



New Participant Referral Enrollment Form NJ JACC Program

PARTICIPANT INFORMATION			
Participant First Name:		Participant Last Name:	
Address:			
Address 2 (apt, number, etc...):			
City:	State:	ZIP Code:	Phone Number:
JACC ID (12 Digits): _____		Is there a POA: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant Date of Birth: ____/____/____		Participant Social Security Number: ____-____-____	
* Please note if participant has a Power of Attorney, please provide a copy of the document along with the referral form. *			

AUTHORIZED REPRESENTATIVE INFORMATION (Optional)		
First Name:		Last Name:
Physical Address (<u>no</u> P.O. Box):		
Physical Address 2 (apt, number, etc...):		
Physical City:	Physical State:	Physical ZIP Code:
Phone Number:		E-mail Address:
* Authorized Representatives are optional and must be designated by the Participant only. *		

CARE MANAGER INFORMATION	
Care Manger Name:	
Phone Number:	E-mail:
County:	

PEP INFORMATION			
PEP First Name:		PEP Last Name:	
Address:			
Address 2 (apt, number, etc...):			
City:	State:	ZIP Code:	Phone Number:
Date of Birth: ____/____/____		Social Security Number: ____-____-____	
E-mail Address:			

Comments: _____

All sections must be filled out, the only section that does not need to be completed is the Authorized Representative. Forms that are missing Participant, Care Manager, and PEP information **will not be** processed. Feel free to utilize the comments section to add details such as best time to contact or anything that may better assist the Enrollment Specialist in successfully completing outreach and initiating the enrollment process.

Please e-mail all completed referral forms to njplfax@pplfirst.com cs-njjacc@pplfirst.com or fax it to 866-547-2481 once the form is received and processed you will receive a response e-mail with the Case Number for the referral case. If you should have any questions or need any further assistance regarding the referral feel free to call Customer Service at **1-866-239-2778**.

Participants/ARs can expect to receive a Welcome Call within **72 Hours** from when the referral case number is provided to the Case Manager.