

**Support Coordination Agency Selection Form**

In order to access services funded by the New Jersey Division of Developmental Disabilities, you will need to have a Support Coordination Agency (SCA). You may select a SCA from the provider database or list provided by the Division, or you can choose to have the Division auto-assign one to you.

A list of approved Support Coordination Agencies can be accessed on the Support Coordination web page of the Division’s website at [www.nj.gov/humanservices/ddd/services/support\\_coordination.html](http://www.nj.gov/humanservices/ddd/services/support_coordination.html). Guides to assist individuals and families in choosing a Support Coordination Agency are available at <http://rwjms.rutgers.edu/boggscenter/projects/infopeopleandfamilies.html>.

**Please complete the bottom portion of this form and submit to the Division of Developmental Disabilities:**

**Preferred Option: Complete and save this document, then email it as an attachment to the SC Help Desk at [DDD.SCHelpdesk@dhs.state.nj.us](mailto:DDD.SCHelpdesk@dhs.state.nj.us)**

-OR-

**Mail the completed form to:**  
New Jersey Division of Developmental Disabilities  
Central Office c/o SCA Selection Forms  
PO Box 726  
Trenton, NJ 08625-0700

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

**Please indicate if any of the following apply:**

I am a graduating student (please note that the Division begins assigning SCAs for graduating students in April)  
Graduation Date: \_\_\_\_\_

I am requesting a SCA reassignment  
Current SCA: \_\_\_\_\_

**Please indicate choice of SCA OR auto-assign option:**

My **first choice** for a Support Coordination Agency is: \_\_\_\_\_  
I prefer a particular Support Coordinator in the above agency – Name: \_\_\_\_\_

My **second choice** for a Support Coordination Agency is: \_\_\_\_\_  
I prefer a particular Support Coordinator in the above agency – Name: \_\_\_\_\_

I do not have a preference for Support Coordination Agency. Please auto-assign me.  (Check here if applicable)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email (for confirmation of receipt of form): \_\_\_\_\_

*\*Please note that Support Coordination Agencies cannot guarantee nor are required to assign your individual Support Coordinator preference.*