are effective the date of the signature below. It is understood that if circumstances should change, _____ may reapply for Division services.

Name: _____ Signature: _____

Relationship: _____

Date: _____

Services will end effective this date.