

## INDIVIDUAL REFERRAL

The Individual Referral form is submitted to Public Partnerships LLC (PPL) by the Support Coordinator (SC) when an Individual is interested in enrolling for the first time in the Vendor Fiscal/Employer Agent model of self-direction through PPL. The SC completes and signs the form and submits it to PPL by email to [NJDDD-SC@pcgus.com](mailto:NJDDD-SC@pcgus.com).

### Support Coordinator (SC) Details

Agency Name:

Agency Phone:

Agency Email:

SC First Name:

SC Last Name:

SC Phone:

SC Email:

### Individual Details

First Name:

Last Name:

DDD ID Number:

Date of Birth:

Phone:

Email:

Address:

Apt/Suite:

City:

State:

Zip Code:

State System:

iRecord  eRecord

State Program:

Supports  Community Care  Interim  
 Non-Fee-for-Service (e.g., eRecord plan)

### Alternate Contact Details

First Name:

Last Name:

Phone:

Email:

### Supports Broker (SB) Details

Does or will this individual use Supports Brokerage services?  Yes  No

If yes, enter the following information:

SB Agency Name:

SB First Name:

SB Last Name:

SB Phone:

SB Email:

Supports Broker Authorization Form:

Is included with this Referral (preferred)  Was or will be submitted separately  Is not yet available

**NOTE:** PPL cannot talk with a Supports Broker about an Individual's enrollment or services until the Supports Broker Authorization form is signed and submitted to PPL.

Support Coordinator Signature:

Date: