New Jersey Department of Human Services

Division of Developmental Disabilities

[www.nj.gov/humanservices/ddd](http://www.nj.gov/humanservices/ddd)

**Goods and Services Request Form**

**Name of Individual: DDD ID#: Date of Request:**

**Is the requested item a good or a service?**

[ ] **Good**

**What is the good being requested?**

**What entity is providing the requested good?**

**Cost of requested good:**

[ ] **Service**

**What is the service being requested?**

**What entity is providing the service?**

**Cost of service:** [ ]  **Hourly** [ ]  **Weekly** [ ]  **Monthly** [ ]  **Annually** [ ]  **One-time Fee**

**Is the requested service a class?** [ ]  **Yes** [ ]  **No**

 **If “yes,” please answer the following:**

**What is the title/subject of the class?**

**Where does class take place?**

**Please provide website or additional related information:**

**Does the entity offering the class primarily serve the general public?** [ ]  **Yes** [ ]  **No**

**Indicate one of the following:**

[ ]  **The class is attended by the general public.**

[ ]  **The class is attended solely by people with disabilities. If so, answer the following:**

**Is there a comparable class offered to the general public?** [ ] **Yes** [ ]  **No**

**How many people attend the class?**

**# of hours/days individual will be in the class?**

**# of hours/week this individual will be in the class?**

**Is funding for this item/service available through any other entity?**

**How would this item/service decrease the need for other services, promote community inclusion, and/or increase safety in the home?**

**Will this item/service benefit anyone besides the individual?**

**Is this item/service employment related?**

**Related ISP outcome:**

**Request completed by:**