



## Support Coordination Agency Selection Form – INTAKE

**NOTE:** For graduating students, the Division begins assigning SC Agencies in April.

Individual's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

County of Residence: \_\_\_\_\_ DDD ID #: \_\_\_\_\_

I prefer a Support Coordinator who speaks: \_\_\_\_\_  
(Please enter preferred language):

Are you a graduating high school student? \_\_\_ YES \_\_\_ NO If YES, Graduation Date: \_\_\_\_\_

**Choose either Preferred Agencies or Auto-Assignment by DDD below:**

\_\_\_ **Preferred Agencies** Please identify first and second choice. If the agency you choose does not serve your county or does not have the capacity at this time, DDD will auto-assign an agency for you.

First Choice Support Coordination Agency: \_\_\_\_\_

*Preferred Support Coordinator Name, if known\*:* \_\_\_\_\_

Second Choice Support Coordination Agency: \_\_\_\_\_

*Preferred Support Coordinator Name, if known\*:* \_\_\_\_\_

*\* Agencies cannot guarantee and are not required to assign a preferred Support Coordinator.*

\_\_\_ **Auto-Assignment by DDD** I do not have a preferred agency and would like DDD to auto-assign an agency for me. (Auto-Assignment cannot accommodate a preferred language request.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please return the completed form to the Intake Worker below by email (**preferred**) or by mail. If by email, please include **SCA Selection-Intake** in the subject line.

|                      |   |
|----------------------|---|
| Intake Worker Name:  |   |
| Intake Worker Email: |   |
| Mailing Address:     | NJ Division of Developmental Disabilities |