

Aggregate Charity Racing Days Reporting Form For Reporting Year 2006

CRD # _____

Aggregate services provided to people with developmental disabilities for the reporting period 01-01-2005 through 12-31-2005 for the four disability categories allowed by the CRD legislation. Refer to the CRD manual for information on eligible services and disability categories as well as for calculating levels of service. Help can be obtained by e-mail at dennis.rizzo@njddc.org. This form combines all reporting categories from previous forms.

Complete this form as you have in the past. You may fax the form to 609-292-7114 (Attn.: 2005 CRD) and/or mail the **pink** form to Charity Racing 2006, NJCDD, PO Box 700, Trenton, NJ 08625-0700.

	Mental Retardation	Cerebral Palsy	Epilepsy	Autism		Mental Retardation	Cerebral Palsy	Epilepsy	Autism
Diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Treatment</i>				
Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Occupational Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information & Referral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (Medically-Related)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advocacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Education & Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Residential Arrangements</i>					Sheltered Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-Term	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal Assistance Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residential Camp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rehabilitation Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respite Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Supported Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Recreation Services</i>					Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year-Round	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Day Camp (Summer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

As Director or Operator of the above agency, with authority to report the above information regarding Charity Racing Days eligible services, I hereby certify that the information provided on this form is true and accurate, to the best of my knowledge. I also certify that the above agency or operation has, on record, individual files confirming receipt of above stated services by named and eligible individuals, and will retain such records for not less than five years from the end of the year of service as indicated in this report. I understand that the above CRD member entity is responsible to provide documentation regarding provision of eligible services to eligible persons should this be requested by the Charity Racing Days authority (NJDDC) and agree to submit to an audit of internal documents to support the representation made in this report.

SIGNATURE	Contact Person _____
NAME and TITLE	Agency Address _____
DATE	_____
	Phone _____ E-Mail _____