

Department of Human Services
Division of Developmental Disabilities

SELF-DIRECTED EMPLOYEE FAX COVER SHEET

Fax Timesheet and Service Documentation to DDD: 609-341-2226

Date: _____ Number of Pages (including cover sheet): _____

Employee First and Last Name: _____

Employee Phone Number: _____

Name of Service Recipient: _____

Start and End Date of Payroll Period: _____

Comments:

Please contact DDD.FeeForService@dhs.nj.gov with any questions

CONFIDENTIALITY NOTICE

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