New Jersey Department of Human Services Fee-For-Service (FFS) Cash Advance Attestation Form

Note: Please type or print all information clearly, preferably in block style.

Al	DIMINISTRATIVE INF	-ORIVIATION	
AGENCY NAME:			
ADMINISTRATIVE ADDRESS:			
CITY:	STATE:	ZIP:	
COUNTY:			
TELEPHONE NUMBER: ext			
FAX NUMBER: ext			
FEDERAL TAX ID #:			
ADMINISTRATIVE CONTACT			
NAME:			
TITLE:			
EMAIL ADDRESS:			
FFS BILLING CONTACT			
NAME:			
TITLE:			
EMAIL ADDRESS:			

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SITE, INITIATIVE, AND SERVICE INFORMATION

Please provide for each eligible contracted site, initiative, and service for which you are requesting cash advance consideration.

Site License #	Initiative	Service			
ATTESTATION					
cash advance, I attest that th	h advance guidelines, upon appre above-listed sites in our agence as such for a minimum of twent nent.	y intend to participate as a FFS			
AGENCY NAME:					
SIGN NAME:					
PRINT NAME:	TITLE:				
DATE:					

DHS, DMHAS | Fee-For-Service (FFS) Cash Advance Attestation Form, Revised June, 2016

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