

New Jersey Department of Human Services
Division of Aging Services

JACC SPECIAL REQUEST

1. Name of Participant	2. Date	3. JACC No.
4. Name of Care Manager		5. Care Manager telephone number
6. Name of care management agency		7. County
8. Item or service being requested	9. Name of provider	
<p>10. Special request justification – The narrative detailing the reasons for this request must address the following areas:</p> <p>A. What are the reasons for making this request? Be specific and thorough. For respite requests, indicate whether it will be in-home or in-facility. For in-home respite, a back-up plan must be included.</p> <p>B. How does the item or service requested meet the particular needs of the participant involved? Include any relevant information about the client’s age, diagnosis, activities of daily living functioning, and informal support systems.</p> <p>C. What is the expected duration of the conditions prompting this request? For respite requests, include the date range and number of days being requested.</p> <p>D. What other alternatives have been explored, and with what result?</p>		
<p>11. Has this participant had any previous JACC special requests approved within this State fiscal year?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes, specify:</p>		<p>12. Cost of this special request: (For respite requests, indicate the per diem rate along with the total.)</p>
<p>13. Will the cost of this special request be maintained/amortized within the participant’s annual service cap?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>14. Current monthly authorized cost</p>	<p>15. Monthly authorized cost, if request granted</p>
Name of Care Manager (CM)	Signature	Date
Name of Care Coordinator (CC)	Signature	Date

Use additional sheets as necessary to attach estimates, literature, and any other supporting documentation.

****Please note that EAA request submissions must include three estimates.****

DoAS approval: _____

Date: _____