

# REQUEST FOR CHANGE/DISCHARGE FORM: RELATED SERVICES

## INSTRUCTIONS

Please use this form to make requests for discharge/changes to related services. **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 ARE BEING PROVIDED: \_\_\_\_\_

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

### Check Services Changing:

- |   |  |
|---|--|
| <input type="checkbox"/> Occupational Therapy   | Change from ____ to ____ # of times per week |
| <input type="checkbox"/> Physical Therapy       | Change from ____ to ____ # of times per week |
| <input type="checkbox"/> Speech Therapy         | Change from ____ to ____ # of times per week |
| <input type="checkbox"/> Other Therapy/Services | Change from ____ to ____ # of times per week |

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

### Check Services Discharging:

- Occupational Therapy
- Physical Therapy
- Speech Therapy
- Other Therapy/Services

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

\_\_\_\_\_  
Date

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### SBJC OFFICE USE ONLY

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

CAN ACCOMMODATE REQUEST:  YES  NO

CONFIRMATION PROVIDED TO DISTRICT ON: \_\_\_\_\_