



FAMILY COST PARTICIPATION APPLICATION FOR INCOME ADJUSTMENT

Mail to:
Department of Health & Senior Services
Early Intervention System
P.O. Box 364
Trenton, NJ 08625-0364

Name of Applicant

Child's Last Name

Child's First Name

MI

Street Address

Birthdate

Child ID #

City

State Zip Code

Service Coordinators Name

Amount

Description of Enclosed Documentation

EIS Determined Household Income

NJEIS Family Cost Share Documents

Allowable Unreimbursed Extraordinary Expenses

Medical

Insurance Deductible/Co-payments/EI Services

Child Care

Accommodation

Total Allowable Extraordinary Expenses

The information above is accurate to the best of my knowledge

Parent Signature

Date

State Use Only

This application and enclosed documentation were reviewed and:

Approved as Submitted

Not Approved Reason(s) not approved

Approved with changes Changes

If approved, revised EIS Household Income

State Representative Signature

Date

If you disagree with the decision, you may request an administrative review of this decision by writing, within 30 days, to the EIS Financial Officer at the address listed above.