

Department of Human Services  
Division of Developmental Disabilities

**SELF-DIRECTED EMPLOYEE FAX COVER SHEET**

**Fax Timesheet and Service Documentation to DDD: 609-341-2226**

Date: \_\_\_\_\_ Number of Pages (including cover sheet): \_\_\_\_\_

Employee First and Last Name: \_\_\_\_\_

Employee Phone Number: \_\_\_\_\_

Name of Service Recipient: \_\_\_\_\_

Start and End Date of Payroll Period: \_\_\_\_\_

Comments:

Please contact [DDD.FeeForService@dhs.nj.gov](mailto:DDD.FeeForService@dhs.nj.gov) with any questions

**CONFIDENTIALITY NOTICE**

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