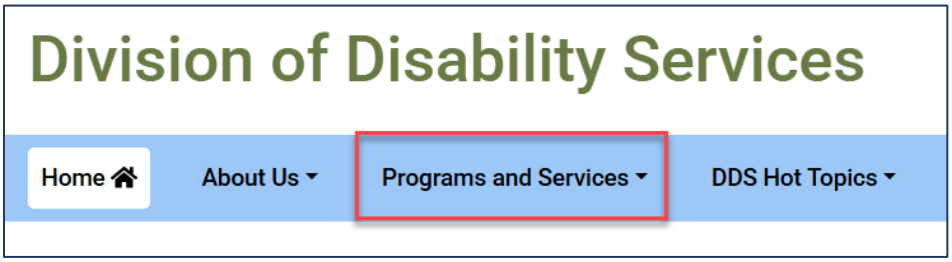
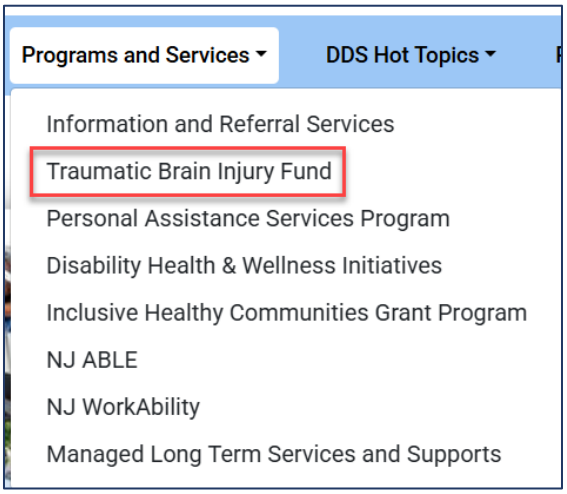
TBI Application Process

The following guide explains how to fill in the TBI Fund Application.

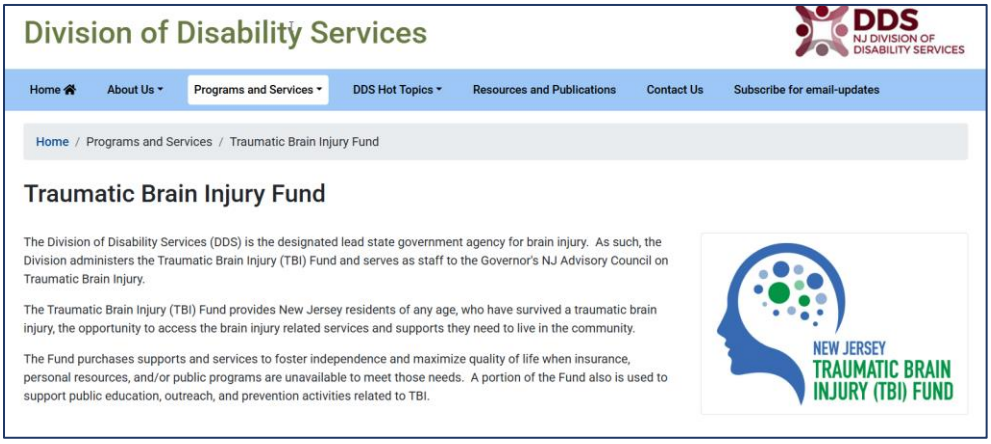
1. Navigate to the Division of Disability Services Homepage: Division of Disability Services | Home
2. Select the **Program and Services** drop-down menu.



3. Select **Traumatic Brain Injury Fund**.

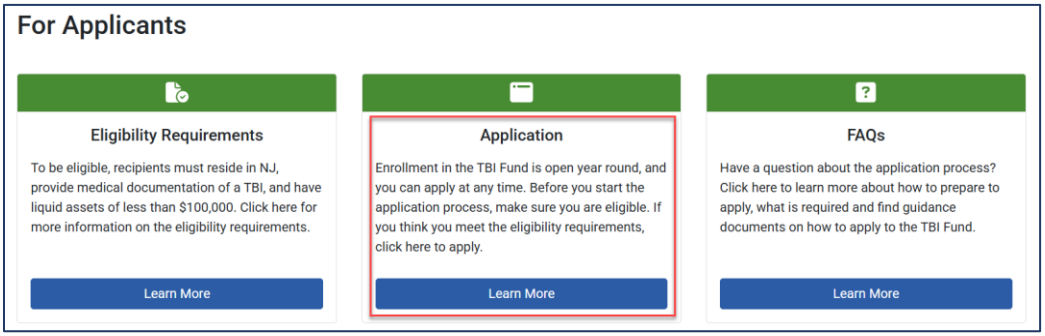


The **Traumatic Brain Injury Fund** homepage is displayed:



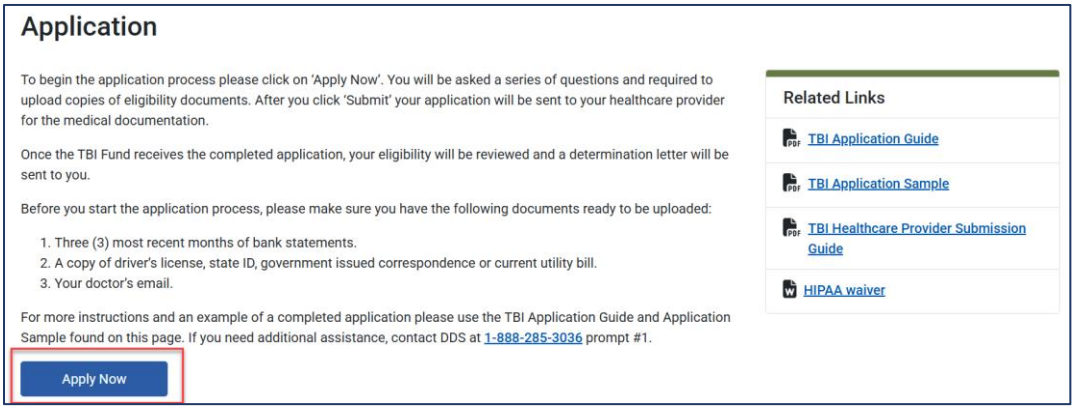
4. Scroll down to **Highlighted Resources**.
5. Select **LEARN MORE** under **For Applicants**.

6. Select **Learn More** under **Application**.



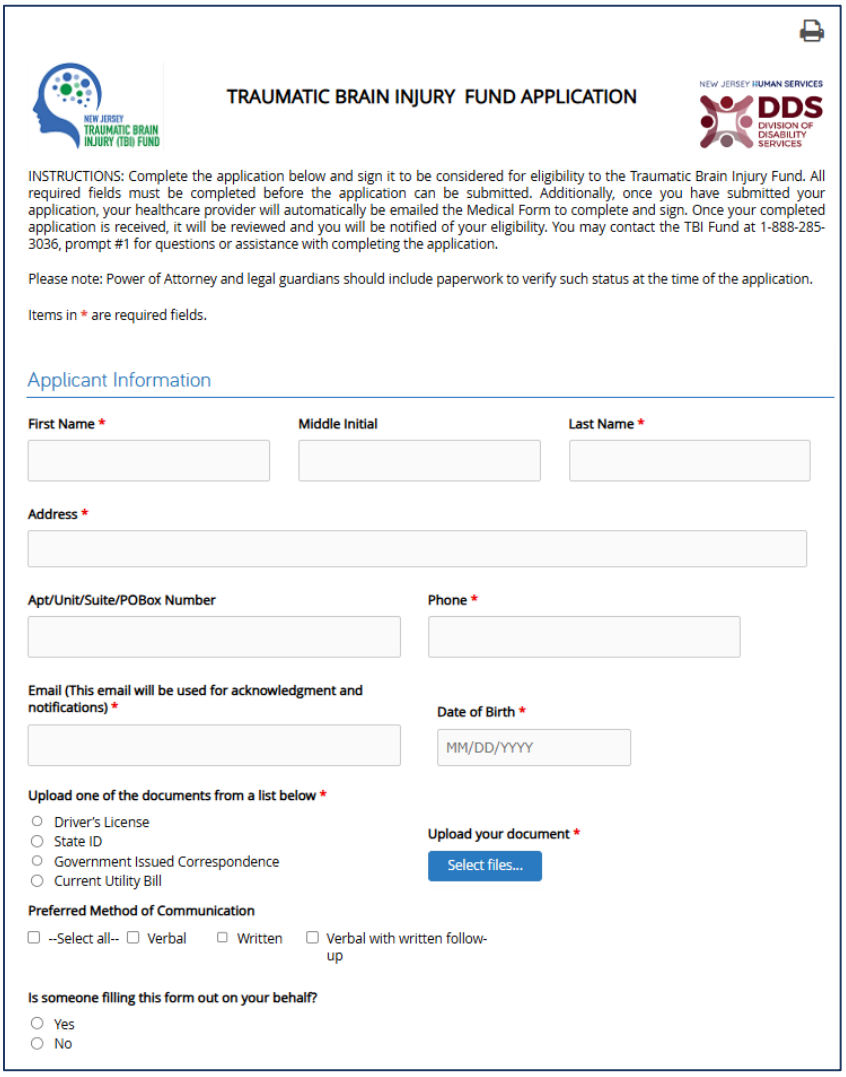
7. Select **Apply Now**.

Note: For further assistance, please refer to the resources found under Related Links.



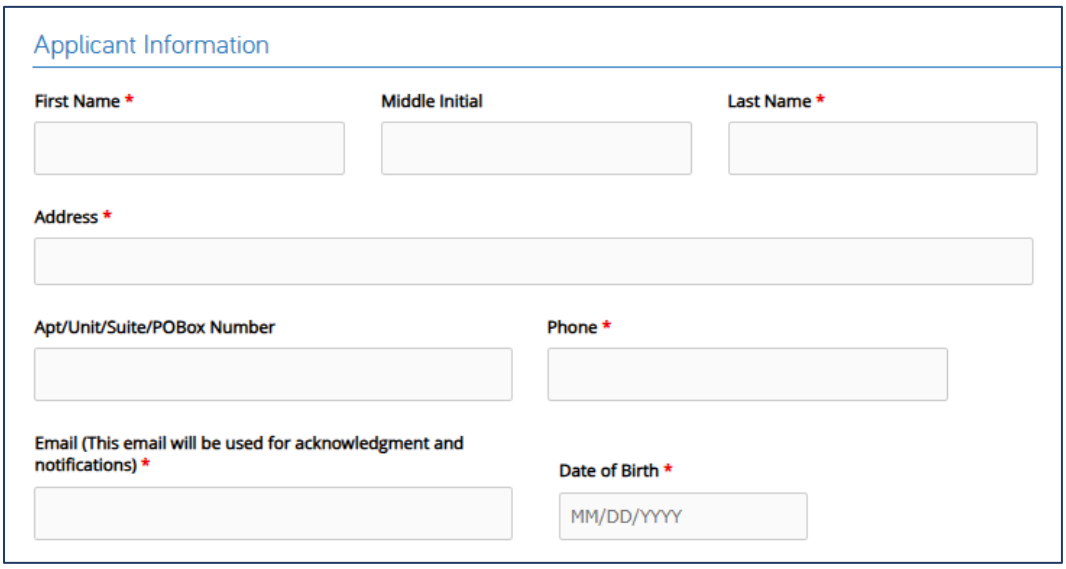
The following form is displayed:

Note: Due to the length of the form, the first section is displayed.



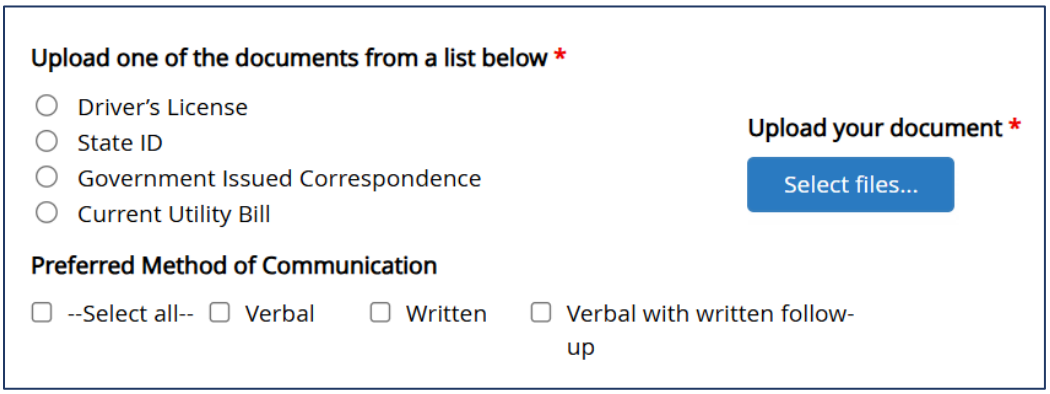
Applicant Information

1. Enter the required information.

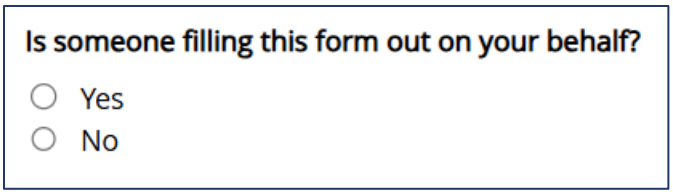


2. Select the required and relevant information.
3. Attach your documents by selecting, **Select files..**

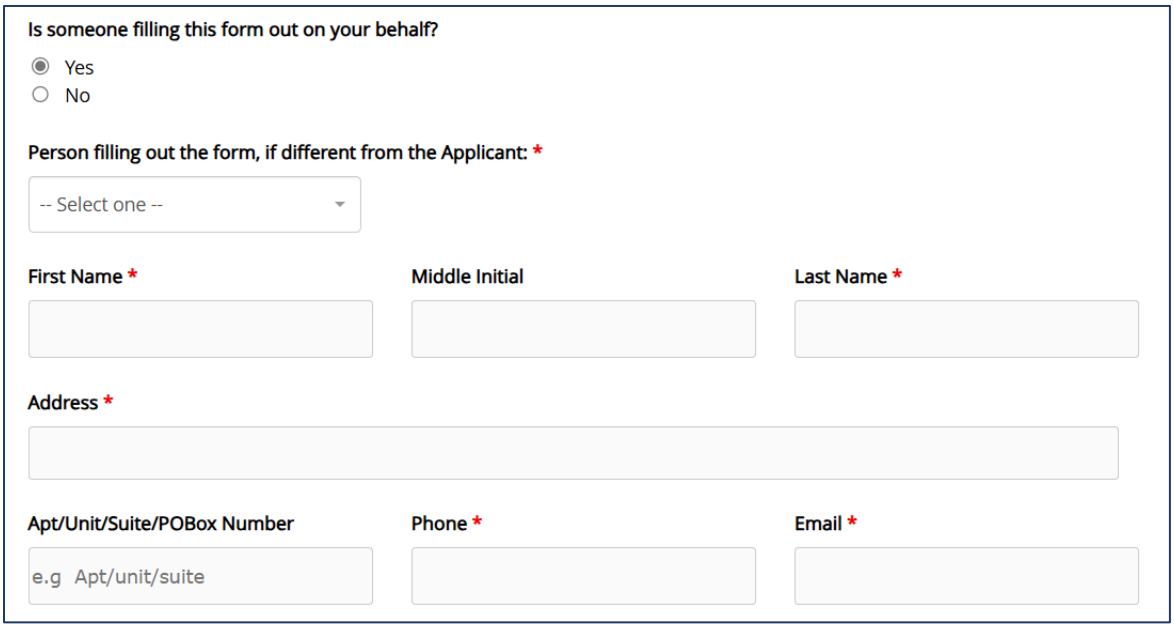
Important: If your documents are not saved on the computer, please scan and save them. Be sure to save the documents in one place that you can remember. Once you select, Select files… A window with folders and saved items is displayed. Navigate to the location with the saved files and add each document,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



4. Select **Yes**, or **No**.

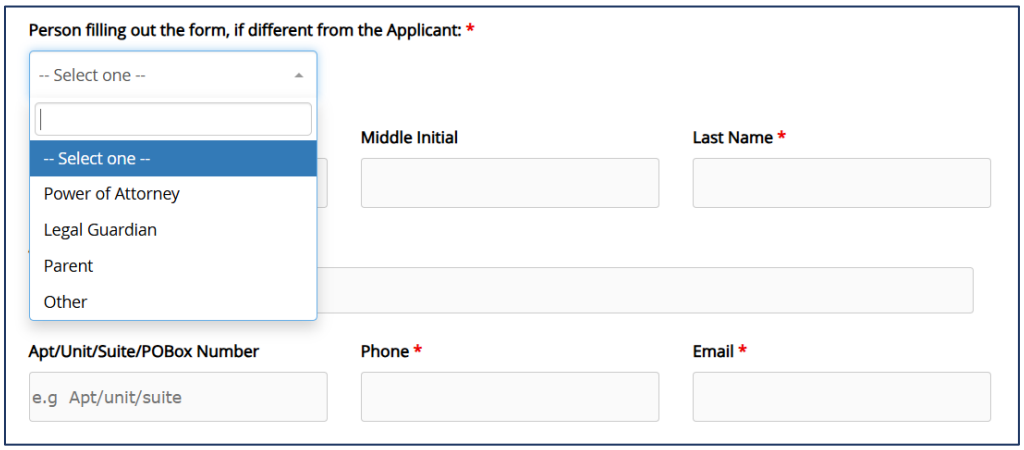


Note: If you selected Yes, an additional section opens. Please follow the process starting at section 2a.

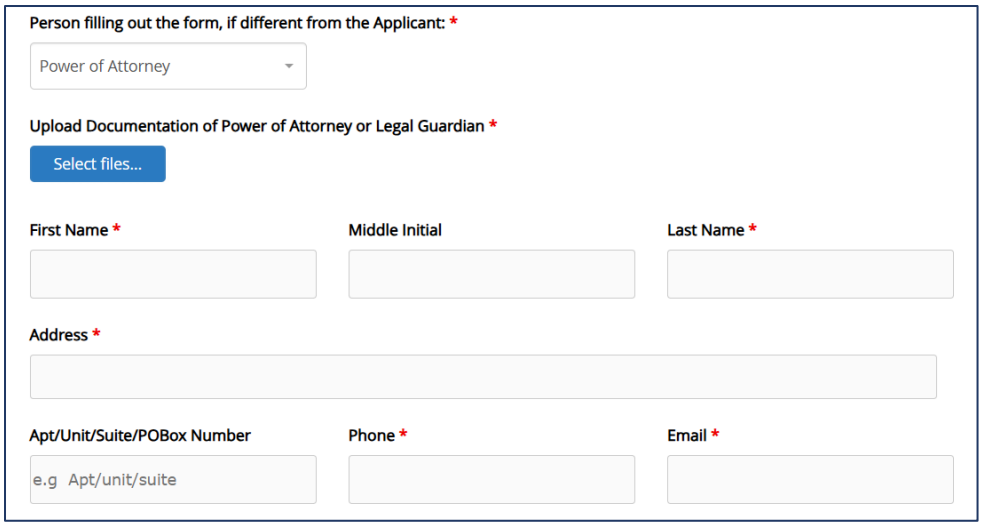


Section 2a

2a Select an option from the drop-down menu.

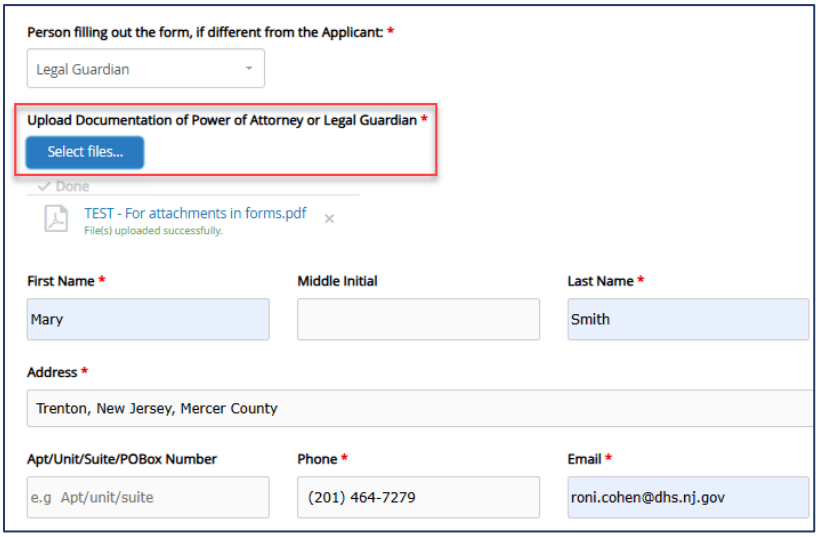


2b Enter the required and relevant information.

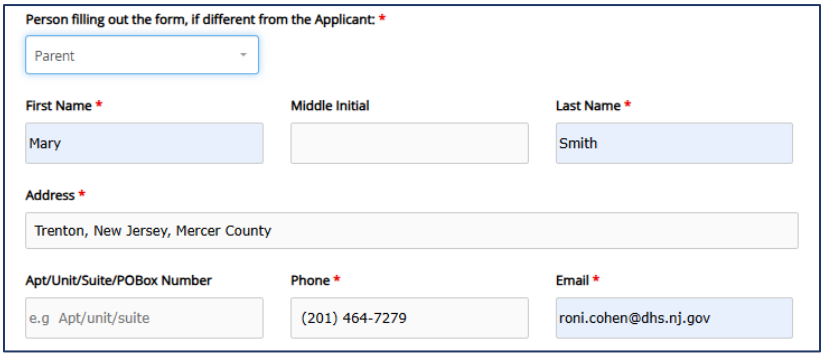


Examples of Options from the Applicant Drop-Down Menu.

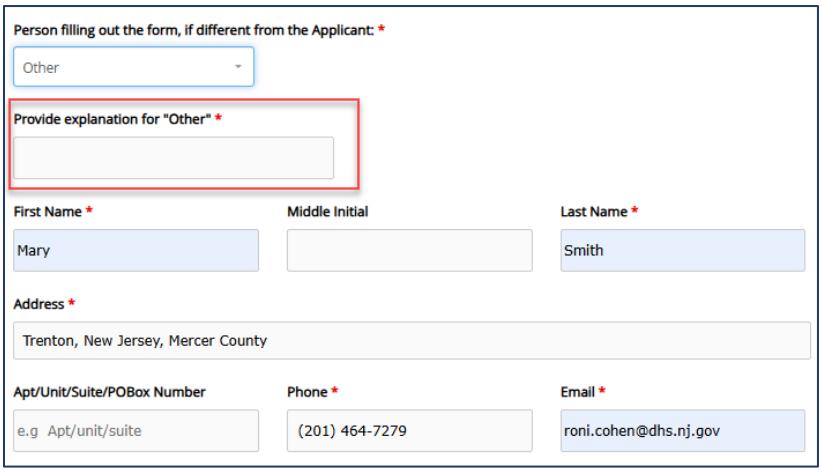
Note: If you selected Yes to Person filling out the form, is different from the Applicant you may have to attach additional documents or provide an explanation.



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



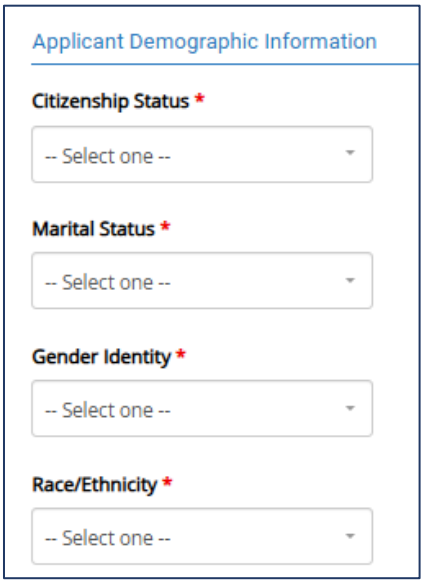
Note: If you select Other, an additional field is displayed.



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.

Applicant Demographic Information

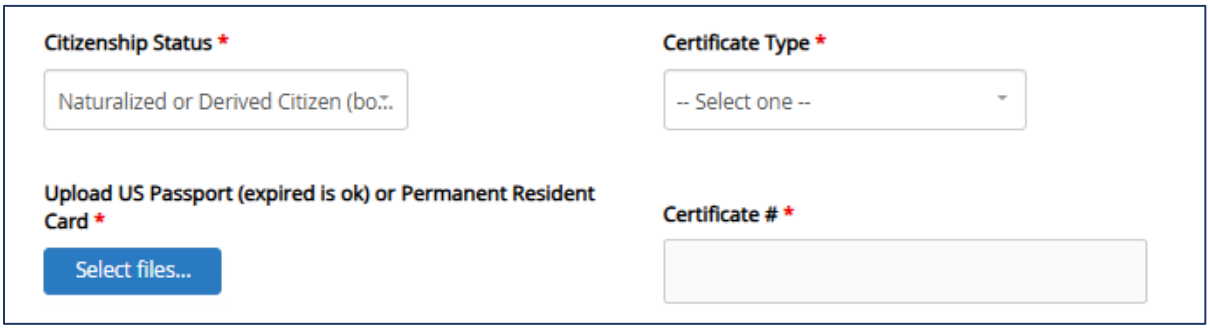
1. Select your answers from the following drop-down menus.



Note: Additional information is required if you selected Naturalized or Derived Citizen (born outside of the US), or Permanent Resident.

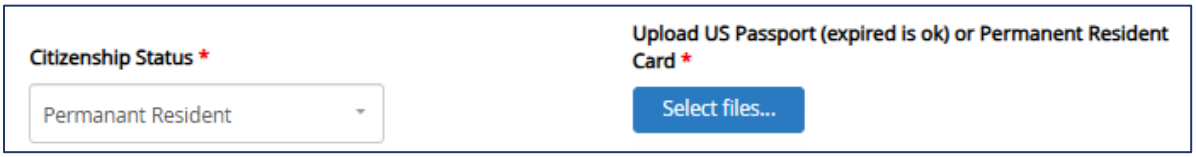
Note: For Naturalized or Derived Citizen (born outside of the US). Please select the Certificate Type. Please provide the required information.

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.

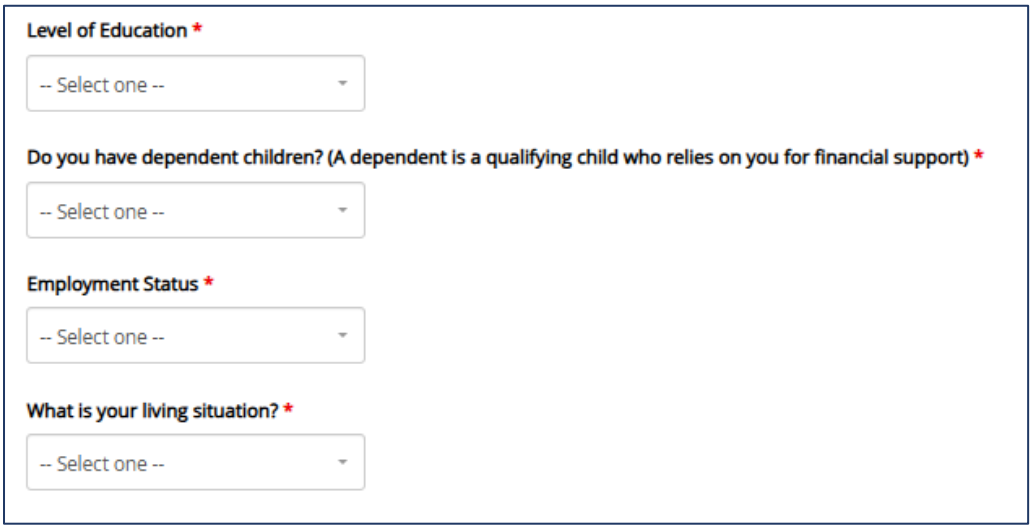


Note: For Permanent Resident please provide the required document.

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.



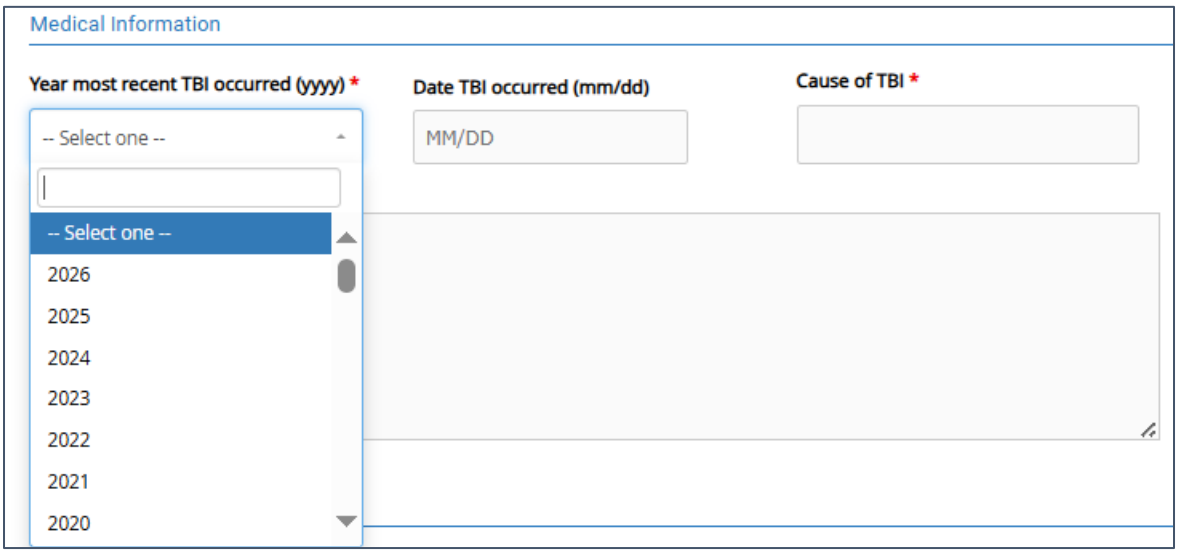
2. Select your answers from the following drop-down menus.



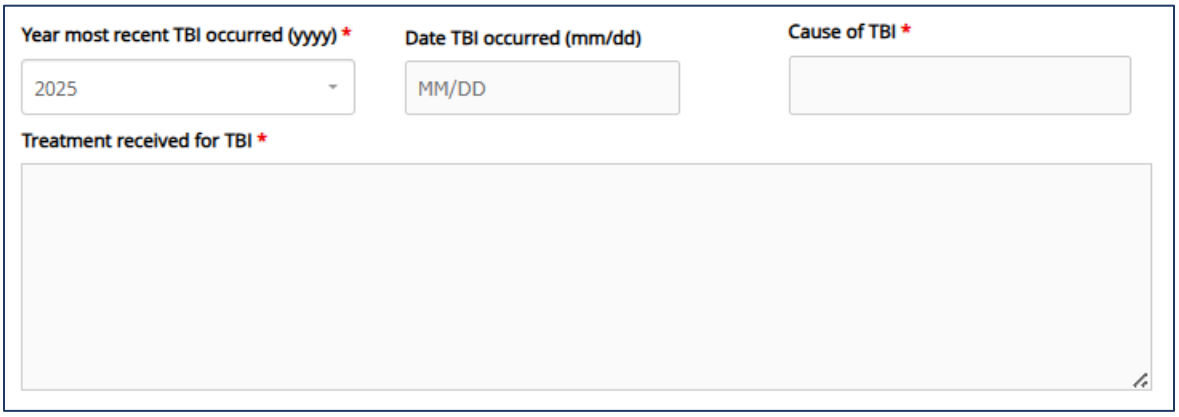
Note: Additional options are displayed if you selected Private Home from the drop-down menu.

Medical Information

1. Select the **Year of Injury (yyyy)**.

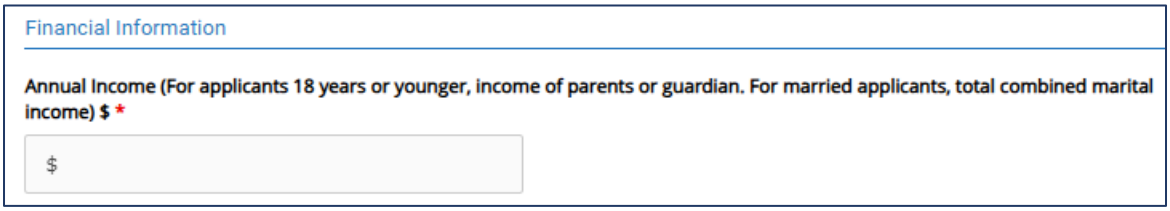


2. Enter the required and relevant information for the remaining fields.

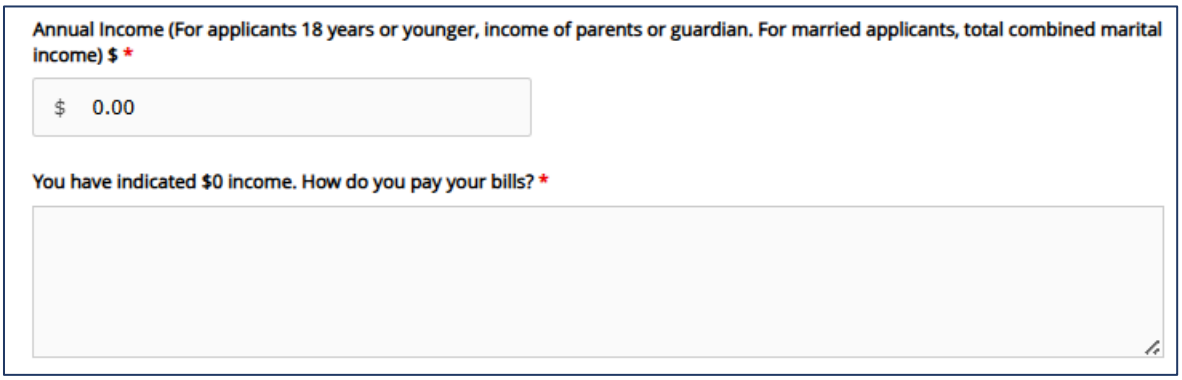


Financial Information

1. Enter your **Annual Income**.

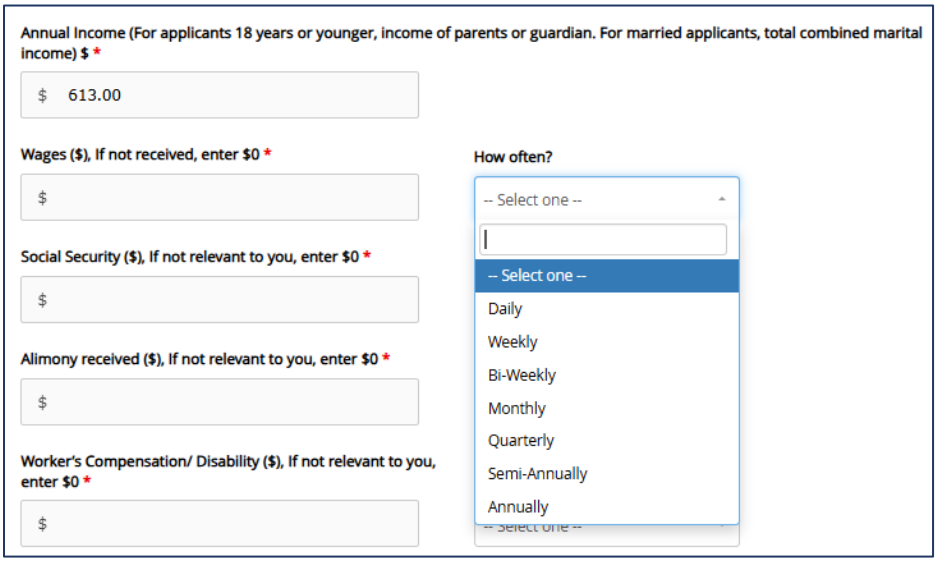


If you entered 0 Annual Income, please attach a file explaining how you pay your bills.

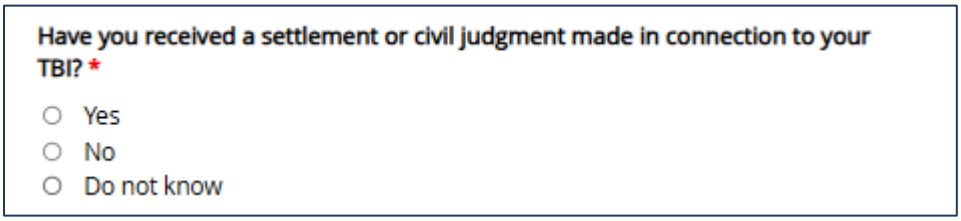


2. Enter your **Annual Income**.
3. Enter the required information and relevant information.

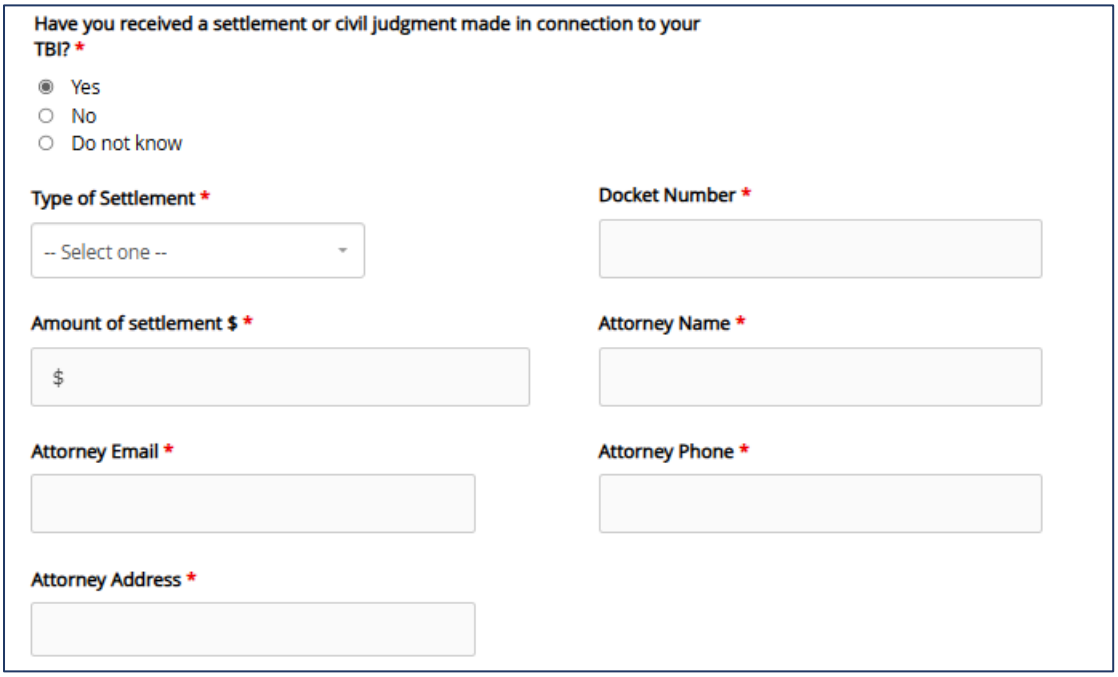
Note: Once you have entered your Annual Income, please answer the following questions. If a question is not relevant to you, please enter 0. If relevant, please select an answer from the How often? drop-down menu.



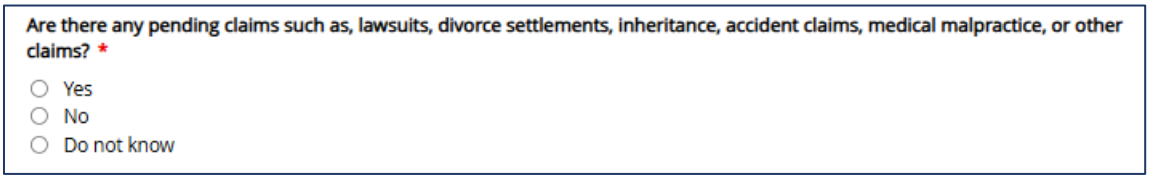
4. Select **Yes**, **No, or Do not know**.



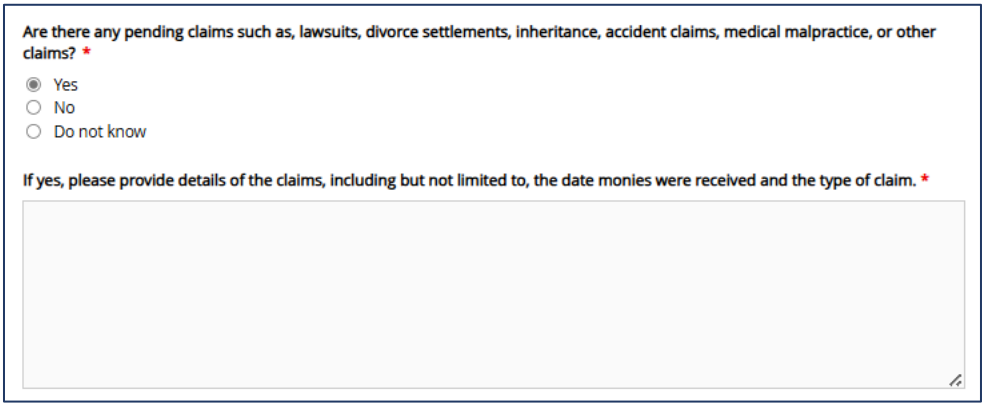
Note: If you selected Yes, an additional section is displayed. Please select and enter the required information.



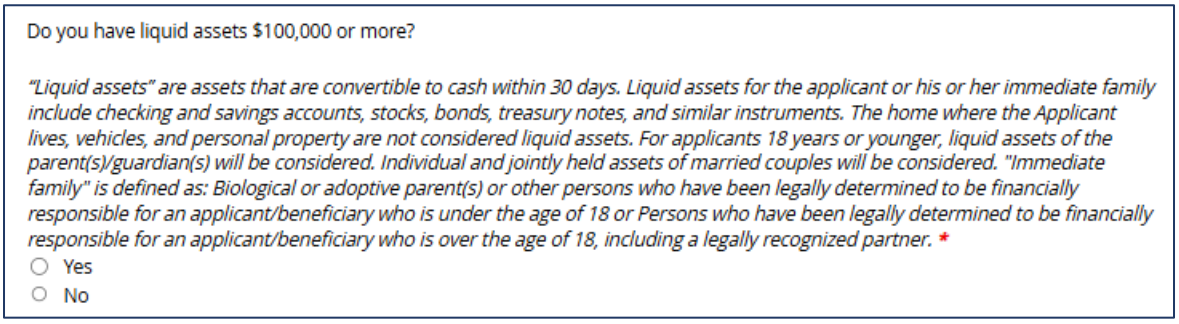
5. Select **Yes**, **No, or Do not know**.



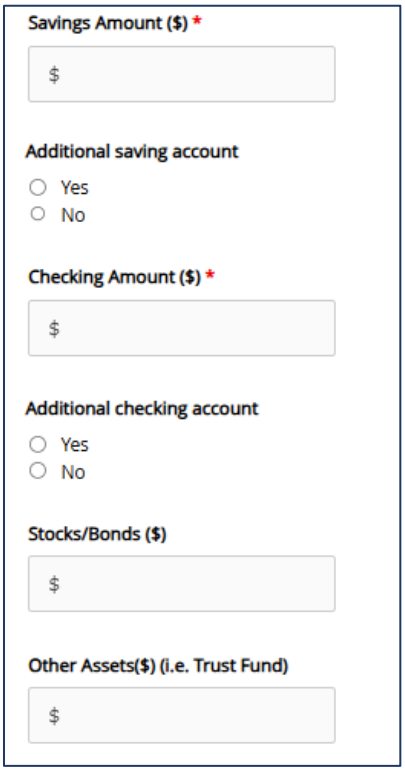
Note: If you select Yes, you have to provide an explanation.



6. Select **Yes**, or **No**.

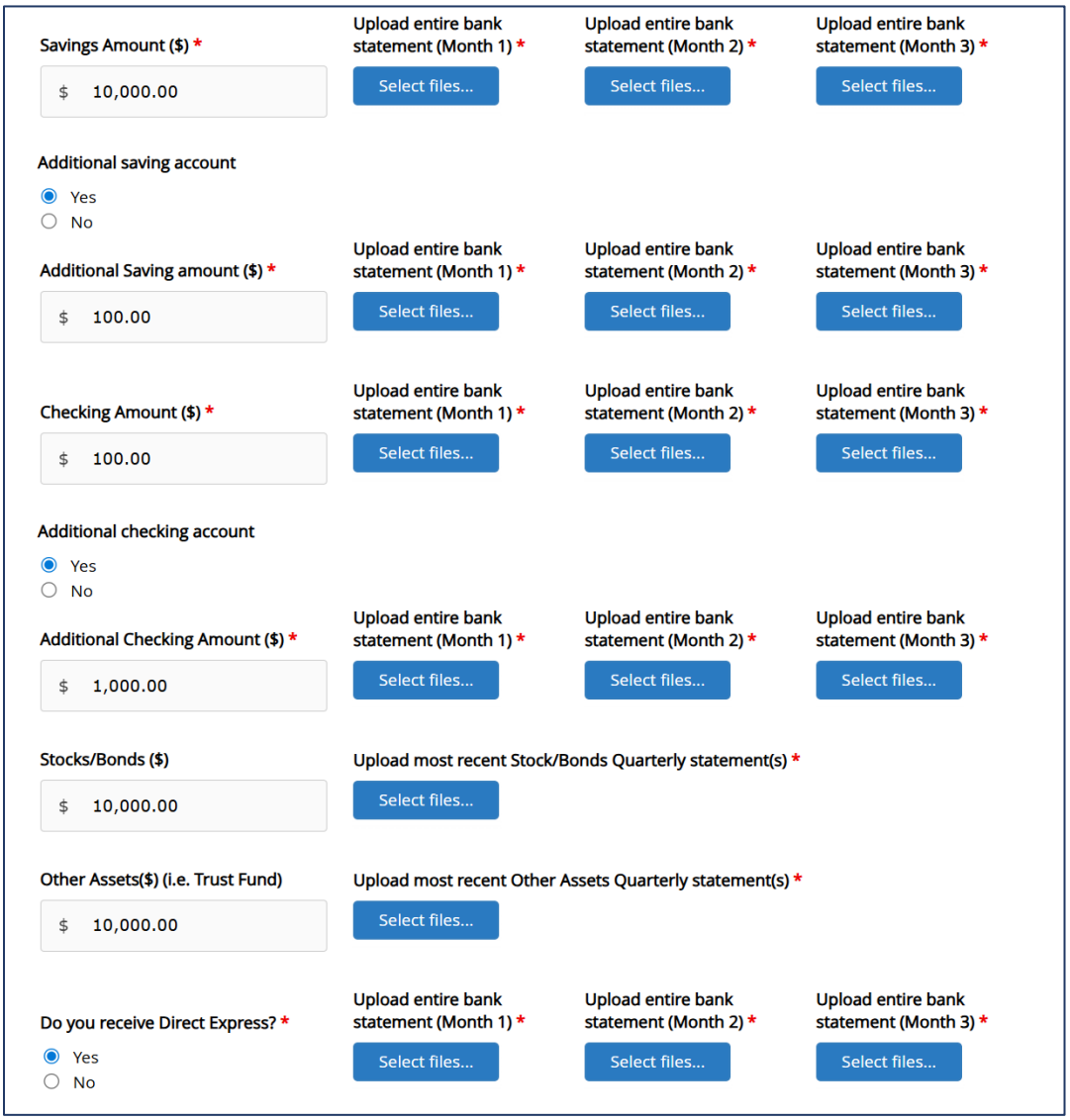


7. Enter the required information.

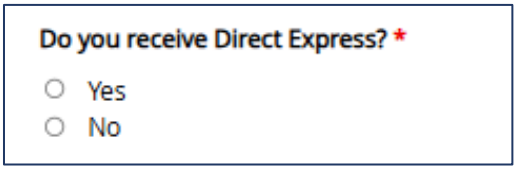


Note: If you entered an amount that is more than 0, please attach the required files by selecting Select files…

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.

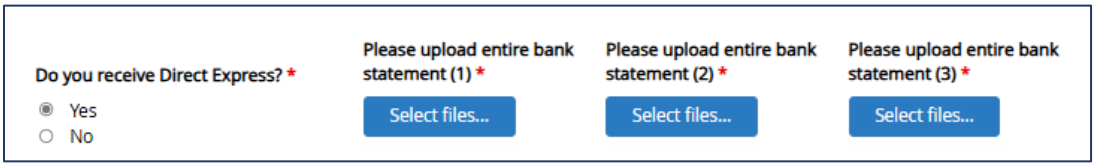


8. Select **Yes** or, **No**.

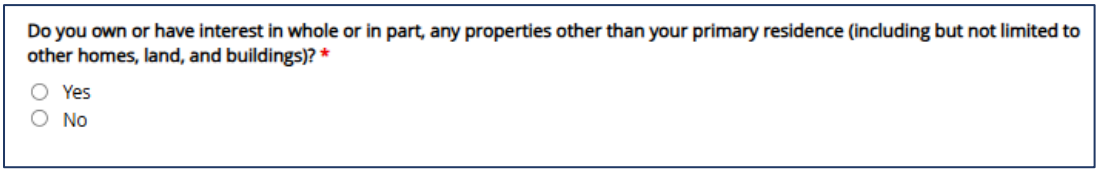


Note: If you select Yes, please add the required documents by selecting, Select files…

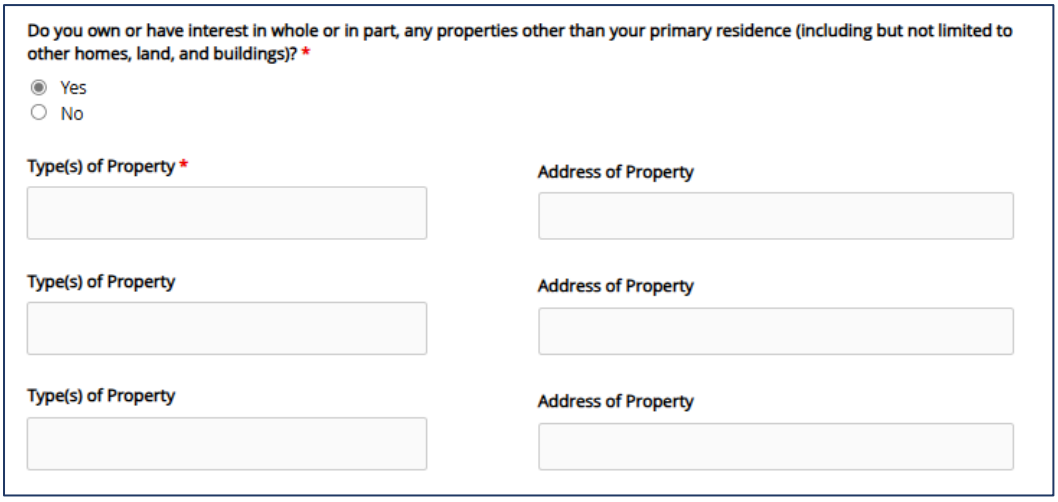
Important: If your documents are not saved on the computer, please scan and save them. Be sure to save the documents in one place that you can remember. Once you select, Select files… A window with folders and saved items is displayed. Navigate to the location with the saved files and add each document,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



9. Select **Yes** or, **No**.

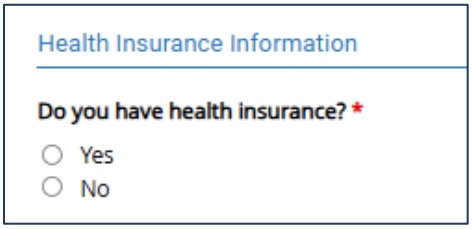


Note: If you select Yes, please add the required and relevant information.

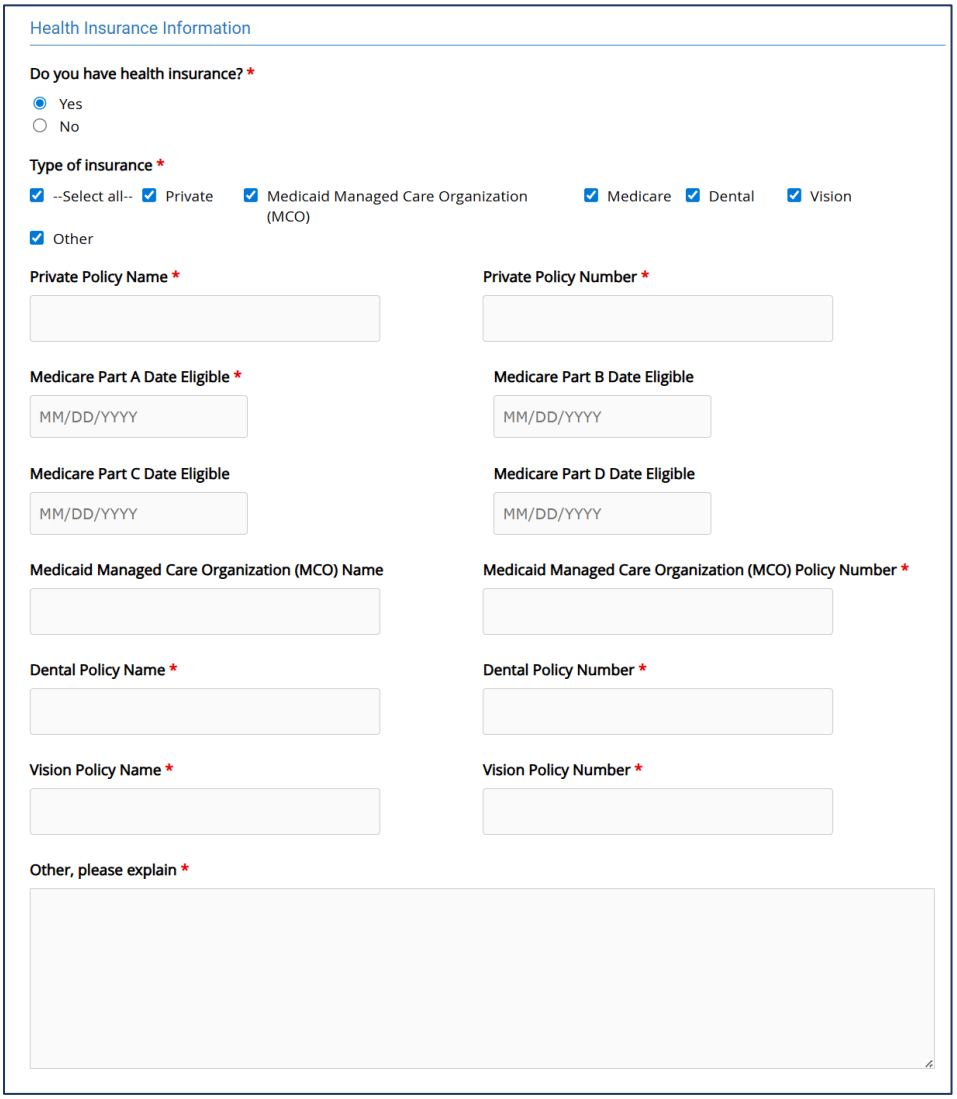


Health Insurance Information

1. Select **Yes**, or **No**.

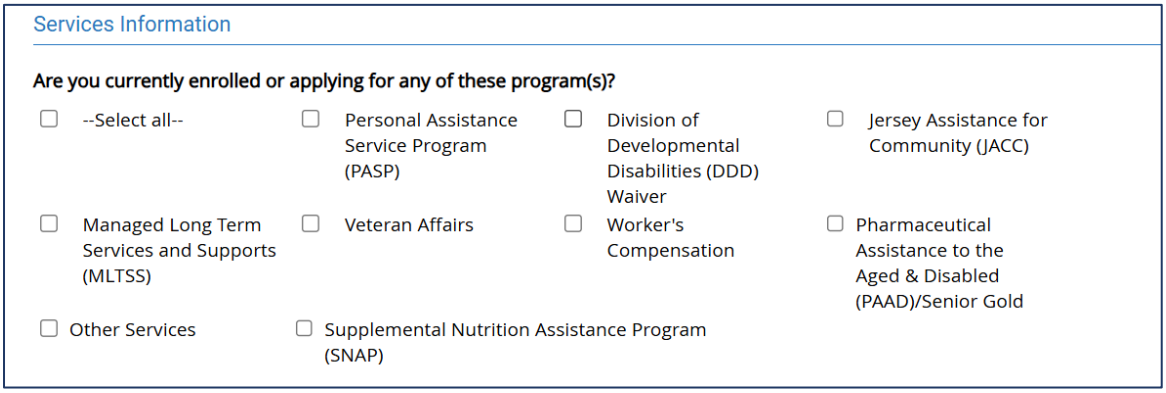


Note: By selecting Yes, you have to select a Type of Insurance-CB. You only have to select your own insurance. The screenshot below is only meant to be an example. Please enter the required details relating to your insurance policy.

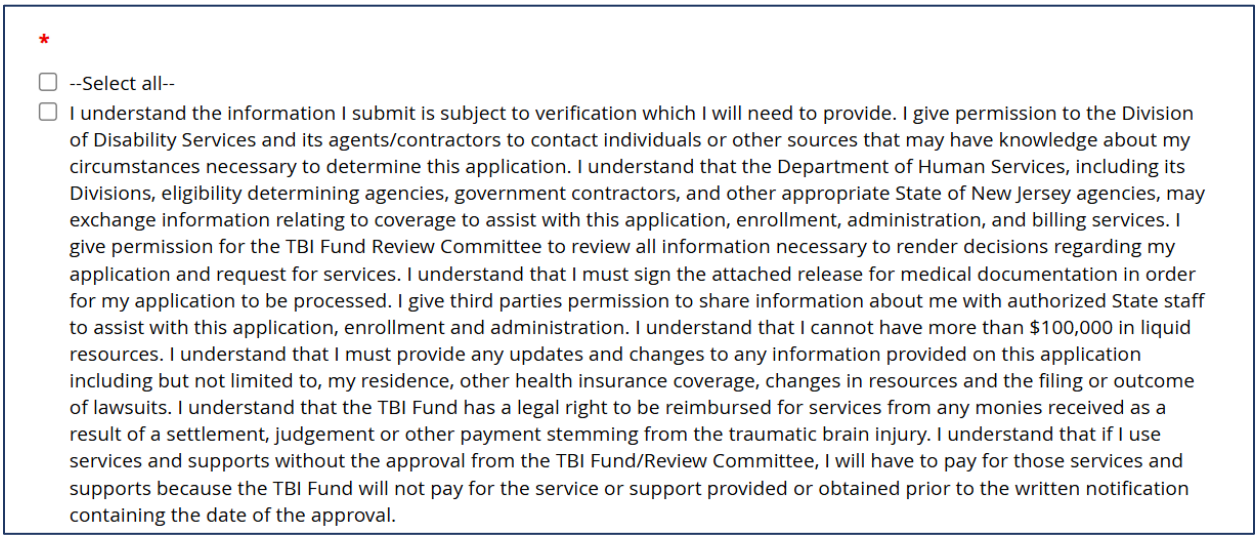


Services Information

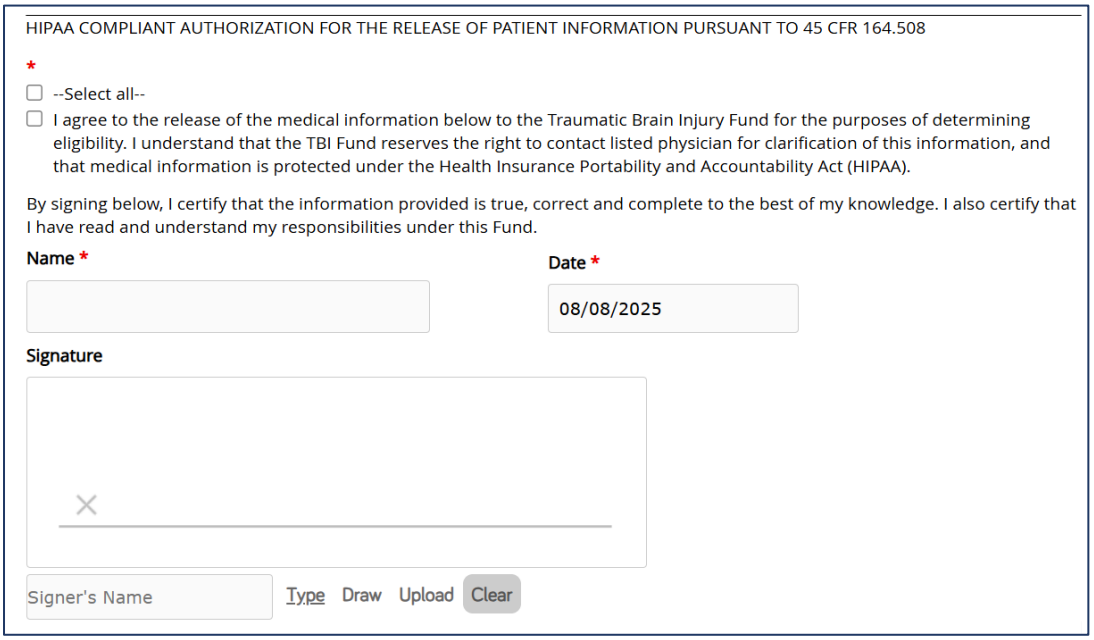
1. Select any public programs you are enrolled in.



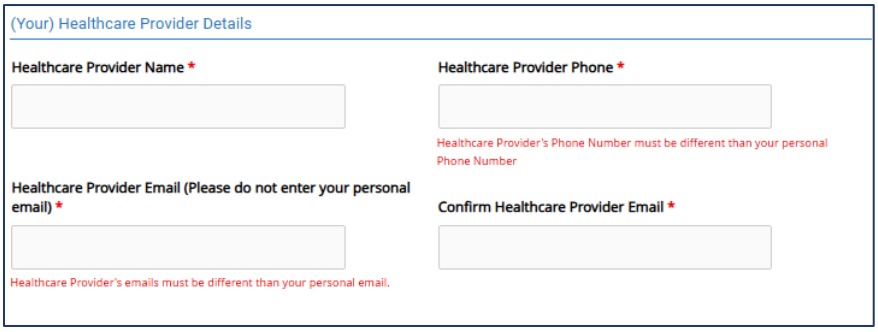
2. Read the paragraph carefully and select the box.



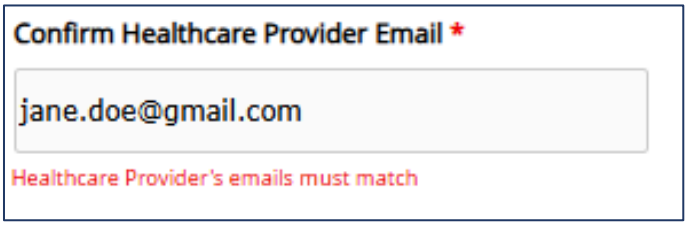
3. Read the **HIPAA** statement carefully. Select the box once you have completed reading and agreed to the statement.
4. Enter your **Name** and **Date**.
5. **Type**, **Draw**, or **Upload** your **Signature**.



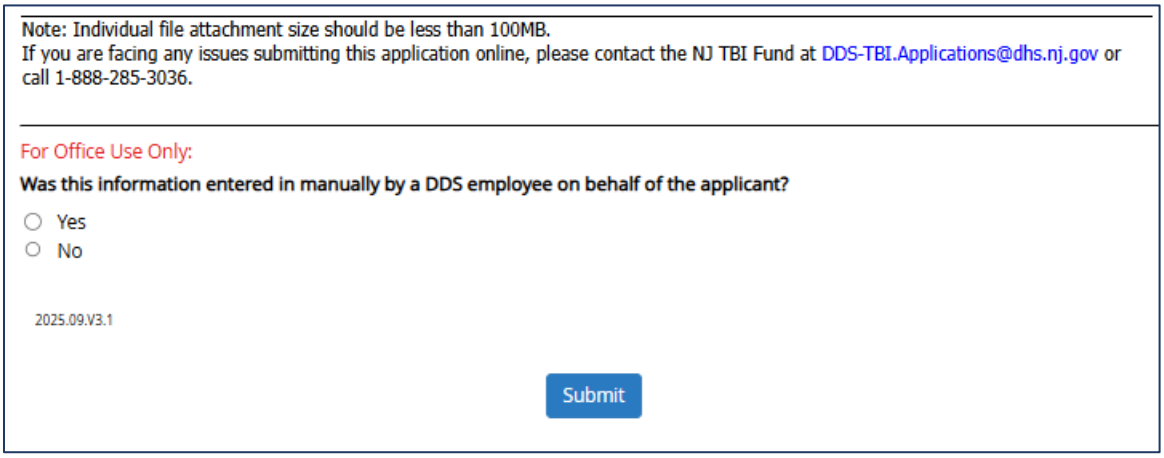
6. Enter the required information.



Note: If your email does not match in the Confirm Your Physician Email field, the message "Emails must match" is displayed. You have to confirm your email in order to submit the form.

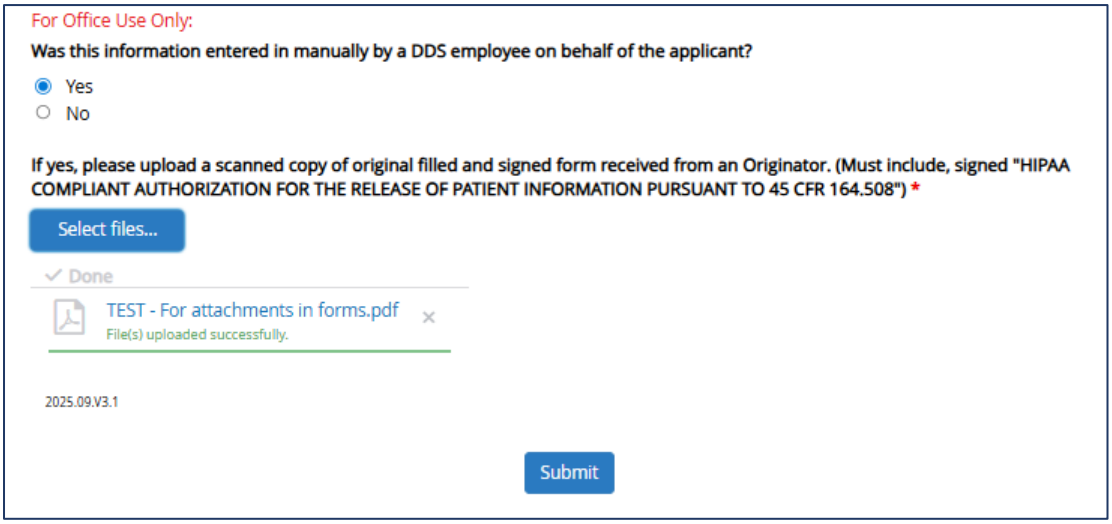


7. Review the **Note.**
8. Select **Yes**, or **No** and select **Submit** once you are ready to complete the form.

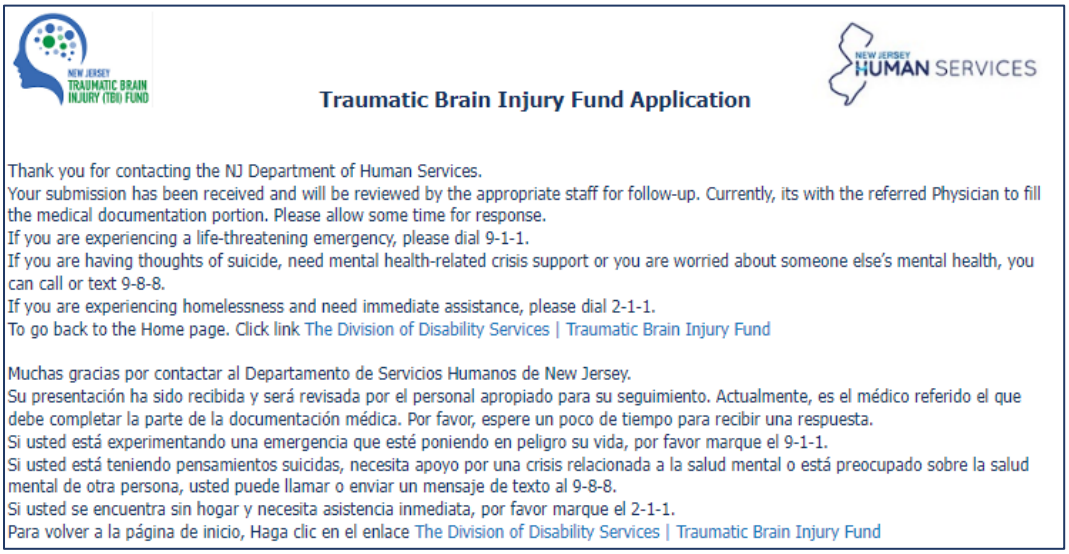


Note: If you selected Yes, attach the manual form by selecting, Select files…

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.



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

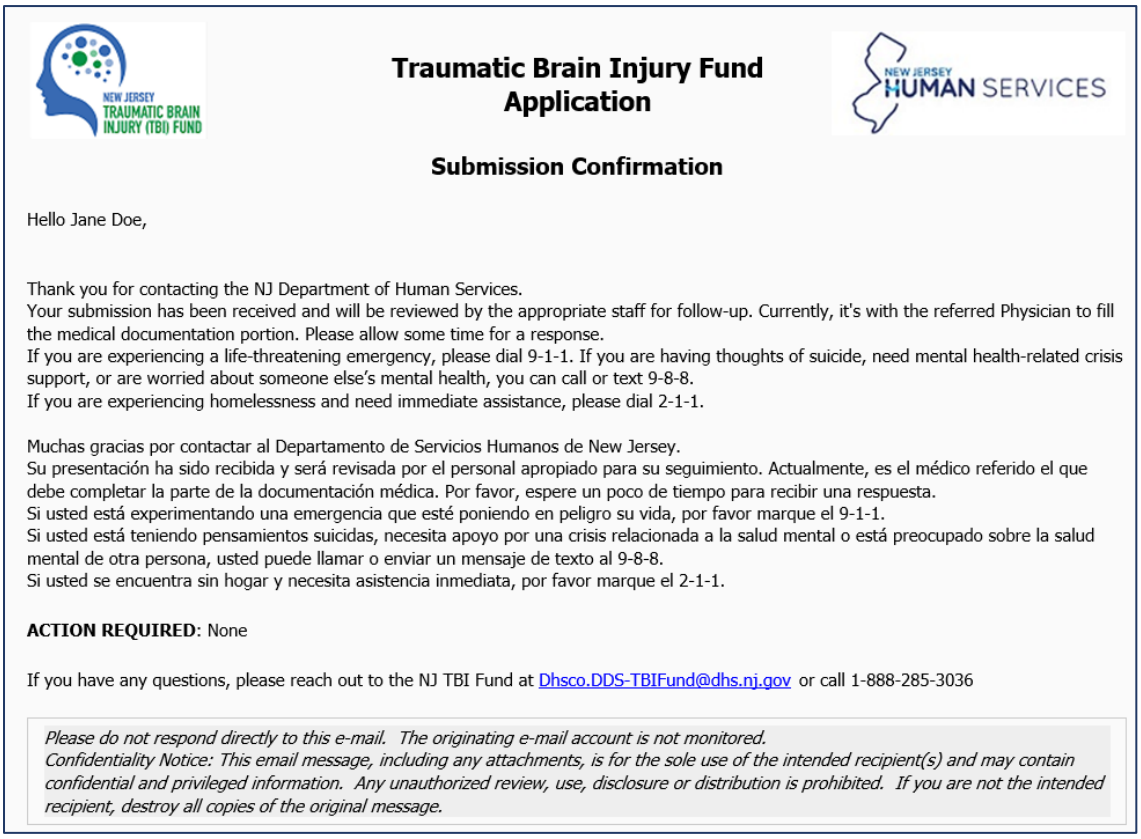
Muchas gracias por contactar al Departamento de Servicios Humanos de New Jersey.
Su presentación ha sido recibida y será revisada por el personal apropiado para su seguimiento. Actualmente, es el médico referido el que debe completar la parte de la documentación médica. Por favor, espere un poco de tiempo 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 physician 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 in the process of being reviewed by their physician.

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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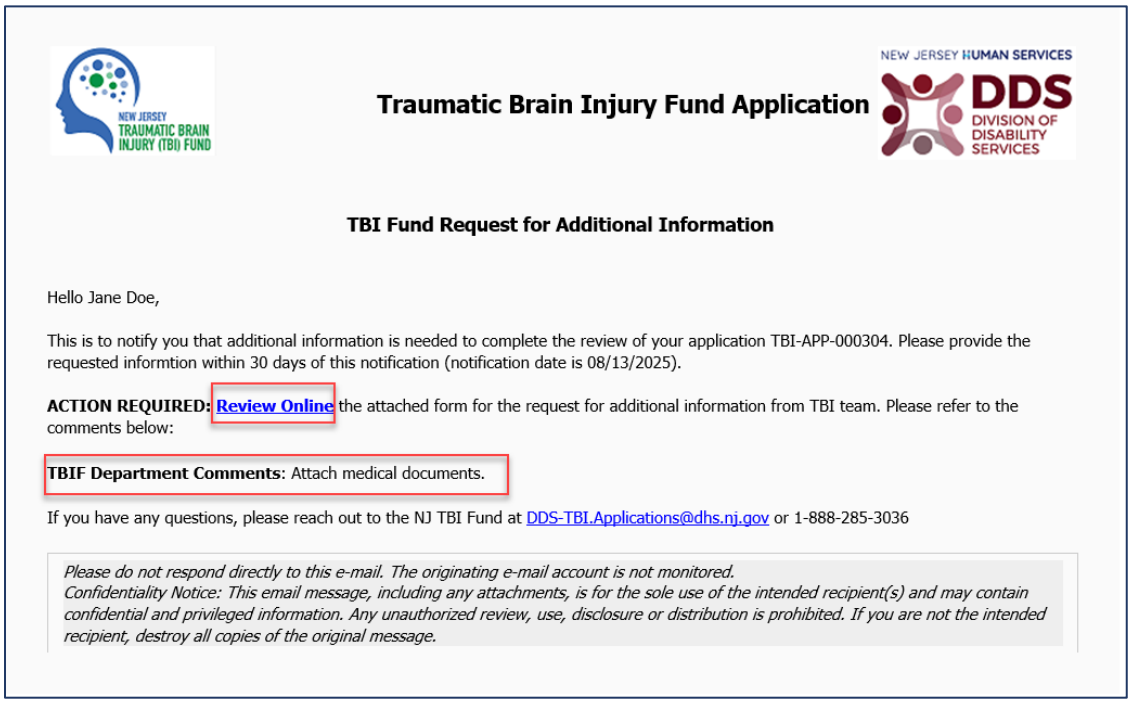
An email notification is sent to the requester, notifying them that there is a **Request for More Information**.

1. Select **Review Online**. Your filled out form is displayed. Please make all the requested changes and provide your signature once completed.

Note: The TBIF Department Comments are displayed in the email notification.



NEW JERSEY TRAUMATIC BRAIN INJURY (TBI) FUND

Traumatic Brain Injury Fund Application

NEW JERSEY HUMAN SERVICES DDS DIVISION OF DISABILITY SERVICES

TBI Fund Request for Additional Information

Hello Jane Doe,

This is to notify you that additional information is needed to complete the review of your application TBI-APP-000304. Please provide the requested informtion within 30 days of this notification (notification date is 08/13/2025).

ACTION REQUIRED: Review Online the attached form for the request for additional information from TBI team. Please refer to the comments below:

TBIF Department Comments: Attach medical documents.

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

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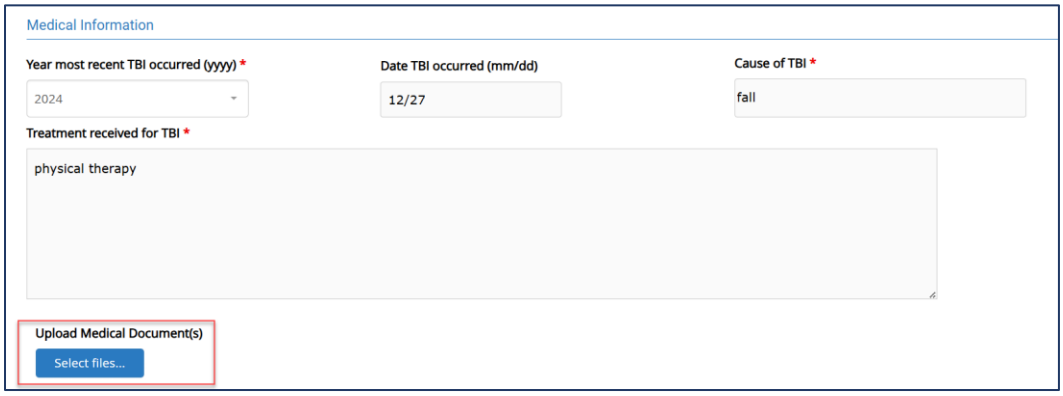
Note: The Upload Medical Document(s) is only displayed if more information is required.



Medical Information

Year most recent TBI occurred (yyyy) *: 2024

Date TBI occurred (mm/dd): 12/27

Cause of TBI *: fall

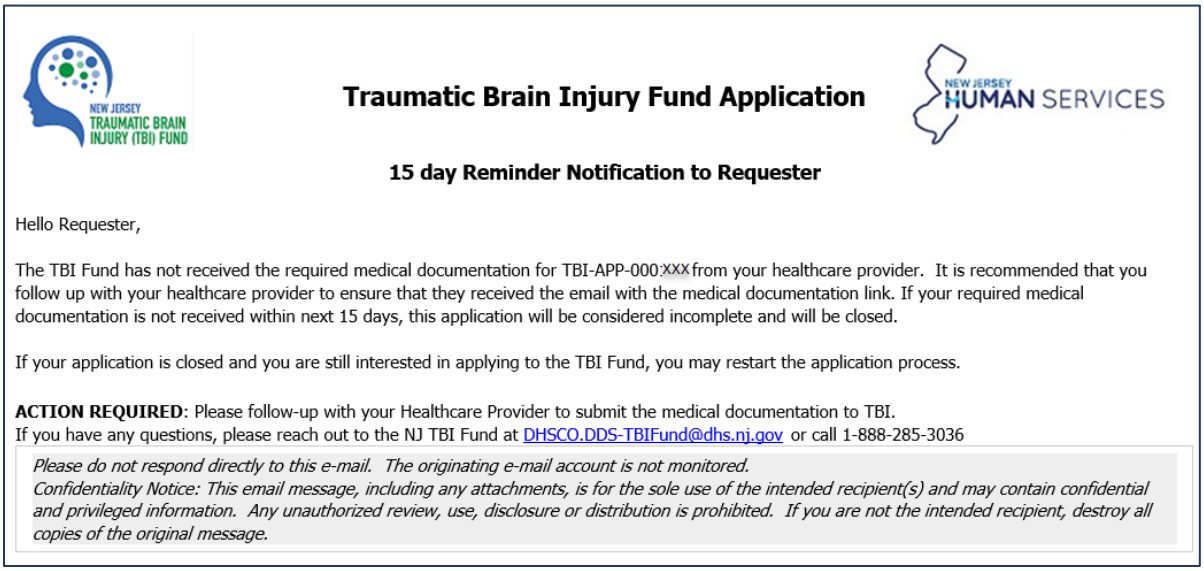
Treatment received for TBI *: physical therapy

Upload Medical Document(s)

Select files...

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

Note: Your application is cancelled after 30 days if your physician has not submitted their evaluation 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

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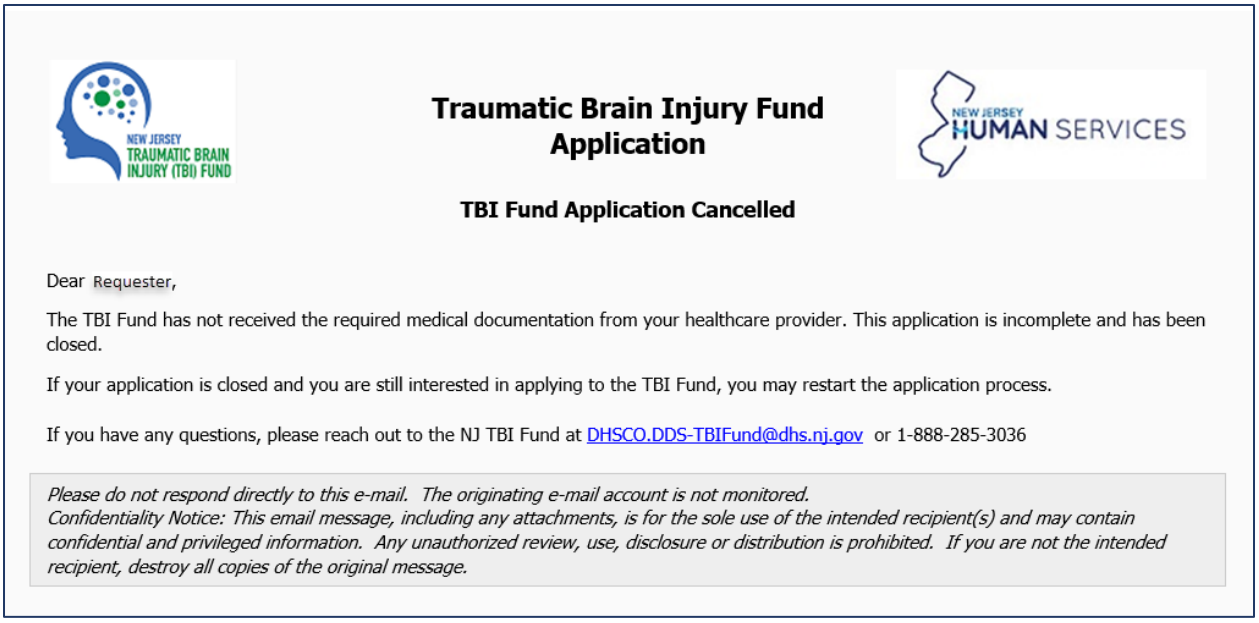
An email notification is sent to the requester, notifying them that their TBI Fund Application has been cancelled.



NEW JERSEY TRAUMATIC BRAIN INJURY (TBI) FUND

Traumatic Brain Injury Fund Application

NEW JERSEY HUMAN SERVICES

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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