



Community Care Program (CCP) Waiting List Request

Used to request addition to the General or Priority Category of the Waiting List for CCP services.

Instructions and eligibility requirements listed at the end of this form should be carefully reviewed prior to completion and submission. Additional information can be found in [Division Circular #8 \(N.J.A.C. 10:46C\)](#).

Identifying Information	
Individual's Name: Click to enter text. DDD ID: Click to enter text.	Date of Birth: Click to enter text.

Support Coordination Agency Information (if applicable)	
SCA Name: Click to enter text.	
Support Coordinator Name: Click to enter text.	Phone Number / Email Address: Click to enter text.
SC Supervisor Name: Click to enter text.	Phone Number / Email Address: Click to enter text.

Waiting List Category Request (select one)
This CCP Waiting List Request is for which category?
<input type="checkbox"/> General <i>If General, skip to the Requestor Information and Signature sections at the end of form.</i>
<input type="checkbox"/> Priority <i>If Priority, check one (1) Waiting List Criteria box below that best applies to the situation, obtain the required documentation and submit the documentation with the completed request form.</i>

Priority CCP Waiting List Criteria (Select only one)	Required Documentation
<input type="checkbox"/> Both of the birth or adoptive parents are 55 years or older. If both parents are alive, but only one is the primary caregiver, the parent with sole custody is age 55.	<ul style="list-style-type: none"> • Proof of parents' age. (For example: copy of driver's license or birth certificate.)
<input type="checkbox"/> The individual lives with a caregiver, who is not the birth or adoptive parent, provides care voluntarily and can no longer care for the individual.	<ul style="list-style-type: none"> • Written description of the living situation and how the individual came to be under the caregiver's care.
<input type="checkbox"/> A parent under age 55 has a chronic, long-term physical or psychiatric and/or behavioral health condition(s), which significantly limits their ability to care for the individual.	<ul style="list-style-type: none"> • Statement from a treating physician • Written explanation of how the condition significantly limits the parent's ability to provide care.
<input type="checkbox"/> A parent is under age 55 and there is risk to the health or safety of the individual, parent or another person living in the home, due to the individual's behavior(s) , which cannot be effectively managed by the parent(s), even with generic or specialized supports.	<ul style="list-style-type: none"> • A description of the behaviors that create risk to health and safety. • A description of services and supports used in the home in the past six months.
<input type="checkbox"/> A parent is under age 55 and there is risk to the health and safety of the individual, parent or another person living in the home due to the individual's physical care needs (such as lifting or bathing) or medical needs , which cannot be	<ul style="list-style-type: none"> • A description of the physical care or medical needs that cannot be effectively managed in the home.

	effectively managed by the parent(s), even with generic or specialized supports.	<ul style="list-style-type: none"> • A description of services and supports used in the home in the past six months.
<input type="checkbox"/>	There is a single parent as the head of the household who requires a minimum of 40 hours of specialized or generic supports each month in order to keep a full time job.	<ul style="list-style-type: none"> • A description of the current living situation, explaining the supports needed to allow a single parent to keep a full time job. • A description of all services and supports used in the home in the past six months.
<input type="checkbox"/>	There is a single parent as the head of the household who is the primary caregiver to more than one person with a disability, and those persons have significant direct care needs (For example: feeding, bathing and/or toileting, etc.)	<ul style="list-style-type: none"> • A description of the current living situation, explaining the care needs of the individuals with disabilities in the home.
<input type="checkbox"/>	The individual is residentially placed by the Local Educational Authority (LEA). Name of funding School District: Click to enter text.	Date of Placement: Click to enter text. Name/Address of Residential Program: Click to enter text.
<input type="checkbox"/>	The individual is residentially placed by the Department of Children & Families (DCF). Check one of the following: Children’s System of Care (CSOC) <input type="checkbox"/> Child Protection & Permanency <input type="checkbox"/>	Date of Placement: Click to enter text. Name/Address of Residential Program: Click to enter text.

The following sections are required for General and Priority Requests:

Requestor Information	
Who is making this request? Choose an item.	
Name and address of the requestor: Click to enter text.	Relationship to the individual: Click to enter text. Requestor’s phone number and email address: Click to enter text.

If guardianship has been court appointed, include a copy of the guardianship judgement with submission and ensure a copy of judgement is uploaded in iRecord. If more than one guardian is named, each guardian’s signature is required.

Signature of Requestor(s)	
Signature:	Date:
Signature:	Date:

Instructions

1. The request form is filled out completely and is signed by the individual/family/legal guardian/caregiver requesting addition to the CCP Waiting List.
2. All supporting documentation is included with the request and is submitted in **ONE** of three ways:
Important: Submitting multiple times or multiple ways will delay the processing of this request.
 - A. By uploading the request form and supporting documents in iRecord through the Tools tab, “Submit Waitlist Request” feature; **or**
 - B. By emailing Ddd.Ccpwaitlistrequests@dhs.nj.gov with the completed, signed request and applicable supporting documentation attached to the email; **or**
 - C. By sending the request and applicable supporting documentation via US Mail to:
DDD-SRO Waiting List Coordinator
221 Laurel Rd., Ste. 210
Voorhees, NJ 08043
3. If the present situation is considered urgent, the Support Coordinator should submit a Seeking Out Support (SOS) Form.

Eligibility Requirements

General Waiting List

Assignment to the General Waiting List is made when requested by the individual/family/legal guardian/caregiver **or** if the individual does not meet the criteria for assignment to the Priority Waiting List. The General Waiting List helps the Division anticipate future needs.

Priority Waiting List

Eligibility requirements for addition to the Priority Waiting List (PWL) include:

1. Both of the birth or adoptive parents, or parent with sole custody, are 55 years or older;
2. A caregiver, other than the birth or adoptive parents, who is providing care voluntarily and without pay can no longer care for the individual;
3. Either of the birth or adoptive parents is under age 55 and has a chronic and long-term physical or psychiatric and/or behavioral health condition or conditions, which significantly limits the birth or adoptive parents’ ability to care for the individual with a developmental disability; or
4. Either of the birth or adoptive parents is under age 55 and there is a risk to the health or safety of the individual, parent, or other individual living in the home due to any one of the following conditions:
 - i. The individual’s behavior or behaviors present a risk to self or others, which cannot be effectively managed by the parents, even with generic or specialized support arranged or provided by the Division;
 - ii. There are physical care needs, such as lifting or bathing, or medical needs that cannot be managed by the parent, even with generic or specialized supports arranged or provided by the Division;
 - iii. There is a single parent as the head of household who requires a minimum of 40 hours of specialized or generic supports from the Division, each month, in order to keep a full-time job; or
 - iv. There is a single parent as the head of household who is the primary caregiver to more than one person with a disability and those persons have significant direct care needs (for example, feeding, bathing, toileting, etc.).

The Division provides individuals on the Priority Waiting List their numerical place on the waiting list annually.

For a full list of eligibility requirements, definitions and procedures, please refer to: [DC #8 \(N.J.A.C. 10:46C\)](#)