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The NJ FamilyCare Aged, Blind, Disabled Programs

Program Information

The NJ FamilyCare Aged, Blind, Disabled (ABD) Programs are multiple programs for people who need access to health care services in the community, or in long-term care facilities. Information on all the ABD Programs is provided in the [NJ FamilyCare Aged, Blind, Disabled Programs Brochure](#).
[NJ FamilyCare Aged, Blind, Disabled Programs Brochure \(Spanish\)](#).

In determining whether a person is financially eligible for NJ FamilyCare ABD Programs, the applicant's financial eligibility will be considered along with his or her spouse or parents. Use the [ABD Checklist](#) to see what you may need in order to apply.

All of the NJ FamilyCare Aged, Blind, Disabled Programs have just one application called the NJ FamilyCare Aged, Blind, Disabled Program Application. Click below to apply.



Affordable health coverage. Quality care.

[APPLY ONLINE](#)

If you need help filling out the application or have questions, please call 1-800-356-1561.

Additional ways to apply

You can also print the application below, then complete it and mail it in. An in-person interview at the County Welfare Agency is not required to apply. If you prefer to have help applying, [call your local County Welfare Agency](#). They can help you.

The application process may require additional forms to be completed. The supplemental Designated Authorized Representative and Spouse Information forms must be submitted with your application, if applicable to your situation.



Download [Adobe Acrobat Reader](#) in order to correctly view and print PDF files.

See below to print individual components of the ABD Application:

- [NJ FamilyCare Aged, Blind, Disabled Program Application](#)
- [NJ FamilyCare Aged, Blind, Disabled Program Application \(Spanish\)](#)
- [Designated Authorized Representative Form](#) This is a supplemental form if you want to designate an Authorized Representative that will be responsible for the application and the eligibility process.
- [Designated Authorized Representative Form \(Spanish\)](#)
- [Spousal Information Form](#) This supplemental form is completed if a married couple is seeking eligibility through the Aged, Blind, Disabled Programs. It must accompany the Aged, Blind, Disabled Application above.
- [Area Agency on Aging \(AAA\) Form](#) This is an optional form. The AAA offers other services and supports that could benefit the aged or disabled applicant. This form, when completed, gives permission to refer the applicant's information to the local AAA for their follow up. (This form prints best on legal paper).

[Division of Developmental Disabilities](#) has more information about services for the developmentally disabled

Estate Recovery

The Division of Medical Assistance and Health Services (DMAHS) has the authority to file a claim and lien against the estate of a deceased Medicaid beneficiary, or former beneficiary, to recover all Medicaid payments **for services received on or after age 55. Your estate may be required to pay back DMAHS for those benefits.**

The amount that DMAHS may recover includes, but is not limited to, all capitation payments to any managed care organization, transportation broker, PACE provider, or any other capitated provider, regardless of whether any services were received from an individual or entity that would have been reimbursed by the managed care organization, transportation broker, PACE provider, or other provider that is paid by capitation payments.

DMAHS may recover these amounts when there is no surviving spouse, no surviving child(ren) under the age of 21, no surviving child(ren) of any age who are blind, and no surviving child(ren) of any age who are permanently and totally disabled, as determined by the Social Security Administration.



For more information see:
[Estate Recovery Notice \(English\)](#)
[Estate Recovery Notice \(Spanish\)](#)
[Estate Recovery Frequently Asked Questions \(English\)](#)
[Estate Recovery Frequently Asked Questions \(Spanish\)](#)

Voter Registration

If you want to register to vote, complete a voter registration form below:
[Voter Opportunity Information Form \(English\)](#)
[Voter Registration Application \(English\)](#)
[Voter Opportunity Information Form \(Spanish\)](#)
[Voter Registration Application \(Spanish\)](#)


Privacy Information

If you want information on privacy (HIPAA) see the following links:
[Notice of Privacy Practices \(English\)](#)
[Notice of Privacy Practices \(Spanish\)](#)

Non-Discrimination Statement

To view the Non-Discrimination Statement in [English](#)
To view the Non-Discrimination Statement in [Spanish](#)
To view the Non-Discrimination Statement in [Arabic](#)
To view the Non-Discrimination Statement in [Bengali](#)
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