**Attestation for Provider of Individual Supports Service**

My signature below attests to our agency’s knowledge of and compliance with the requirement that the Division of Developmental Disabilities (DDD) must be notified of the intent to provide Individual Supports service in a DDD setting that is required to be licensed, such as group homes or supervised apartments. Licensed settings must comport with all applicable laws and regulations, including specific requirements relating to:

* Centers for Medicare & Medicaid Services (CMS) Final Rule

[www.state.nj.us/humanservices/dmahs/info/hcbs.html](http://www.state.nj.us/humanservices/dmahs/info/hcbs.html)

* NJ Department of Human Services Office of Licensing Standards, 10:44A Standards for Community Residences for Individuals with Developmental Disabilities & 10:44C Standards for Community Residences for Persons with Head Injuries

[www.state.nj.us/humanservices/providers/rulefees/regs/](http://www.state.nj.us/humanservices/providers/rulefees/regs/)

* DDD’s Community Care Waiver (CCW)

[www.state.nj.us/humanservices/ddd/services/ccw/index.html](http://www.state.nj.us/humanservices/ddd/services/ccw/index.html)

Please check **one (1)** of the following:

🞏 Our agency **does** intend to provide Individual Supports service in a licensed setting.

*Please note your agency’s information will be submitted to the DDD’s Housing Unit upon approval of application.*

🞏 Our agency does **not** intend to provide Individual Supports in a licensed setting **at this time.**

*Please note that if your agency decides to operate a licensed setting in the future, you must notify DDD at that time by emailing the request to:* DDD.ProviderHelpdesk@dhs.state.nj.us

Service Provider Executive Director Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service Provider Executive Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_