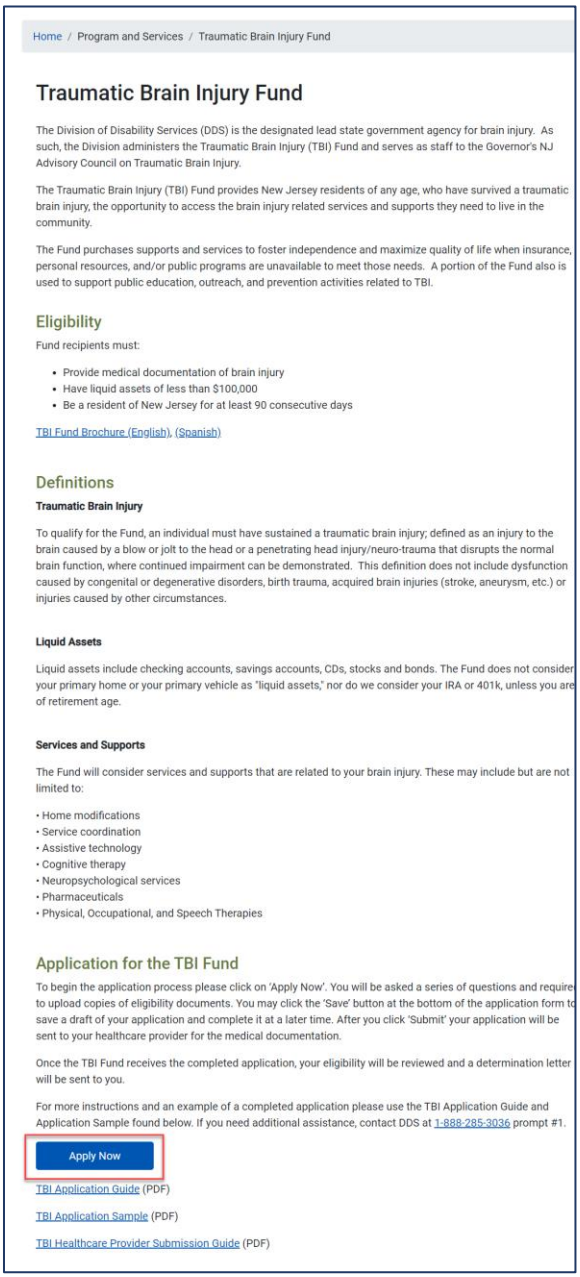
TBI Application Sample

Filling Out the Form

The following guide provides examples of the TBI form filled out. All the information provided in this guide is just for example purposes only. All sections display each section before filling it out.

1. Navigate to the following website: http://www.nj.gov/humanservices/dds/programs/braininjuryfund/
2. Scroll down to **Apply Now**.



Home / Program and Services / Traumatic Brain Injury Fund

Traumatic Brain Injury Fund

The Division of Disability Services (DDS) is the designated lead state government agency for brain injury. As such, the Division administers the Traumatic Brain Injury (TBI) Fund and serves as staff to the Governor's NJ Advisory Council on Traumatic Brain Injury.

The Traumatic Brain Injury (TBI) Fund provides New Jersey residents of any age, who have survived a traumatic brain injury, the opportunity to access the brain injury related services and supports they need to live in the community.

The Fund purchases supports and services to foster independence and maximize quality of life when insurance, personal resources, and/or public programs are unavailable to meet those needs. A portion of the Fund also is used to support public education, outreach, and prevention activities related to TBI.

Eligibility

Fund recipients must:

- Provide medical documentation of brain injury
- Have liquid assets of less than $100,000
- Be a resident of New Jersey for at least 90 consecutive days

TBI Fund Brochure (English), (Spanish)

Definitions

Traumatic Brain Injury

To qualify for the Fund, an individual must have sustained a traumatic brain injury; defined as an injury to the brain caused by a blow or jolt to the head or a penetrating head injury/neuro-trauma that disrupts the normal brain function, where continued impairment can be demonstrated. This definition does not include dysfunction caused by congenital or degenerative disorders, birth trauma, acquired brain injuries (stroke, aneurysm, etc.) or injuries caused by other circumstances.

Liquid Assets

Liquid assets include checking accounts, savings accounts, CDs, stocks and bonds. The Fund does not consider your primary home or your primary vehicle as "liquid assets," nor do we consider your IRA or 401k, unless you are of retirement age.

Services and Supports

The Fund will consider services and supports that are related to your brain injury. These may include but are not limited to:

- Home modifications
- Service coordination
- Assistive technology
- Cognitive therapy
- Neuropsychological services
- Pharmaceuticals
- Physical, Occupational, and Speech Therapies

Application for the TBI Fund

To begin the application process please click on 'Apply Now'. You will be asked a series of questions and require to upload copies of eligibility documents. You may click the 'Save' button at the bottom of the application form to save a draft of your application and complete it at a later time. After you click 'Submit' your application will be sent to your healthcare provider for the medical documentation.

Once the TBI Fund receives the completed application, your eligibility will be reviewed and a determination letter will be sent to you.

For more instructions and an example of a completed application please use the TBI Application Guide and Application Sample found below. If you need additional assistance, contact DDS at 1-888-285-3036 prompt #1.

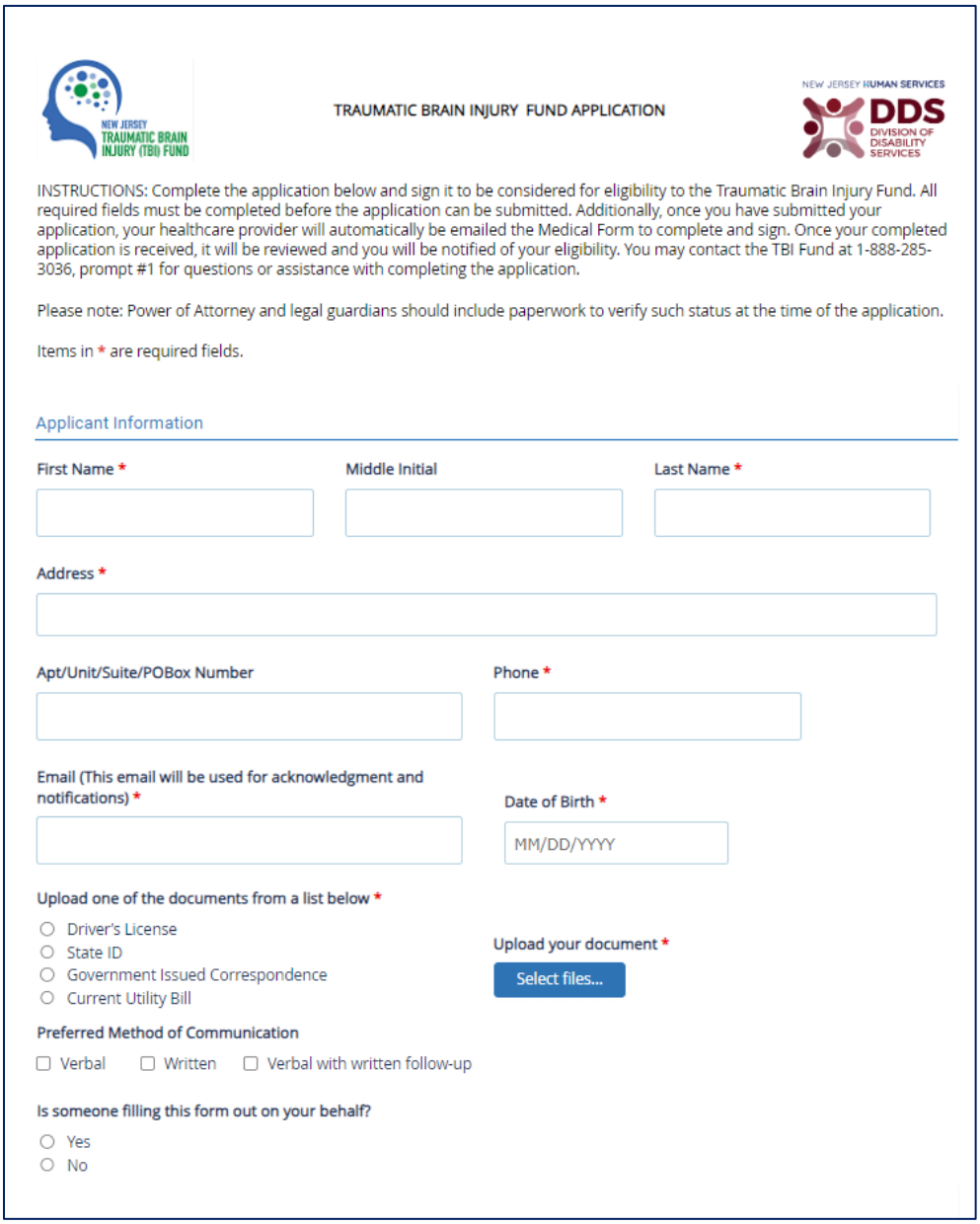
Apply Now

TBI Application Guide (PDF)

TBI Application Sample (PDF)

TBI Healthcare Provider Submission Guide (PDF)

Once you select **Apply Now**, the following form is displayed:



TRAUMATIC BRAIN INJURY FUND APPLICATION

INSTRUCTIONS: Complete the application below and sign it to be considered for eligibility to the Traumatic Brain Injury Fund. All required fields must be completed before the application can be submitted. Additionally, once you have submitted your application, your healthcare provider will automatically be emailed the Medical Form to complete and sign. Once your completed application is received, it will be reviewed and you will be notified of your eligibility. You may contact the TBI Fund at 1-888-285-3036, prompt #1 for questions or assistance with completing the application.

Please note: Power of Attorney and legal guardians should include paperwork to verify such status at the time of the application.

Items in * are required fields.

Applicant Information

First Name *

Middle Initial

Last Name *

Address *

Apt/Unit/Suite/POBox Number

Phone *

Email (This email will be used for acknowledgment and notifications) *

Date of Birth *

MM/DD/YYYY

Upload one of the documents from a list below *

- Driver's License
- State ID
- Government Issued Correspondence
- Current Utility Bill

Upload your document *

Select files...

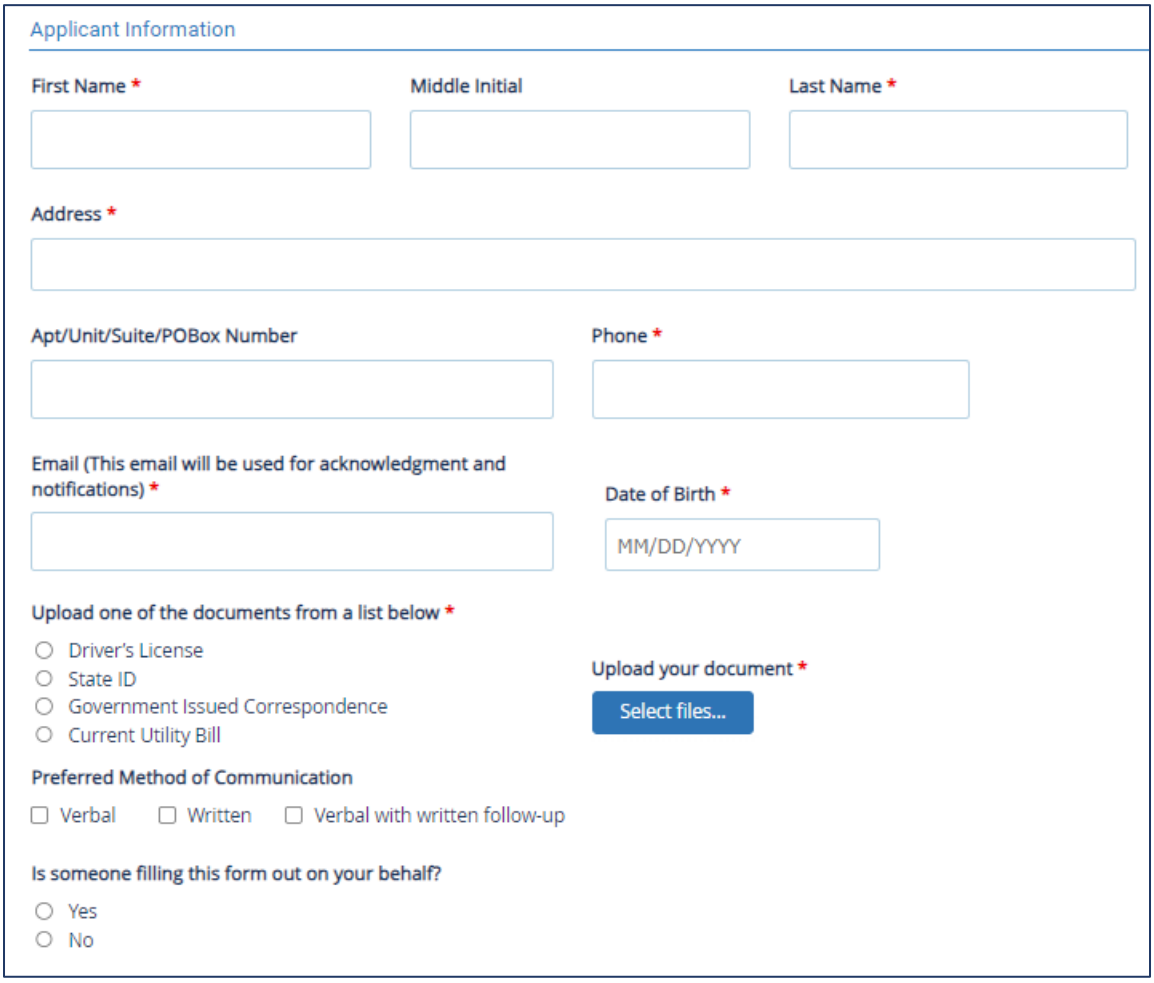
Preferred Method of Communication

Verbal Written Verbal with written follow-up

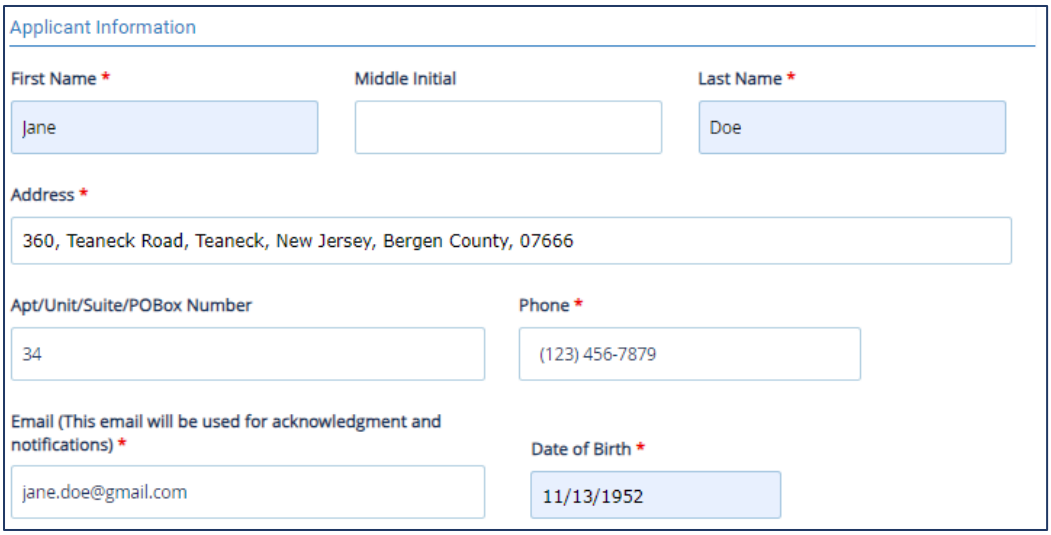
Is someone filling this form out on your behalf?

- Yes
- No

Applicant Information



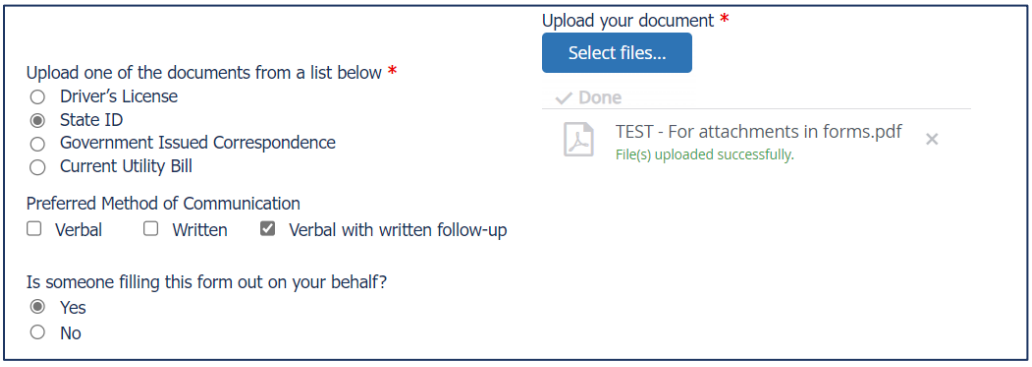
1. Enter the required information.



2. Select a document type from the list to upload.
3. **Upload your document** by selecting, **Select files…**

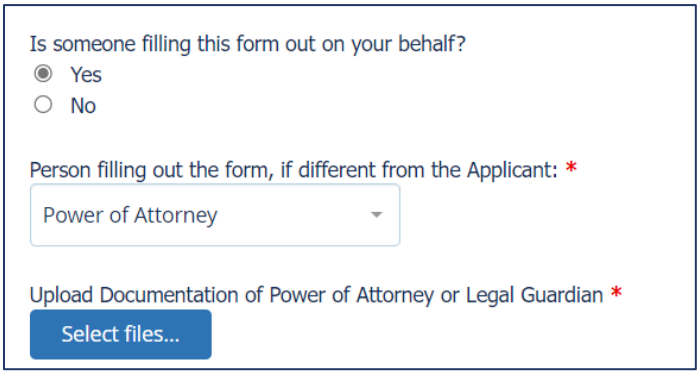
Important: If your documents are not saved on the computer, please scan and save them. Be sure to save the documents in one place that you can remember. Once you select, Select files… A window with folders and saved items is displayed. Navigate to the location with the saved files and add each document, one at a time.

4. Select the relevant information.



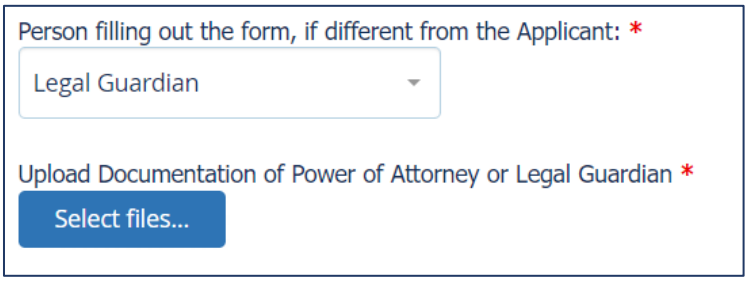
5. Select an option from the **Person filling out the form, if different from the Applicant** drop-down menu.
6. Add the relevant document by selecting, **Select files…**

Important: If your documents are not saved on the computer, please scan and save them. Be sure to save the documents in one place that you can remember. Once you select, Select files… A window with folders and saved items is displayed. Navigate to the location with the saved files and add each document, one at a time.

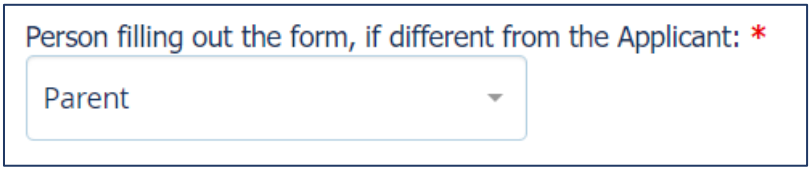


Examples of Options from the Applicant Drop-Down Menu:

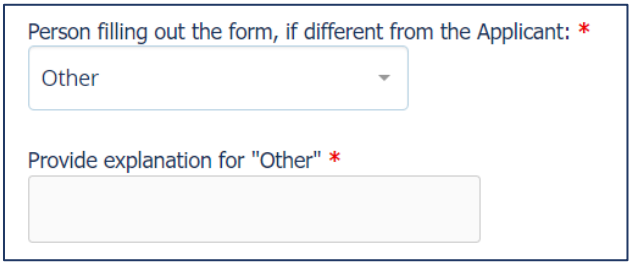
Note: If you selected Yes to Person filling out the form, is different from the Applicant you may have to attach additional documents or provide an explanation.



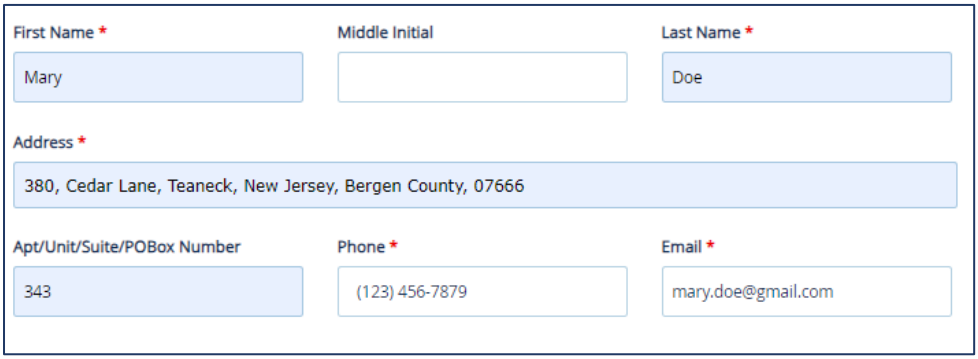
Note: If you selected Parent, there are no additional fields.



Note: If you select Other, an additional field is displayed.

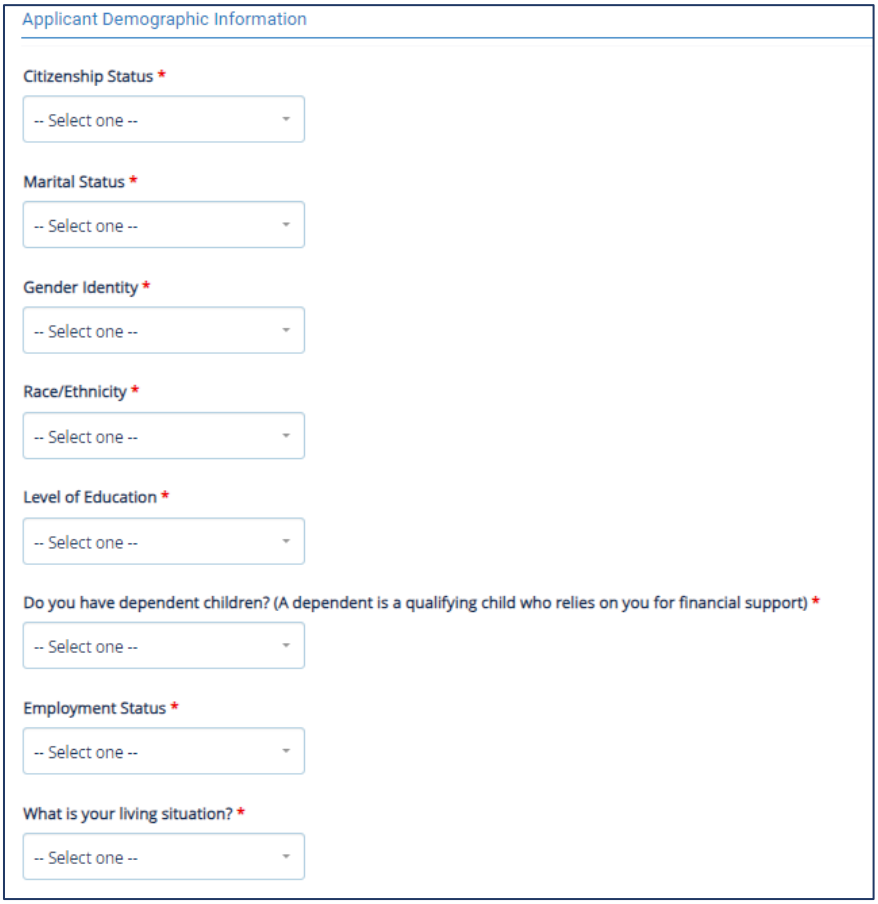


7. Enter the required and relevant information.



Applicant Demographic Information

Please provide the required information.

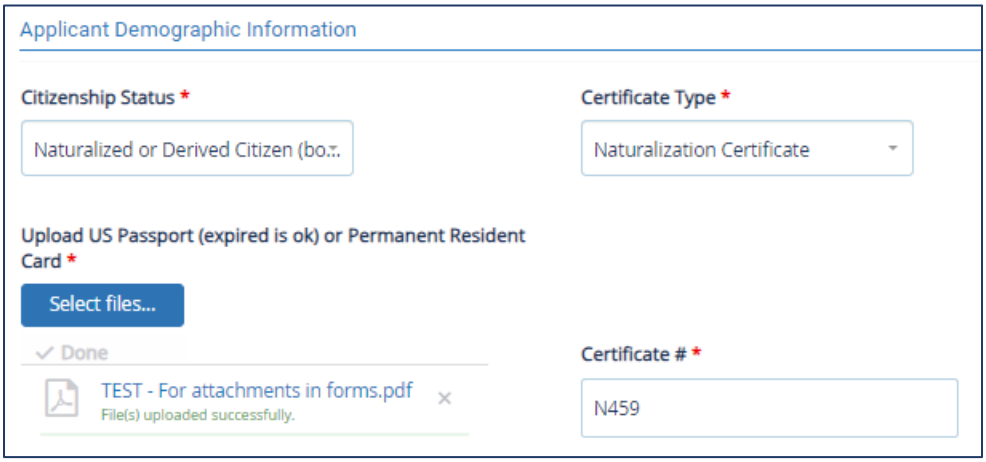


Filling Out the Applicant Demographic Information

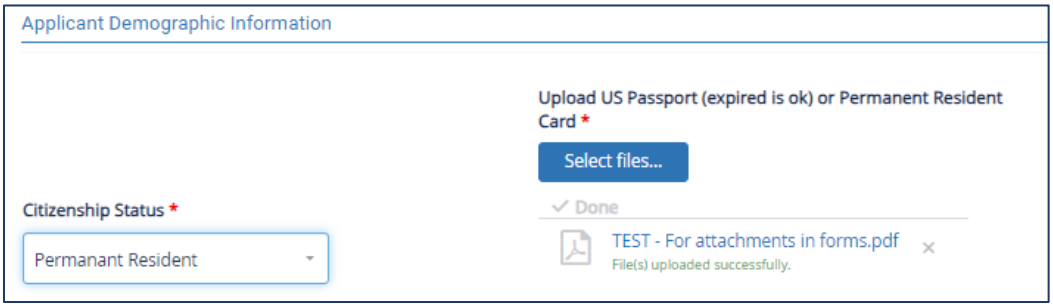
Note: The examples in this section display fields that require more information.

1. Select an option from the **Citizenship Status** drop-down menu.
2. Upload the required documents by selecting, **Select files..** Enter additional information.

Important: If your documents are not saved on the computer, please scan and save them. Be sure to save the documents in one place that you can remember. Once you select, Select files… A window with folders and saved items is displayed. Navigate to the location with the saved files and add each document, one at a time.

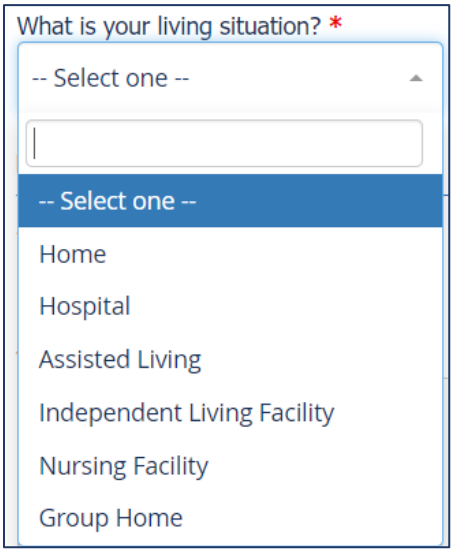


or

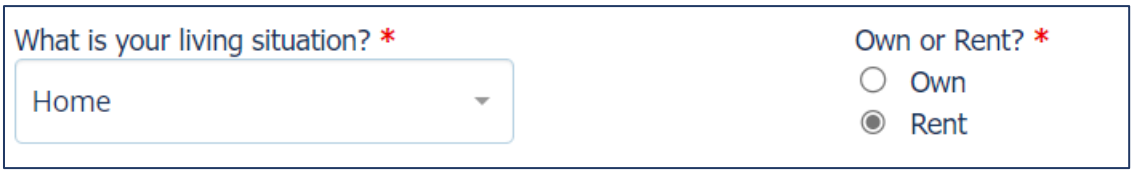


3. Select an option from the drop-down menus.

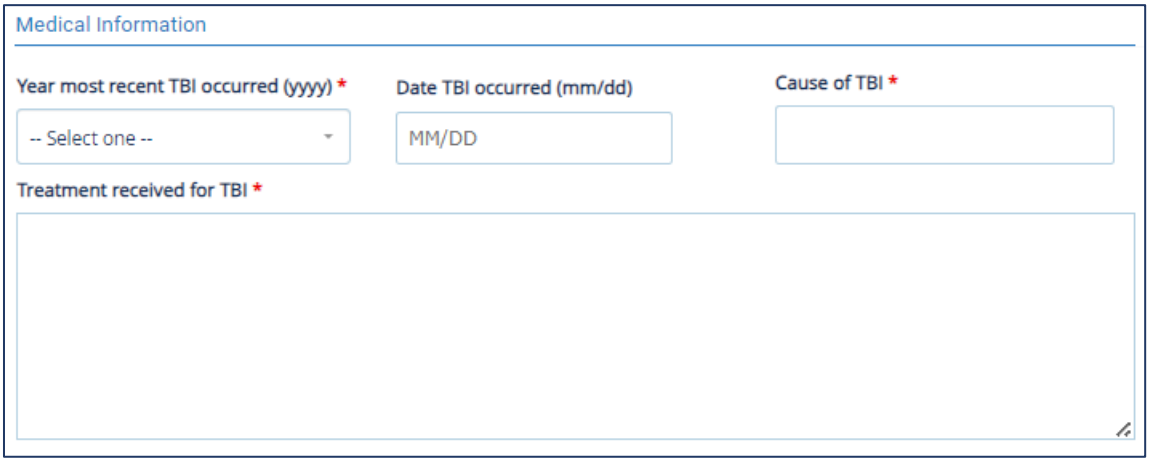
4. Select an option from the **What is your living situation?**



Note: If you select Home from the drop-down menu, you have to select Own or Rent.

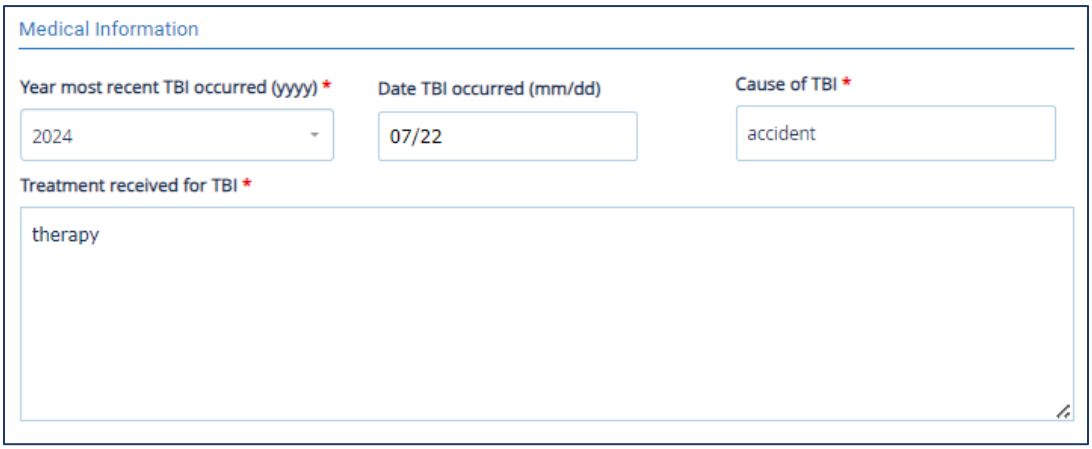


Medical Information

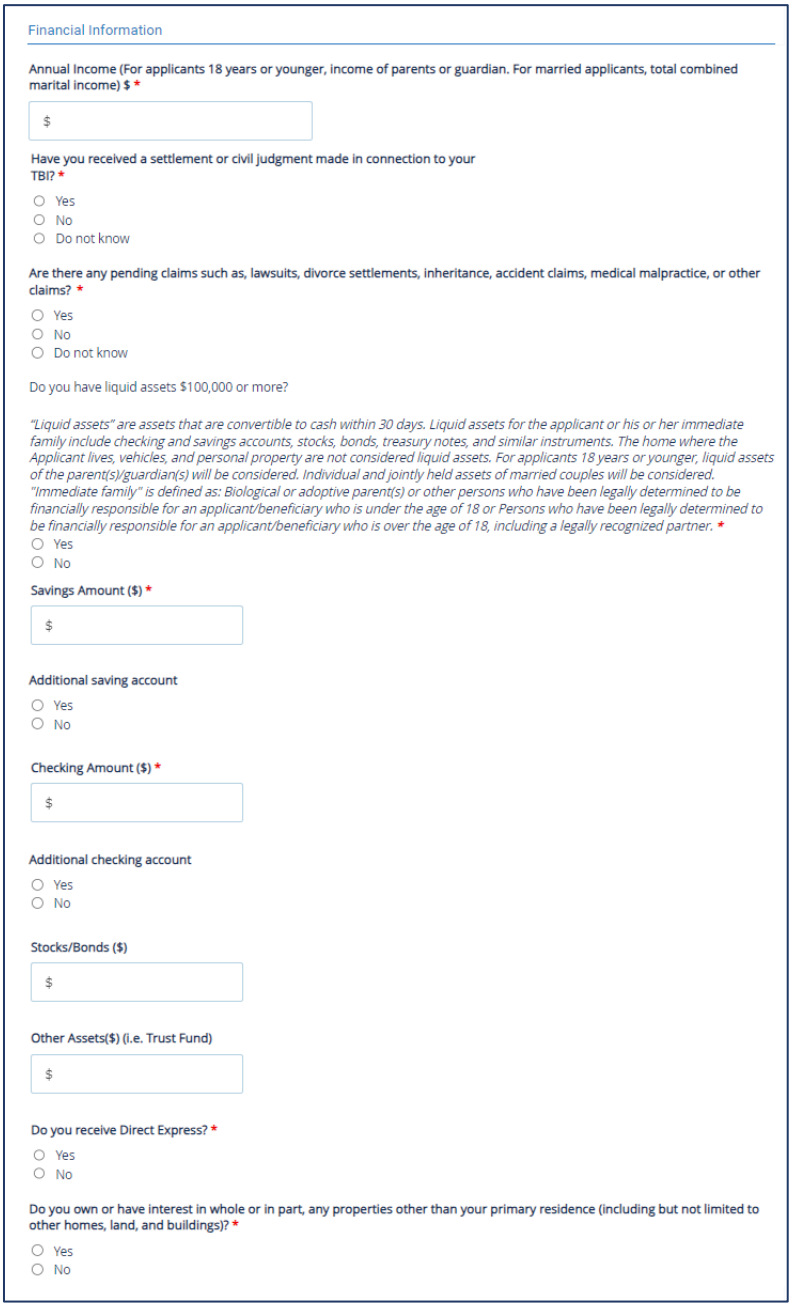


Filling Out Medical Information

1. Select the **Year most recent TBI occurred (yyyy)**.
2. Enter the required information.



Financial Information



Financial Information

Annual Income (For applicants 18 years or younger, income of parents or guardian. For married applicants, total combined marital income) $ *

$

Have you received a settlement or civil judgment made in connection to your TBI? *

- Yes
- No
- Do not know

Are there any pending claims such as, lawsuits, divorce settlements, inheritance, accident claims, medical malpractice, or other claims? *

- Yes
- No
- Do not know

Do you have liquid assets $100,000 or more?

*"Liquid assets" are assets that are convertible to cash within 30 days. Liquid assets for the applicant or his or her immediate family include checking and savings accounts, stocks, bonds, treasury notes, and similar instruments. The home where the Applicant lives, vehicles, and personal property are not considered liquid assets. For applicants 18 years or younger, liquid assets of the parent(s)/guardian(s) will be considered. Individual and jointly held assets of married couples will be considered. "Immediate family" is defined as: Biological or adoptive parent(s) or other persons who have been legally determined to be financially responsible for an applicant/beneficiary who is under the age of 18 or Persons who have been legally determined to be financially responsible for an applicant/beneficiary who is over the age of 18, including a legally recognized partner. **

- Yes
- No

Savings Amount ($) *

$

Additional saving account

- Yes
- No

Checking Amount ($) *

$

Additional checking account

- Yes
- No

Stocks/Bonds ($)

$

Other Assets($) (i.e. Trust Fund)

$

Do you receive Direct Express? *

- Yes
- No

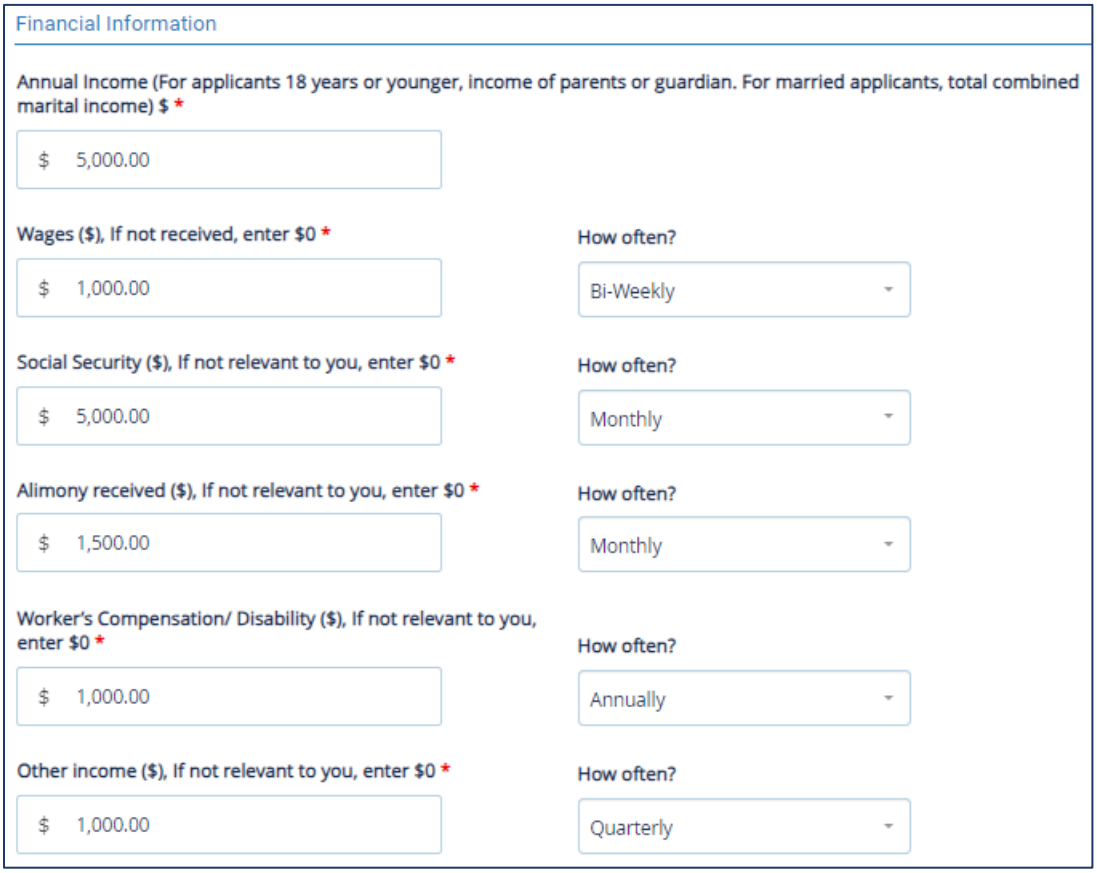
Do you own or have interest in whole or in part, any properties other than your primary residence (including but not limited to other homes, land, and buildings)? *

- Yes
- No

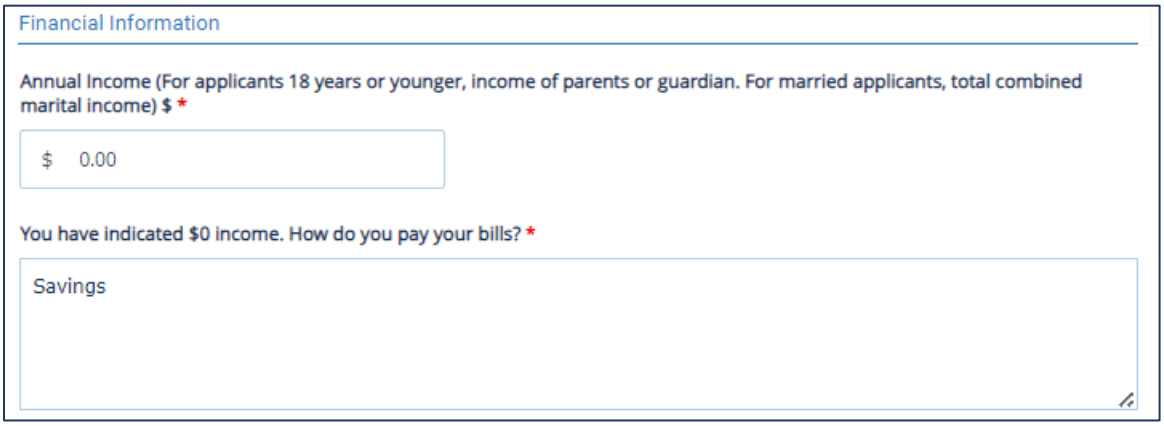
Filling Out Financial Information

Note: The additional fields are displayed once you enter your Income.

1. Enter your **Annual Income (For applicants 18 years or younger, income of parents or guardian. For married applicants, total combined marital income) $**

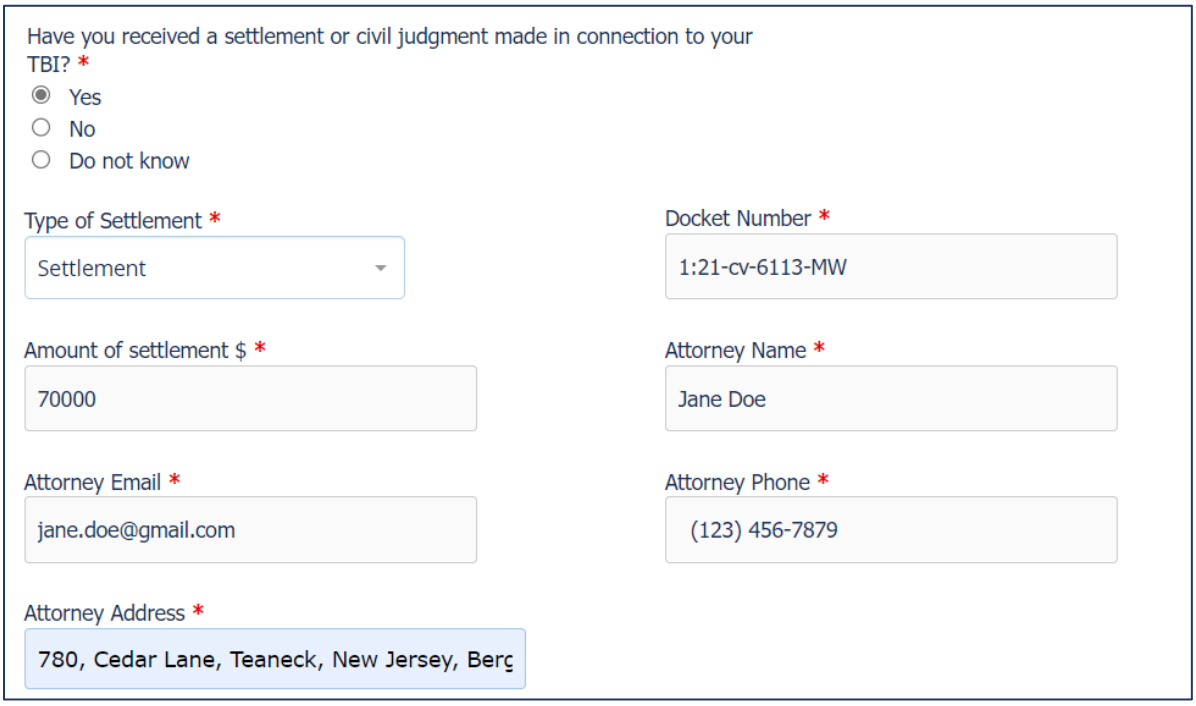


Note: If you enter 0 for your Annual Income an additional field is displayed. Please provide an explanation.

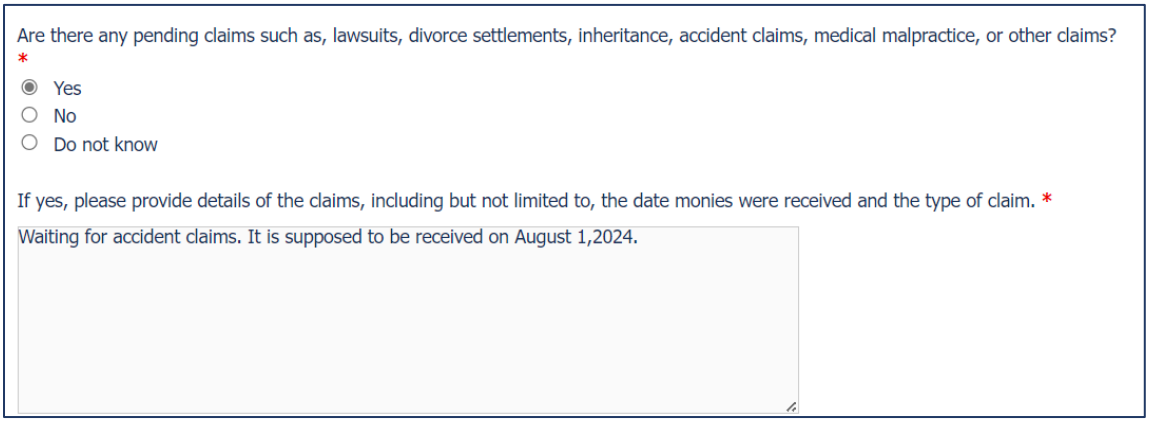


Note: The screenshot's contents are meant to provide examples.

2. Select **Yes, No**, or **Do not know**. If **Yes**, please provide details.



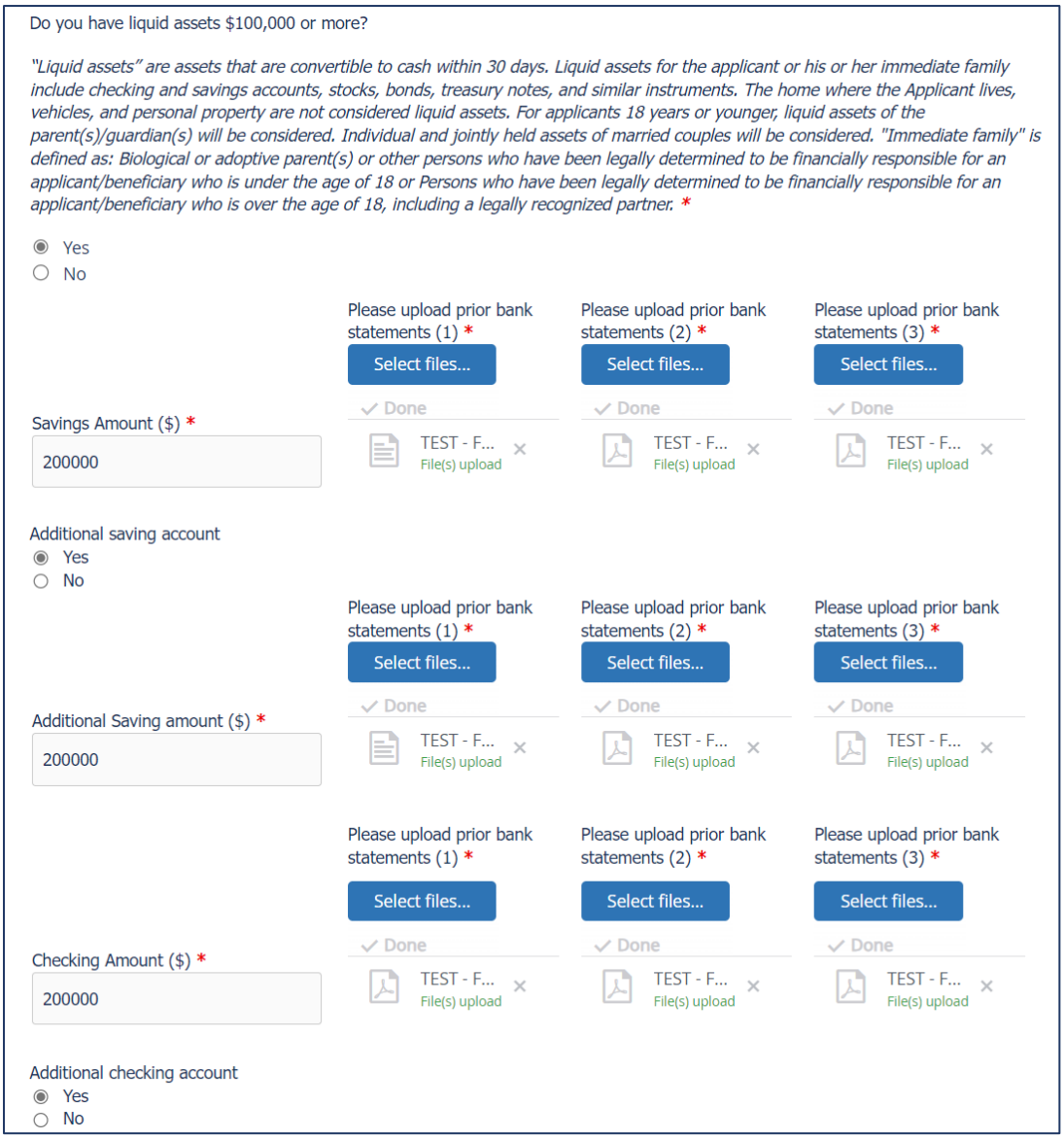
3. Select **Yes, No**, or **Do not know**. If **Yes**, please provide details.



4. If relevant, select **Yes** or **No** in the required or relevant questions regarding liquid assets that are $100,000 or more. Attach the required documents.

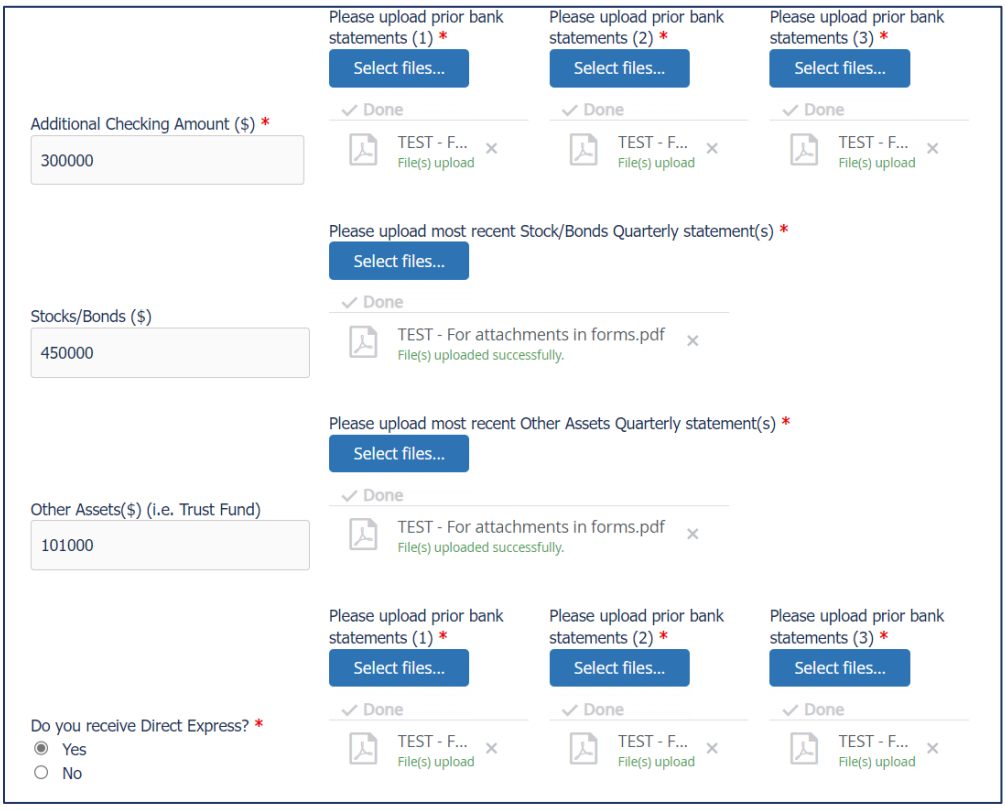
Note: Once you enter an amount in any of the Accounts fields, the Select files… are displayed. Please enter "0", if this is not relevant.

Important: If your documents are not saved on the computer, please scan and save them. Be sure to save the documents in one place that you can remember. Once you select, Select files… A window with folders and saved items is displayed. Navigate to the location with the saved files and add each document, one at a time.



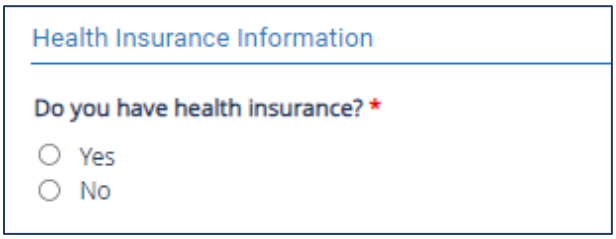
5. Enter the required information.

Important: Attach all required documents. Important: If your documents are not saved on the computer, please scan and save them. Be sure to save the documents in one place that you can remember. Once you select, Select files… A window with folders and saved items is displayed. Navigate to the location with the saved files and add each document, one at a time.



6. Select **Yes, No**. If **Yes**, please provide details.

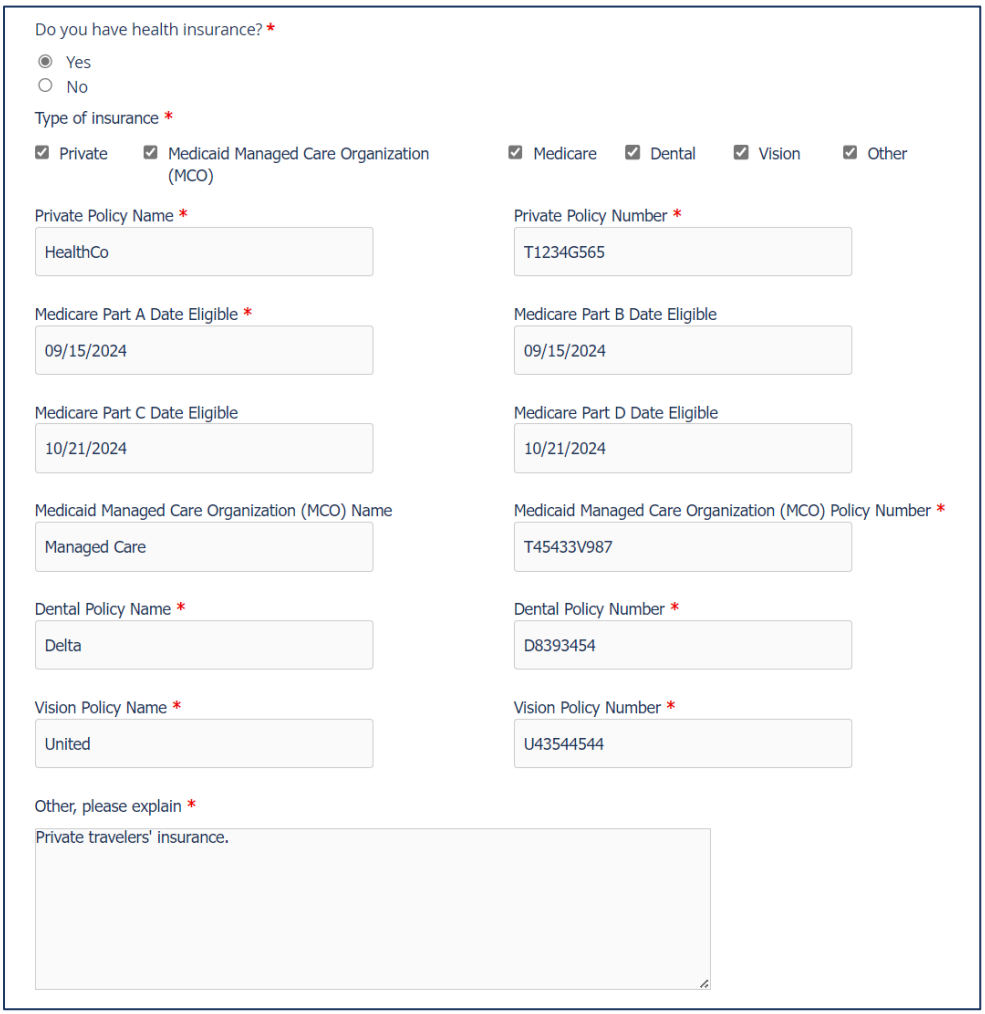
Health Insurance Information



Filling Out Health Insurance Information

Note: All types of insurance are selected just for example purposes.

1. Select **Yes**, or **No**.
2. Select the **Type of Insurance**.
3. Enter the required information about your insurance.



Services Information

Services Information

Are you currently enrolled or applying for any of these program(s)?

- ☐ Personal Assistance Service Program (PASP)
- ☐ Division of Developmental Disabilities (DDD) Waiver
- ☐ Jersey Assistance for Community (JACC)
- ☐ Managed Long Term Services and Supports (MLTSS)
- ☐ Veteran Affairs
- ☐ Worker's Compensation
- ☐ Pharmaceutical Assistance to the Aged & Disabled (PAAD)/Senior Gold
- ☐ Other Services
- ☐ Supplemental Nutrition Assistance Program (SNAP)

*

☐ I understand the information I submit is subject to verification which I will need to provide. I give permission to the Division of Disability Services and its agents/contractors to contact individuals or other sources that may have knowledge about my circumstances necessary to determine this application. I understand that the Department of Human Serivces, including its Divisions, eligibility determining agencies, government contractors, and other appropriate State of New Jersey agencies, may exchange information relating to coverage to assist with this application, enrollment, administration, and billing services. I give permission for the TBI Fund Review Committee to review all information necessary to render decisions regarding my application and request for services. I understand that I must sign the attached release for medical documentation in order for my application to be processed. I give third parties permission to share information about me with authorized State staff to assist with this application, enrollment and administration. I understand that I cannot have more than $100,000 in liquid resources. I understand that I must provide any updates and changes to any information provided on this application including but not limited to, my residence, other health insurance coverage, changes in resources and the filing or outcome of lawsuits. I understand that the TBI Fund has a legal right to be reimbursed for services from any monies received as a result of a settlement, judgement or other payment stemming from the traumatic brain injury. I understand that if I use services and supports without the approval from the TBI Fund/Review Committee, I will have to pay for those services and supports because the TBI Fund will not pay for the service or support provided or obtained prior to the written notification containing the date of the approval.

Filling Out Services Information

1. Select the relevant Services Information.
2. Select the **I understand the information** box.

Services Information

Are you currently enrolled or applying for any of these program(s)?

- ☐ Personal Assistance Service Program (PASP)
- ☑ Division of Developmental Disabilities (DDD) Waiver
- ☐ Jersey Assistance for Community (JACC)
- ☐ Managed Long Term Services and Supports (MLTSS)
- ☑ Veteran Affairs
- ☐ Worker's Compensation
- ☑ Pharmaceutical Assistance to the Aged & Disabled (PAAD)/Senior Gold
- ☑ Other Services
- ☐ Supplemental Nutrition Assistance Program (SNAP)

*

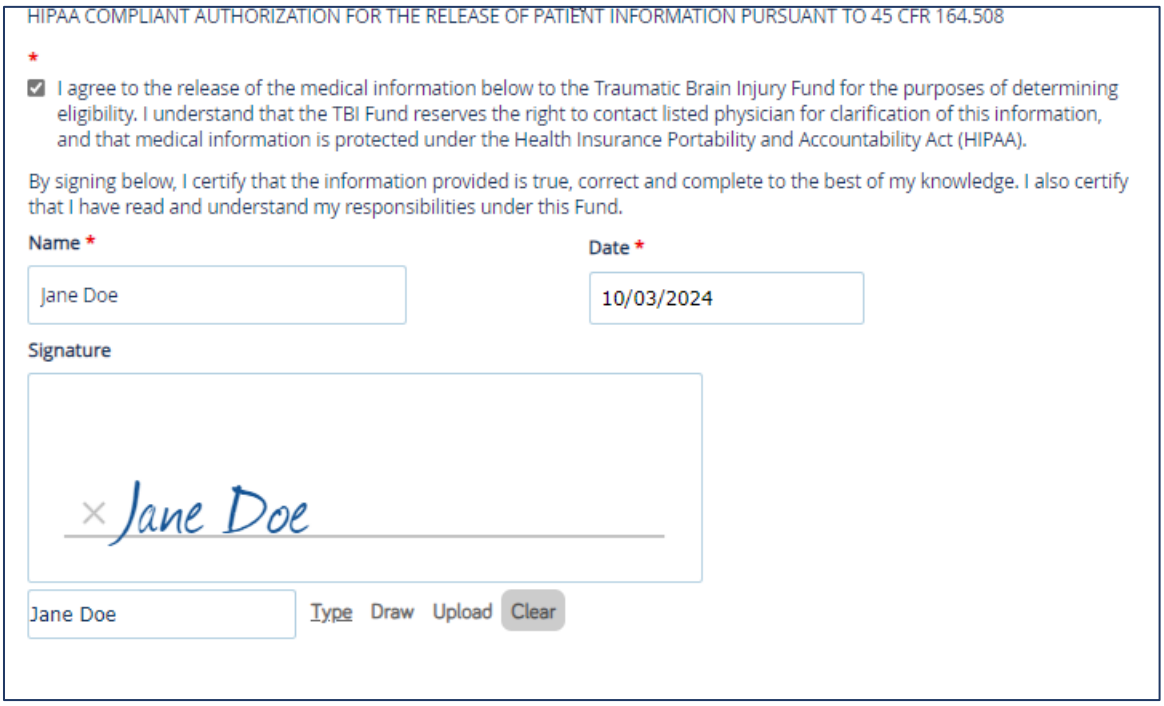
☑ I understand the information I submit is subject to verification which I will need to provide. I give permission to the Division of Disability Services and its agents/contractors to contact individuals or other sources that may have knowledge about my circumstances necessary to determine this application. I understand that the Department of Human Serivces, including its Divisions, eligibility determining agencies, government contractors, and other appropriate State of New Jersey agencies, may exchange information relating to coverage to assist with this application, enrollment, administration, and billing services. I give permission for the TBI Fund Review Committee to review all information necessary to render decisions regarding my application and request for services. I understand that I must sign the attached release for medical documentation in order for my application to be processed. I give third parties permission to share information about me with authorized State staff to assist with this application, enrollment and administration. I understand that I cannot have more than $100,000 in liquid resources. I understand that I must provide any updates and changes to any information provided on this application including but not limited to, my residence, other health insurance coverage, changes in resources and the filing or outcome of lawsuits. I understand that the TBI Fund has a legal right to be reimbursed for services from any monies received as a result of a settlement, judgement or other payment stemming from the traumatic brain injury. I understand that if I use services and supports without the approval from the TBI Fund/Review Committee, I will have to pay for those services and supports because the TBI Fund will not pay for the service or support provided or obtained prior to the written notification containing the date of the approval.

HIPAA Compliant Authorization for the Release of Patient

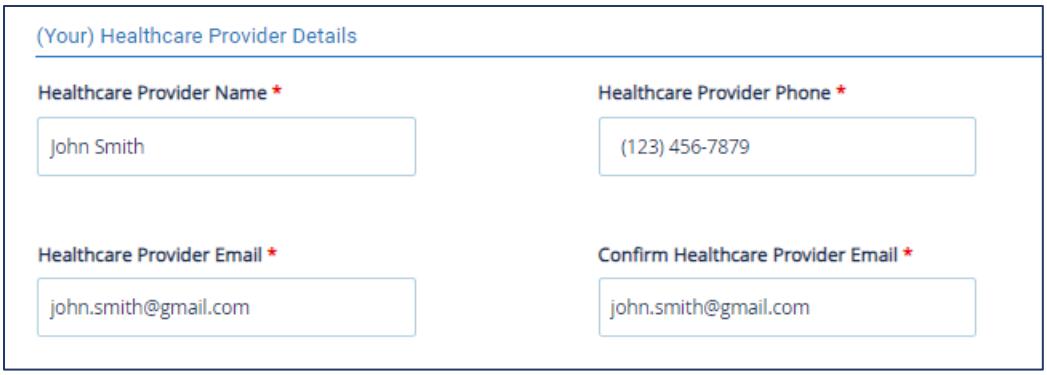
Filling Out HIPAA Compliant Authorization for the Release of Patient

1. Please read the **HIPAA COMPLIANT AUTHOERIZATION FOR THE RELEASE OF PATIENT INFORMATION PURSUANT TO 45 CFR-164.508.**
2. Select the **I agree** box.
3. **Type, Draw,** or **Upload** your **Signature**.

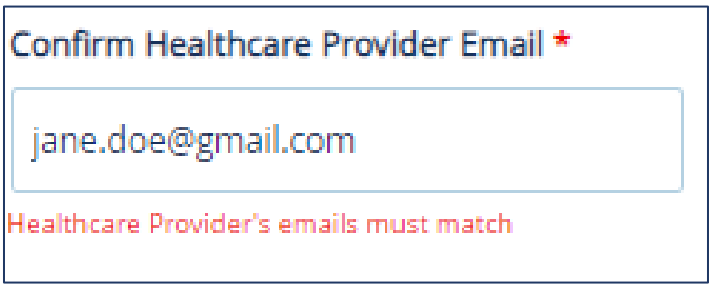
Important: **If your documents are not saved on the computer, please scan and save them. Be sure to save the documents in one place that you can remember. Once you select, Select files… A window with folders and saved items is displayed. Navigate to the location with the saved files and add each document, one at a time.**



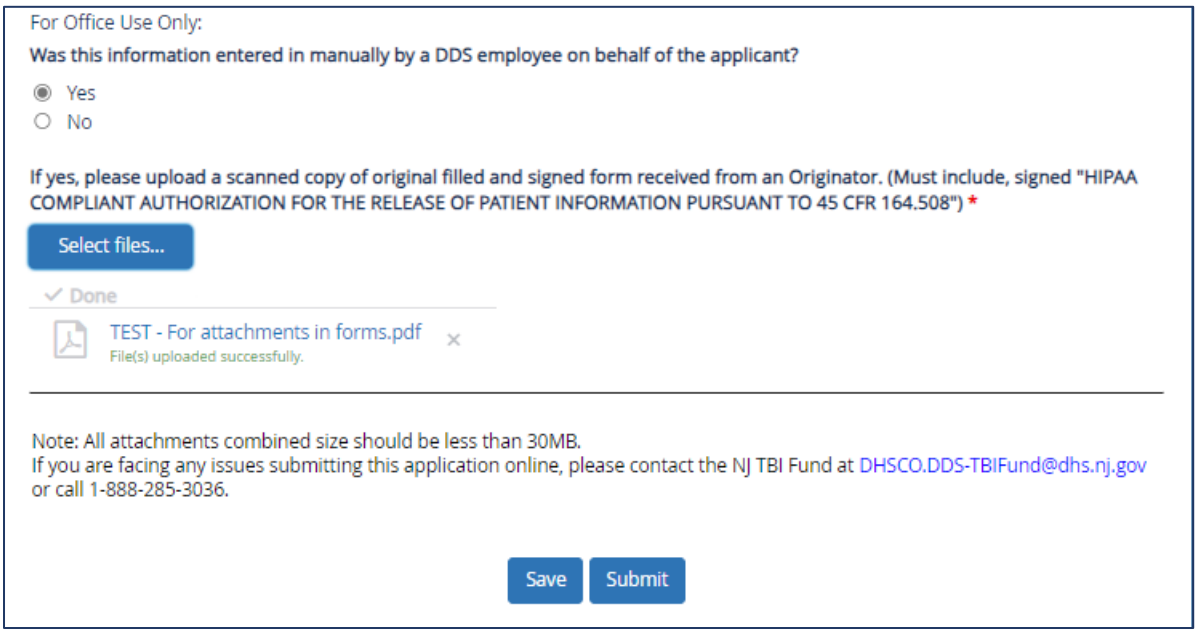
4. Enter the required information.



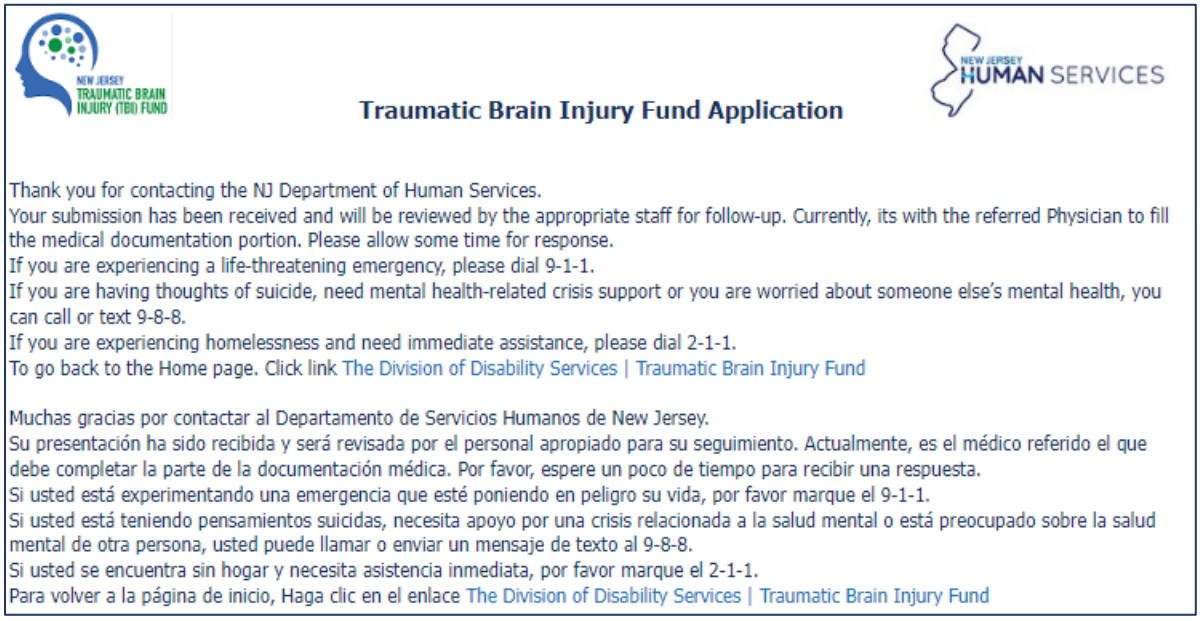
Note: If your email does not match in the Confirm Your Healthcare Provider's email field, the message "Emails must match" is displayed. You must confirm your Healthcare Provider's email to submit the form.



5. Select **Yes,** or **No**. If you select **Yes**, please attach the required document.
6. Select **Save** if you would like to come back to the form at a later time.
   Select **Submit** once you are ready to complete the form.



Once submitted this message is displayed:



NEW JERSEY TRAUMATIC BRAIN INJURY (TBI) FUND

Traumatic Brain Injury Fund Application

NEW JERSEY HUMAN SERVICES

Thank you for contacting the NJ Department of Human Services.
Your submission has been received and will be reviewed by the appropriate staff for follow-up. Currently, its with the referred Physician to fill the medical documentation portion. Please allow some time for response.
If you are experiencing a life-threatening emergency, please dial 9-1-1.
If you are having thoughts of suicide, need mental health-related crisis support or you are worried about someone else's mental health, you can call or text 9-8-8.
If you are experiencing homelessness and need immediate assistance, please dial 2-1-1.
To go back to the Home page. Click link The Division of Disability Services | Traumatic Brain Injury Fund

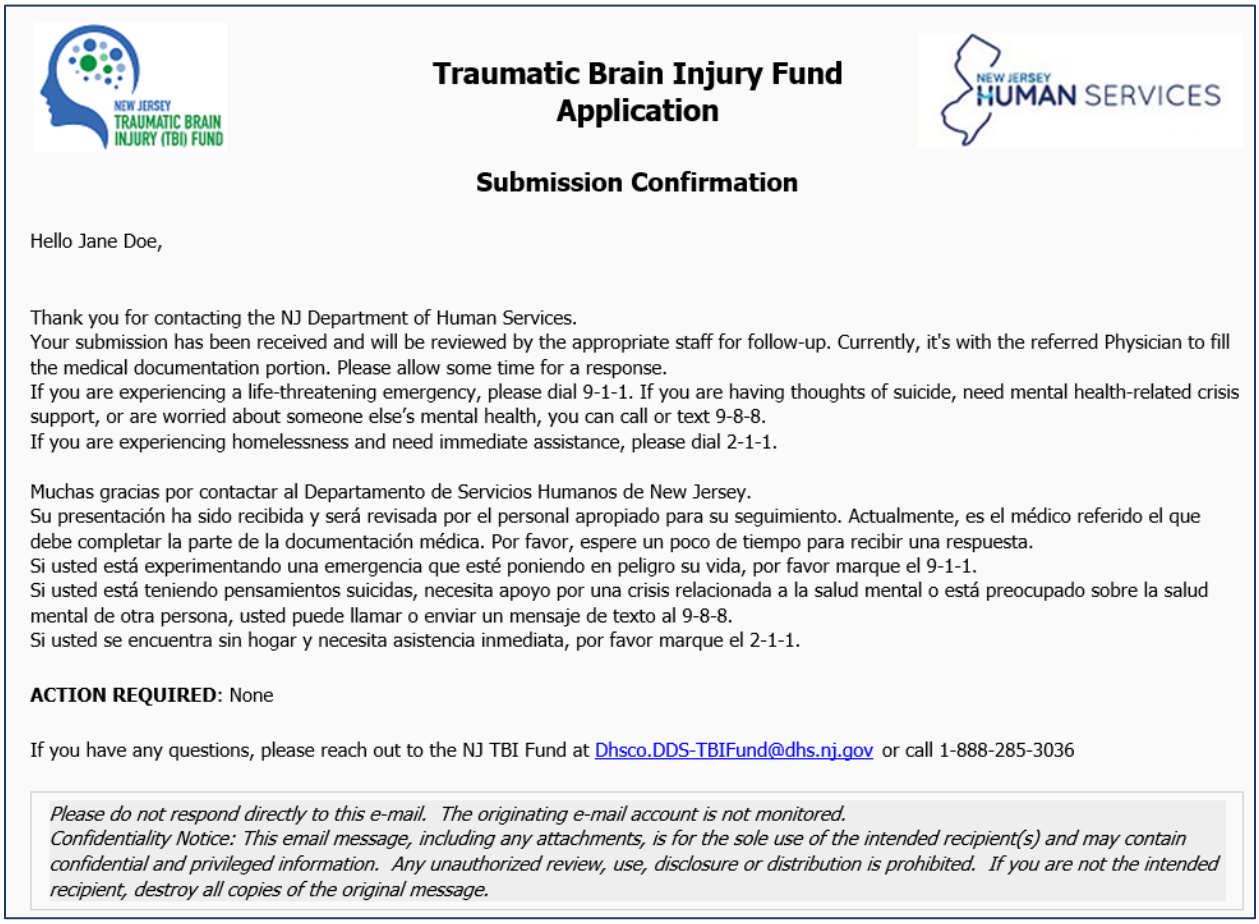
Muchas gracias por contactar al Departamento de Servicios Humanos de New Jersey.
Su presentación ha sido recibida y será revisada por el personal apropiado para su seguimiento. Actualmente, es el médico referido el que debe completar la parte de la documentación médica. Por favor, espere un poco de tiempo para recibir una respuesta.
Si usted está experimentando una emergencia que esté poniendo en peligro su vida, por favor marque el 9-1-1.
Si usted está teniendo pensamientos suicidas, necesita apoyo por una crisis relacionada a la salud mental o está preocupado sobre la salud mental de otra persona, usted puede llamar o enviar un mensaje de texto al 9-8-8.
Si usted se encuentra sin hogar y necesita asistencia inmediata, por favor marque el 2-1-1.
Para volver a la página de inicio, Haga clic en el enlace The Division of Disability Services | Traumatic Brain Injury Fund

Note: Select the links to learn more about the Division of Disability Services.

Emails to the Requester

The following email notifications keep you updated on your form.

An email notification is sent to the requester, notifying them that their Healthcare Provider is currently reviewing the form.



Traumatic Brain Injury Fund Application

Submission Confirmation

Hello Jane Doe,

Thank you for contacting the NJ Department of Human Services.
Your submission has been received and will be reviewed by the appropriate staff for follow-up. Currently, it's with the referred Physician to fill the medical documentation portion. Please allow some time for a response.
If you are experiencing a life-threatening emergency, please dial 9-1-1. If you are having thoughts of suicide, need mental health-related crisis support, or are worried about someone else's mental health, you can call or text 9-8-8.
If you are experiencing homelessness and need immediate assistance, please dial 2-1-1.

Muchas gracias por contactar al Departamento de Servicios Humanos de New Jersey.
Su presentación ha sido recibida y será revisada por el personal apropiado para su seguimiento. Actualmente, es el médico referido el que debe completar la parte de la documentación médica. Por favor, espere un poco de tiempo para recibir una respuesta.
Si usted está experimentando una emergencia que esté poniendo en peligro su vida, por favor marque el 9-1-1.
Si usted está teniendo pensamientos suicidas, necesita apoyo por una crisis relacionada a la salud mental o está preocupado sobre la salud mental de otra persona, usted puede llamar o enviar un mensaje de texto al 9-8-8.
Si usted se encuentra sin hogar y necesita asistencia inmediata, por favor marque el 2-1-1.

ACTION REQUIRED: None

If you have any questions, please reach out to the NJ TBI Fund at Dhsco.DDS-TBIFund@dhs.nj.gov or call 1-888-285-3036

Please do not respond directly to this e-mail. The originating e-mail account is not monitored.
Confidentiality Notice: This email message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, destroy all copies of the original message.

An email notification is sent to the requester, notifying them that it is now under the review of their Healthcare Provider.

Traumatic Brain Injury Fund Application

Physician Review Complete

Hello Jane Doe,

This is to notify you that your TBI-APP#:00117 has been received by TBI with medical documentation completed by the Physician, and will be reviewed by the appropriate staff for follow-up. Please allow some time for response.

ACTION REQUIRED: None

If you have any questions, please reach out to the NJ TBI Fund at Dhsco.DDS-TBIFund@dhs.nj.gov or call 1-888-285-3036

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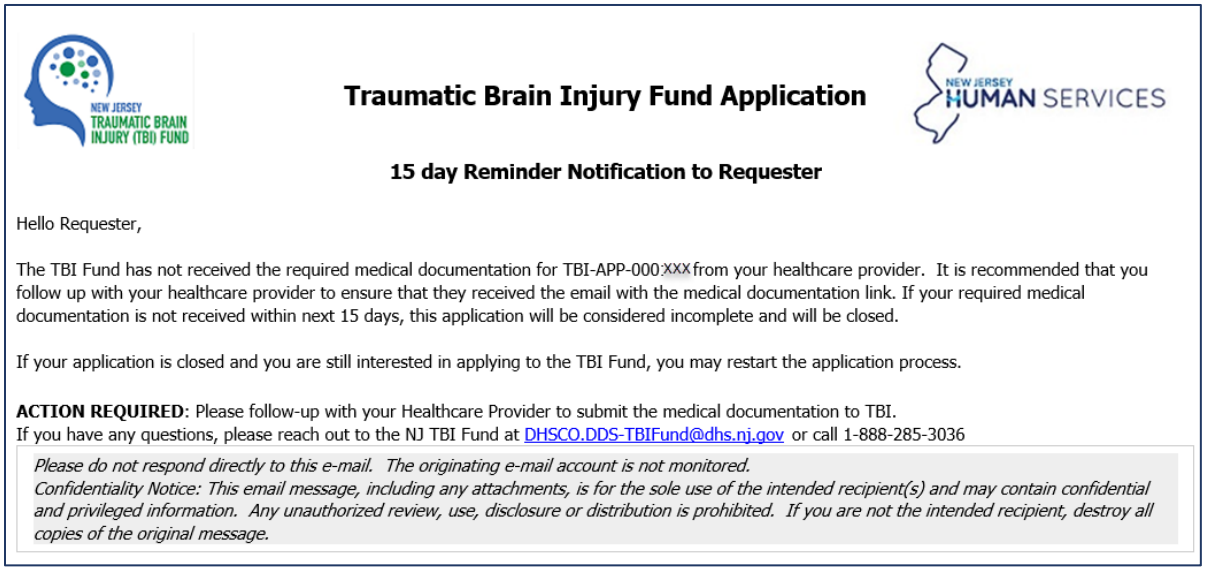
An email notification is sent to the requester, notifying them that the healthcare provider has not received the medical documentation.

Note: Your application is cancelled after 30 days if your healthcare provider does not submit their review of the TBI Fund Application.



Traumatic Brain Injury Fund Application

15 day Reminder Notification to Requester

Hello Requester,

The TBI Fund has not received the required medical documentation for TBI-APP-000XXX from your healthcare provider. It is recommended that you follow up with your healthcare provider to ensure that they received the email with the medical documentation link. If your required medical documentation is not received within next 15 days, this application will be considered incomplete and will be closed.

If your application is closed and you are still interested in applying to the TBI Fund, you may restart the application process.

ACTION REQUIRED: Please follow-up with your Healthcare Provider to submit the medical documentation to TBI.
If you have any questions, please reach out to the NJ TBI Fund at DHSCO.DDS-TBIFund@dhs.nj.gov or call 1-888-285-3036

Please do not respond directly to this e-mail. The originating e-mail account is not monitored.
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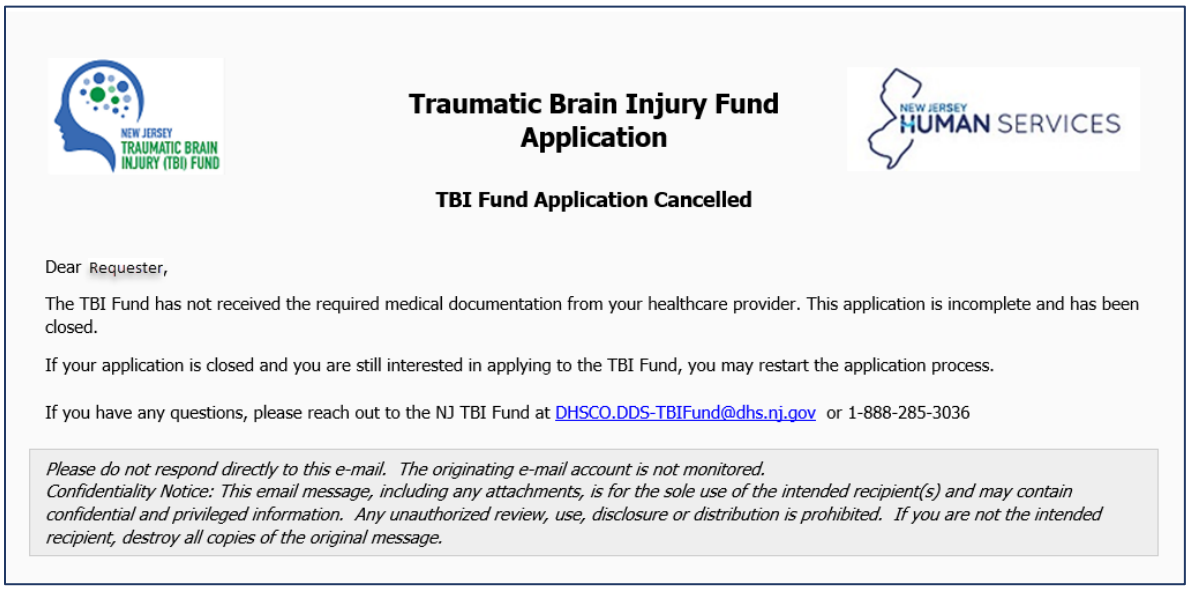
If the Healthcare Provider does not review your application within 30 days, an email notification is sent to the requester, notifying them that their TBI Fund Application has been canceled.



Traumatic Brain Injury Fund Application

TBI Fund Application Cancelled

Dear Requester,

The TBI Fund has not received the required medical documentation from your healthcare provider. This application is incomplete and has been closed.

If your application is closed and you are still interested in applying to the TBI Fund, you may restart the application process.

If you have any questions, please reach out to the NJ TBI Fund at DHSCO.DDS-TBIFund@dhs.nj.gov or 1-888-285-3036

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