

Goods and Services Request Form

Only for use for Procedure Code T1999HI22

Individual's Name: _____ Date Completed: _____

DDD ID: _____ Plan Number/Version: _____ Outcome #: _____ Service #: _____

SECTION A: REQUEST DETAILS – Must be completed for every request

Vendor/School Name: _____

Vendor/School Address: _____

Vendor/School Website: _____ Vendor Phone: _____

This request is for GOODS: ___ YES ___ NO

1. Goods Requested:

2. Purpose/Goal of Goods:

3. Total Cost of Goods: \$ _____

4. **Upload Invoice, Quote or Balance Due Statement with Goods and Services Request Form.**

This request is for SERVICES: ___ YES ___ NO

1. Services Requested:

2. Purpose/Goal of Services:

3. Service Start Date: _____ Service End Date: _____

4. Address where Services to be Delivered: _____

5. Services to be Delivered in: ___ Home ___ Community ___ Other

6. If Other, explain:

7. One unit of service represents: One Hour One Week One Month One Year
 One Session* Other*

*If Session/Other,
provide details:

8. Unit Rate (cost per one unit of service): \$ _____

9. Total Cost of Services (from start date to end date): \$ _____

10. Upload Invoice, Quote, Balance Due Statement or Proposal with Goods and Services Request Form – must include service start date.

SECTION B: Completed Only When Request is for a CLASS

1. Class Title/Subject: _____

2. Address where class will take place, if different than Vendor/School Address on page 1:

3. This school/vendor primarily serves the general public: YES NO

4. This class is attended by the general public: YES NO

5. This class is attended only by people with disabilities: YES NO

If YES, class is attended only by people with disabilities, answer the following:

Number of people who attend this class (*cannot exceed 12*): _____

Number of hours per day class is in session (*cannot exceed 3*): _____

Number of hours per week class is in session (*cannot exceed 10*): _____

6. Upload Invoice/Balance Due Statement with Goods and Services Request Form – must include class start date.

This Request is for a COLLEGE CLASS: YES NO

If YES, was FAFSA (Free Application for Federal Student Aid) completed: YES NO

In addition to Invoice/Balance Due Statement, upload FAFSA results with Goods and Services Request Form.

If FAFSA not completed,
explain why:

SECTION C: FUNDING AND PCPT REFERENCE

1. Section of PCPT where Goods/Services are referenced: _____

2. These Goods/Services were approved for this individual in a previous plan: YES NO

3. Funding for these Goods/Services available through another source: YES NO

If YES, other funding is available, please explain:

4. These Goods/Services are related to a medical need: YES NO

If Goods/Services are related to a medical need, all supporting documentation must be uploaded with the Goods and Services Request Form, including current medical prescription, primary insurance/Medicaid MCO denial, and official outcome of the appeal.

5. Natural/generic support resources been researched/explored: YES NO

Provide details of research or Explain why research was not done:

6. These Goods/Services will decrease the need for other services: YES NO

7. These Goods/Services will promote community inclusion: YES NO

8. These Goods/Services will increase safety in the home: YES NO

9. These Goods/Services will benefit someone other than the individual: YES NO

10. The vendor is aware of the need to enroll with and bill through the Fiscal Intermediary: YES NO

SECTION D: Complete Only when Request is for ACTIVITY FEES

1. Provide details of activity/activities:

2. The activity/activities are strictly for entertainment or recreation: YES NO

I certify the information on this Goods and Services Request Form is true and accurate. I acknowledge that false statements or deliberate omissions on this document may be grounds for Medicaid fraud and are subject to investigation by the State of New Jersey.

Form Completed by (Name): _____

Title: _____

Support Coordination Agency: _____