



Support Coordination Agency (SCA) CHANGE Form

This form is used by individuals/legal guardians when an individual, who is already enrolled in the

DDD Supports Program or Community Care Program, wishes or needs to choose a new SCA.

Choosing a Support Coordination Agency: To find a Support Coordination Agency that serves a person’s county of residence or can accommodate a language other than English, review the [Provider Search Database](#) or the list of approved [Support Coordination Agencies](#) to determine preferred agencies.

Identifying Information

Individual’s Name: Enter text. Date of Birth: Enter text.

County of Residence: Choose an item. DDD ID #: Enter text.

I prefer a Support Coordinator who speaks this language: Enter text.
Name of Current SCA: Enter text.

Knowing the reason for wanting to change SCAs helps the Division provide quality oversight and monitoring. Would you be willing to speak with someone at DDD about this SCA Change request?
Yes No

If yes, provide a telephone number: Enter text. and/or complete the [SCA Change Feedback Form](#).

Support Coordination Agency (SCA) Selection

Select one (1) of the checkboxes below: Preferred Agencies OR Auto Assignment by DDD

Preferred Agencies *Identify a first and second choice. In the event neither choice is available, indicate your preference between remaining assigned to the current SCA or being auto assigned by DDD.*

First Choice Support Coordination Agency: Breaking Barriers Services
Preferred Support Coordinator’s name, if known:* Enter text.

Second Choice Support Coordination Agency: Enter text.
Preferred Support Coordinator’s name, if known:* Enter text.
**Agencies cannot guarantee and are not required to assign a preferred Support Coordinator.*

If First and Second Choice agencies are not available, **select one** of the following **(required)**:

I wish to remain assigned to my current SCA.
 I wish to be auto assigned by DDD to an available agency.

Auto Assignment by DDD *If a language other than English is preferred, ensure it is entered above.*

I do not have an agency preference and would like DDD to auto assign an agency for me.

Signature of Individual or Legal Guardian, if guardianship has been established

Signature:	Date: Enter a date.
Printed Name: Enter text.	Relationship: Enter text.
Email Address: Enter text.	Phone Number: Enter text.

Important Note: DDD completes SCA reassignments at the **beginning of each month.**

Instructions:

1. Submit the completed form to DDD **one (1) time only.** Multiple submissions may cause errors or delays.
2. Submit by email to Ddd.Scachoice@dhs.nj.gov (**Preferred**)
 - A. If unable to submit by email, the completed form may be mailed to:
NJ DDD, Attn: SCA Choice
PO Box 726, Trenton, NJ 08625