

# REQUEST FOR SERVICES FORM: RELATED SERVICES

## INSTRUCTIONS

Please use this form to make requests for related services for your district. The South Bergen Jointure Commission will review your request and provide you with a prompt response as to our ability to fulfill your requests. **Please return the completed form to [relatedservices@njsbjc.org](mailto:relatedservices@njsbjc.org).**

DATE OF REQUEST: \_\_\_\_\_ CASE MANAGER: \_\_\_\_\_

SENDING DISTRICT: \_\_\_\_\_ CASE MANAGER PHONE: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_

LOCATION WHERE SERVICES WILL BE PROVIDED: \_\_\_\_\_

ADDRESS AND CONTACT # OF SERVICE LOCATION: \_\_\_\_\_

### Check Services Requesting:

- Occupational Therapy \_\_\_\_\_ times per week x 30 minutes.
- Physical Therapy \_\_\_\_\_ times per week x 30 minutes.
- Speech Therapy \_\_\_\_\_ times per week x 30 minutes.
- Other Therapy/Services \_\_\_\_\_ times per week x 30 minutes.

(Please specify therapy) \_\_\_\_\_

Requested Start Date: \_\_\_\_\_ (two week lead time usually needed)

IEP: Attach copy of related services page, full therapy report, and goals and objectives

**Please Note: Physical Therapy prescription from a physician is no longer required in NJ.**

\_\_\_\_\_  
Signature of Board Secretary or Designee

\_\_\_\_\_  
Date

.....  
**SBJC OFFICE USE ONLY**

DATE REVIEWED: \_\_\_\_\_

CAN ACCOMMODATE REQUEST:  YES  NO

REQUESTING DISTRICT NOTIFIED OF DECISION ON: \_\_\_\_\_

### NOTES