

SUPPORT BROKERAGE AUTHORIZATION FORM

Individual's DDD ID Number: _____

Individual's First Name: _____

Individual's Last Name: _____

Individual's Last Four of SSN: _____

This form is required if an individual/guardian has hired/will hire either an agency or a self-directed employee to provide DDD-approved Support Brokerage services. Completion and signing of this form grants the fiscal intermediary, Public Partnerships, permission to talk with the Support Brokerage agency or self-directed employee identified below to discuss the individual's self-directed services, employees and/or community vendors, as applicable.

If the Support Brokerage provider is **an agency**, please list the name and contact information for the agency (*do not list agency administrator or individual staff*). If the Support Brokerage provider is **a self-directed employee**, please list the name and contact information for the employee.

Support Brokerage Provider: _____

Email Address: _____

Phone Number: _____

Unless noted otherwise, this authorization is in effect from the Support Brokerage service prior authorization (PA) start date through the Support Brokerage service PA end date. (*NOTE: Service PA end date always coincides with plan-year end date.*)

Individual/Guardian Signature: _____ Date _____

Individual/Guardian Name (please print): _____

Please submit this completed and signed form to Public Partnerships
by e-mail to njddd@pcgus.com or fax 1-844-561-5978.