**The Arc of New Jersey Family Institute
Problem Report Form**
www.TheArcFamilyInstitute.org

To complete, type directly in the space provided. The boxes will expand as you type. When completed, email the completed form to TheFamilyInstitute@arcnj.org, or fax it to (732) 828-2022.
We will get back to you within 5 business days.

**Date of Report:**

|  |
| --- |
| **Information About the Person with the Intellectual and Developmental Disability (I/DD)** |
| **Name:**      | **Date of Birth:**      | **Current Age:**    |
| **Address:**      | **DDD/DCF ID#:** | **County:**      |
| **Is the person currently registered with** [ ]  Department of Children & Families (DCF)[ ]  Division of Developmental Disabilities (DDD) [ ]  I don’t know  | **Is the person Medicaid eligible?** [ ]  Yes[ ]  No [ ]  I don’t know  |
| **Diagnosis/Diagnoses** [ ]  Autism Spectrum Disorder[ ]  Intellectual Disability [ ]  Other       |
| **Contact Person Information** |
| **Name of Contact Person:**      | **Contact Person’s Telephone:**       |
| **Relationship to the person with I/DD:**      | **Email:**      |
| **Is another agency, organization or attorney helping you with this issue?** [ ]  Yes [ ]  No**If YES, please list organization(s) and contact person.**       |
| **What Are You Having Difficulty With?** |
| **Please check the box that best relates to your issue.**[ ]  Application or Eligibility for DCF or DDD[ ]  Difficulty accessing services[ ]  Transition from school to adult life[ ]  Medicaid/ SSI Eligibility[ ]  Special Education[ ]  Other       |
| **Brief Description of Problem/Issue:**       |
| I give permission for this information to be forwarded by The Arc of New Jersey to the Department of Children and Families (DCF), the Division of Developmental Disabilities (DDD) and/or NJ Division of Medical Assistance and Health Services (NJ Medicaid). \*Typed signature with date indicates electronic verification of the information provided.

|  |  |
| --- | --- |
| **\*Signature:**      | **Date:**      |

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 **Would you like to be added to our email list?**

[ ]  Yes

[ ]  No

[ ]  I already receive the emails.