



Support Coordination Agency Change Request Feedback Form

Date: _____

Individual's Name: _____ DDD ID #: _____

Individual's County of Residence: _____

Informant's Name: _____ Relationship to Individual: _____

Informant is a staff of: Residential Provider Agency YES NO

Bureau of Guardianship Services YES NO

Individual's current Support Coordination Agency: _____

Individual's current Support Coordinator (optional): _____

Did individual try to change Support Coordinators within the current agency before requesting to change to a different agency? YES NO

Individual was assigned to current Support Coordination Agency:

Less than one week Less than one year

Less than six months More than one year

What are the reason(s) for the request to change the individual's Support Coordination (SC) Agency?

Individual was not assigned to their preferred SC Agency.

Support Coordinator does not return phone calls / is unresponsive.

SC Agency and/or Support Coordinator are not knowledgeable about services / resources.

Performance issues (mistakes in entering services, delays or incorrect information on ISPs).

SC Agency and/or Support Coordinator does not help me.

Support Coordinator and/or Support Coordination Supervisors are not friendly.

Residential provider agency asked individual to change SC Agency.

Have heard great things about another SC Agency.

Individual needs a language accommodation not offered by current SC Agency.

Individual is moving and current SC Agency does not serve the new county of residence.

Additional Comments:

Submit this form to DDD.SCACHoice@dhs.nj.gov