

New Jersey Department of Human Services
Fee-For-Service (FFS) Cash Advance Attestation Form

Note: Please type or print all information clearly, preferably in block style.

ADMINISTRATIVE INFORMATION

AGENCY NAME: _____

ADMINISTRATIVE ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COUNTY: _____

TELEPHONE NUMBER: ext _____

FAX NUMBER: ext _____

FEDERAL TAX ID #: _____

ADMINISTRATIVE CONTACT

NAME: _____

TITLE: _____

EMAIL ADDRESS: _____

FFS BILLING CONTACT

NAME: _____

TITLE: _____

EMAIL ADDRESS: _____

