

Support Brokerage Authorization Form

Individual's DDD ID Number: _____

Individual's First Name: _____

Individual's Last Name: _____

This form is required if an individual/guardian has hired/will hire either an agency or a self-directed employee to provide DDD-approved Support Brokerage services. Completion and signing of this form grants the fiscal intermediary, Financial Management Services permission to talk with the Support Brokerage agency or self-directed employee identified below to discuss the individual's self-directed services, employees and/or community vendors, as applicable.

If the Support Brokerage provider is **an agency**, please list the name and contact information for the agency (*do not list agency administrator or individual staff*). If the Support Brokerage provider is **a self-directed employee**, please list the name and contact information for the employee.

Support Brokerage Provider: _____

Email Address: _____

Phone Number: _____

Unless noted otherwise, this authorization is in effect from the Support Brokerage service prior authorization (PA) start date through the Support Brokerage service PA end date. (*NOTE: Service PA end date always coincides with plan-year end date.*)

Individual/Guardian Signature: _____ Date: _____

Individual/Guardian Name (please print): _____

Please return the form to AwCcustomerservice@nj.easterseals.com

If you have questions or need assistance, please call AwC Customer Service at **1-800-471-3086**