



## Request for Tier Assignment

*This form is for use by individuals and/or their legal guardians to request DDD tier assignment information*

Assessment/Re-Assessment through the Division of Developmental Disabilities' (DDD) New Jersey Comprehensive Assessment Tool (NJ CAT) was completed **at least 30 days ago** by/for the following individual:

**Individual's Name:** \_\_\_\_\_

**Individual's DDD ID Number:** \_\_\_\_\_

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

The Requestor identified below is the legal guardian of the above-named individual and is requesting that DDD securely transmit the individual's fee-for-service tier assignment (based on level of need as assessed through the NJ CAT).

**Requestor's Name:** \_\_\_\_\_

**Requestor's relationship to Individual:** \_\_\_\_\_

**Requestor's Phone Number:** \_\_\_\_\_

**Requestor's Email Address:** \_\_\_\_\_

Submit Online ( <i>preferred method</i> ):	Submit By Mail:
<ol style="list-style-type: none"> <li><b>COMPLETE</b> the attached fillable form and <b>SAVE</b> to your computer files</li> <li>Go to the secure site: <a href="https://secureupload.dhs.state.nj.us/su/">https://secureupload.dhs.state.nj.us/su/</a></li> <li>Enter Contact (Requestor's) Name, Phone Number and Email Address</li> <li>In the DDD SU Unit dropdown menu, <b>please select "Request Tier"</b></li> <li>Browse your computer files and <b>UPLOAD</b> the saved Form</li> <li>Click Submit</li> </ol>	Tier Assignment Request NJ Division of Developmental Disabilities PO Box 726 Trenton, NJ 08625-0726