



Request for Tier Assignment

This form is for use by individuals and/or their legal guardians to request DDD tier assignment information

Assessment/Re-Assessment through the Division of Developmental Disabilities' (DDD) New Jersey Comprehensive Assessment Tool (NJ CAT) was completed **at least 30 days ago** by/for the following individual:

Individual's Name: _____

Individual's DDD ID Number: _____

Individual's Date of Birth: _____

The Requestor identified below is the legal guardian of the above-named individual and is requesting that DDD securely transmit the individual's fee-for-service tier assignment (based on level of need as assessed through the NJ CAT).

Requestor's Name: _____

Requestor's relationship to Individual: _____

Requestor's Phone Number: _____

Requestor's Email Address: _____

Please allow at least 30 days after completion of the NJ CAT before submitting this request

To submit online (*preferred method*):

1. Go to the secure site: <https://secureupload.dhs.state.nj.us/su/>
2. Enter Contact (Requestor's) Name, Phone Number and Email
3. In the DDD SU Unit dropdown menu, **please select "Request Tier"**
4. Upload the completed Request for Tier Assignment Form
5. Press **Submit**

To submit by regular mail:

Tier Assignment Request
 NJ Division of Developmental Disabilities
 PO Box 726
 Trenton, NJ 08625-0726