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CRIPPLED CHILDREN PROGRAM Procedures Manual

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NEW JERSEY STATE DEPARTMENT OF HEALTH.

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THE NEW JERSEY CRIPPLED CHILDREN'S COMMISSION

The New Jersey Crippled Children Program has been in existence since 1926 when the Crippled Children's Commission came into being as a temporary body. The Commission became a permanent body as a result of legislation passed in 1931.

In 1949, the service functions previously conducted by the Commission were transferred to the New Jersey State Department of Health. The Commission now serves as an advisory and consulting group maintaining liaison with voluntary, private, philanthropic, and public agencies throughout the State.

The Commission consists of ten members as follows:

Commissioners	Representing
Chairman Arthur Scheffler	Lions
Vice-Chairman William Jernick, Sr.	Elks
Secretary Henry Nussbaum	Kiwanis
Frederick G. Dilger, M.D.	Medical Society of New Jersey
Frank S. Farley	New Jersey Senate
Charles M. Grosman	Shrine
Watson E. Neiman, M.D.	New Jersey State Department of Health
Irving Ostrow	Public-at-Large
Louis A. Reilly	Rotary
Vacant	New Jersey Assembly

The State Department of Health provides secretarial services to the Commission.

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ASSISTANCE AFFORDED HANDICAPPED CHILDREN

The Crippled Children Program:

1. Stimulates case finding and assists in restorative services for handicapped children until they are twenty-one years of age.

2. Promotes and assists in the development and use of community resources.

Cooperates with communities in the provision of hospitalization, convalescent care, braces and appliances, prosthetic devices, nursing and other restorative services for handicapped children. Cooperates with other State Departments, such as the Department of Institutions and Agencies, and the Department of Education in the handling of mentally retarded. These services are available upon the recommendation of Panel physicians and are provided by the administration and disbursement of Federal, State and County funds, plus those funds provided by parents and fraternal organization.

3. Maintains a case register containing a list of reported cases of all children under the age of twenty-one years having types of crippling conditions defined by the United States Children's Bureau and approved by the Crippled Children Program.

4. Maintains panels of physicians and dentists who are specialists qualified in orthopedics, plastic surgery, neuro-surgery, cardiology, physiatrics, otolaryngology, cerebral palsy, dentistry, and others who contribute their services for crippled children receiving Program assistance in approved hospitals and clinics.

5. Participates in state-wide diagnostic screening and/or evaluation services for amputee, asthma, cardiac defects, cleft palate, cystic fibrosis, hearing and speech defects, and orthodontic needs.

6. Nursing service for handicapped children is provided by local community nursing agencies. Contracts for community nursing services are provided to community nursing agencies meeting the State Department of Health Standards. Consultation services to community nursing agencies are rendered by a Public Health Nurse Consultant in the Crippled Children Program.

7. Refers appropriate cases at age sixteen to the New Jersey Rehabilitation Commission for pre-vocational counselling.

**DEFINITION OF A "CRIPPLED CHILD" AND
GENERAL TYPES OF HANDICAPPING CONDITIONS
ACCEPTABLE FOR SERVICES**

Definition:

A crippled child is an individual under the age of 21 who has an organic disease, defect, or condition which may hinder the achievement of normal growth and development.

General types of handicapping conditions approved and acceptable for care in the Crippled Children Program:

Tuberculosis of bones and joints	Congenital malformation of the great vessels
Acute poliomyelitis, including late effects	Cleft palate (including submucosal) only
Late effects of acute infectious encephalitis	Cleft lip only
Malignant neoplasms of central nervous system	Both Cleft palate (including submucosal) and Cleft lip
Hemangioma and lymphangioma	Intestinal obstruction without mention of hernia
Asthma	Cystic Fibrosis
Rickets, active and late	Rheumatoid arthritis and allied conditions
Vascular lesion affecting central nervous system	Osteomyelitis and periostitis
Cerebral Palsy	Legg (Calve) Perthes (Disease)
Conductive hearing impairment	Slipped femoral epiphysis, non-traumatic
Sensory-neural hearing impairment	Craniostenosis
Rheumatic fever, acute	Congenital hypertrophic pyloric stenosis
Hernia of abdominal cavity	Imperforate anus
Progressive muscular dystrophy	Congenital deformity of intestine (any part)
Curvature of the spine	Congenital absence of atresia of bile duct (any)
Flat foot	Congenital dislocation of hip
Hallux valgus and varus	Chondrodystrophy
Metatarsus varus	Genu valgum & genu varum
Clubfoot	
Tibial Torsion	
Congenital malformation of the heart	

Spina bifida & meningocele
Congenital Hydrocephalus
Congenital malformation of the ear
Fracture of bone (any) due to birth injury
Torticollis, congenital
Fracture and fracture dislocation of vertebral column with spinal cord lesion (includes plegias)
Traumatic amputation of limbs or extremities

Osteogenesis imperfecta
Congenital limb deficiencies:
Absence of bone or bones in one or more limbs
Webbed fingers and toes
Burns
Intracranial and spinal injury at birth
Tracheo-esophageal fistula
Epispadias and hypospadias
Malignant neoplasms of bone

The above listed conditions are meant to be used as examples only and are not all inclusive. Other conditions may be acceptable to the Program. In case of doubt, inquiry should be made to the Program to determine whether or not the condition under consideration is eligible.

REGISTRATION FORM CH-O
(Exhibit No. 1)

REGISTRATION OF CHILDREN WITH THE PROGRAM

For participation on behalf of the Crippled Children Program, a handicapped child must first be registered on Form CH-O, and approved as eligible for service. Form CH-O may originate from hospitals, community nursing agencies, clinics, convalescent centers, private physicians, the Program office, and others.

Laws pertaining to the reporting of Crippled Children:

Law regarding Birth Reporting. Title 9:13-5 of the Revised Statutes.

Birth of Crippled Child Must be Reported.

“Within thirty days after the birth in this state of a child born with visible congenital deformities, the physician, midwife, or person acting as midwife, in attendance upon such birth, shall file with the commission a statement setting forth such deformity. The statement shall be solely for the use of the Commission in the performance of its duties and shall not be open to public inspection nor considered a public record.

“The information in any such statement may be used by the Commission for the care and treatment of Crippled Children pursuant to and for carrying into effect the provisions of this article.

“Any person violating this section shall be subject to a penalty of fifty dollars to be recovered in an action at law at the suit of the State Department of Health.”

Law regarding the reporting of Cerebral Palsy

The law by Title 26:5A-1 of the Revised Statutes requires that:

“Every physician shall report each case of cerebral palsy now under his care, if his patient is under eighteen years of age, and all new cases of cerebral palsy, regardless of the age of the patient. The said reports shall be made to the local board of health having jurisdiction over the territory within which the patients reside or are being treated.

“The State Department of Health shall prescribe and furnish the forms on which the reports shall be made, and shall make and promulgate regulations pertaining thereto.”

a. When the form is used for the above laws, it is to be completed and forwarded in duplicate to the Program Office in Trenton.

In the reporting of other handicapping conditions, hospitals, clinics, private physicians, and nursing agencies completing this form will forward it in duplicate to the Program Office.

CH-O Forms received in the Program Office are reviewed and if the case is found eligible for registration, a registration number, diagnostic code number, municipality code number, and visiting nursing agency code number is assigned. One copy is retained in the Program Office and one copy is sent to Data Processing Office. When this copy is returned to the Program Office, it is sent to the State Health District Office for forwarding to the respective nursing agency.

Form CC-L1 (Exhibit #3) visible congenital defects follow-up form letter is sent to the attending physician, apprising him of the activities of the Crippled Children Program, and the services available.

Card CC-L8 (Exhibit #4) is used to advise of eligibility or ineligibility of registration. It is sent from the Program Office, direct to the originating source. In the submission of CH-O Forms, it is impossible under Program policy to register cases carrying "possible" diagnoses. CH-O Forms submitted with "possible" diagnoses should be returned to the originating source for a specific diagnoses.

It is recommended that community nursing agencies keep Forms CH-O on file. Statistically, they will give an insight as to the incidence and prevalence of handicapping conditions in the area. They may also be used for the purposes of program planning and development of priorities for nursing service.

REGISTRATION CORRECTION FORM CH-10
(Exhibit No. 5)

Registration correction Form CH-10 is completed when there is a change in registration information or status of the case. Form CH-10 is completed for the following corrections in registration:

Change of name

Change of address (includes institutionalization)

Changed Diagnosis or Birthdate

Change of sex or race resulting from improper registration

Additional Diagnosis

*Suspension from active nursing care

Ineligible diagnosis

Deceased

Registered in error

Cured

Moved out-of-state

Maximum Recovery

*Suspension from active nursing care — case remains on Crippled Children Program Register even though agency discharges it from nursing service, unless case is discharged as maximum recovery, cured or deceased.

Community nursing agencies originating Form CH-10 send two completed copies directly to the Program Office. The following procedures are followed by the agency:

a. Handicapped children under agency follow-up who become institutionalized, suspended from active nursing care, moved or cannot locate, should have a nursing summary Form CH-5 (Exhibit #7) completed to accompany Form CH-10.

b. Form CH-10 is also completed in the event that a patient has died, is cured, or reaches maximum recovery. However, it is not necessary that the nursing summary Form CH-5 be completed. The Program cannot accept "Cured" or "Maximum Recovery" as a reason for

removing a case from the register without the authorization from the attending physician, hospital or clinic.

Form CH-10 may also originate in the Crippled Children Program Office and the District State Health Office. When the Form CH-10 originates in the Program Office it is made in triplicate. One copy is sent to Data Processing Program for IBM punching; one copy is placed on the case record and one copy is forwarded to the State Health District Office for forwarding to the nursing agency.

If Form CH-10 originates in the State Health District Office, three copies are prepared. One copy is sent to the nursing agency involved and two copies are forwarded to the Program Office.

HOSPITALIZATION, CONVALESCENT CARE, BRACES, PROSTHETIC DEVICES AND APPLIANCES

Hospitalization, convalescent care, braces, prosthetic devices, appliances and nursing care are made available only to those who are eligible for such services in accordance with the standards and policies of the Crippled Children Program.

For participation by the Crippled Children Program, a case must first be registered on Form CH-0 (Exhibit #1) and approved as eligible for services. The hospital, convalescent center, clinic or physician requesting services should determine that the child is registered with the Program.

It is the responsibility of each hospital, convalescent center, clinic or physician requesting services for persons eligible under the Program to complete the necessary Physician's Examination Form CH-1 (Exhibit #8) and the Socio-Economic Petition Form CH-9 (Exhibit #10) in triplicate and forward same to the Crippled Children Program Office, New Jersey State Department of Health, P.O. Box 1540, Trenton, New Jersey 08625. Requests for braces, prosthetic devices, and appliances must be accompanied by an estimate from the vendor who is to supply the equipment. A separate CH-1 form should be submitted for each request.

All requests for hospitalization and convalescent care on Forms CH-1 and CH-9 should be submitted to the Program Office and authorization received by the vendor before patient is admitted to the hospital or convalescent center. In cases of emergency when forms cannot be submitted in advance, the request for services Forms CH-1 and CH-9 must be in the Program Office not later than fifteen days after admission of the patient to the institution. In cases of emergency, it is advisable that the institution telephone the Program Office to make sure the patient is registered. If the child is not registered, a temporary registration form will be made up by the Crippled Children Program Office on the basis of the information supplied over the telephone. The telephone call does not relieve the institution of the necessity to get the required forms in to the Program Office within the fifteen day period specified above. Approval for hospitalization, convalescent care, or any other service will not be given over the telephone. The Program will not pay for services rendered more than fifteen days prior to the receipt of the appropriate forms in the Program Office. Requests for braces, prosthetic devices and appliances, together with an estimate of the cost of the estimated item(s), should be submitted to the Program Office and authorization received by the vendor before the requested item(s) is supplied to the patient. It is the responsibility of the vendor to see that Form CC-13 (Exhibit #16) is completed and returned to the Program Office; no payments can be made without a properly completed Form CC-13.

The patient must be admitted to the hospital or convalescent center within thirty days of the date of the authorization shown on CH-4 (Exhibit #11) or the authorization may be cancelled at the option of the Program.

The Program will authorize a maximum of sixty-two days for hospitalization or convalescent care when the Forms CH-1 and CH-9 are submitted to the Program Office. If it is known that, for example, fourteen or twenty days are needed for such a case, the specific number of days may be requested. If it is anticipated that the patient will not be discharged within the period originally authorized, a request for extension of care Form CH-2 (Exhibit #9) should be completed and forwarded to the Program Office prior to the expiration of the current authorization. In the event

that the request cannot be forwarded to the Program Office prior to termination of the current authorization, the request for extension must be received in the office not later than fifteen days after expiration of the current authorization. If the request for extension of care is not properly signed or is incomplete, it will be returned to the sender for correction or completion. The Program will then only pay for services rendered during the fifteen day period immediately prior to receipt of the corrected form in the Program Office. Incomplete and incorrect forms requesting extension of care may place a heavy financial penalty on the institution submitting such incomplete and incorrect forms. Convalescent care services will not be approved beyond a two year period without complete extensive detailed justification.

Upon the discharge of a patient from a hospital or convalescent center when the Crippled Children Program is participating, a discharge form CH-3 (Exhibit #13) is completed in triplicate and, with the hospital bill and an itemized statement of services, is forwarded to the Program Office. These must be received in the Program Office within thirty days after the date of discharge. One copy of the completed Form CH-3 is forwarded to the Board of Chosen Freeholders, one copy is retained in the case record, and one copy is forwarded to the Program bookkeeping department.

If the total number of authorized hospital and convalescent care days are not completely used, the Program Office prepares a cancellation order Form CH-12 (Exhibit #12); the original is sent to the vendor, one copy is forwarded to the Board of Chosen Freeholders, and one copy is sent to Budget and Accounts. A similar cancellation order may also be used for appliances and drugs.

Upon receipt of request for services, the Program prepares a request for participation, Form CH-L6 (Exhibit #14), and forwards it to the Board of Chosen Freeholders of the county or counties in which the patient resided during the past five years, with copies of appropriate forms for consideration. Upon receipt of approval of the request by the Board of Chosen Freeholders, an authorization order Form CH-4 (Exhibit #11) is completed in the Program Office and copies are distributed as follows: green copy to the appliance vendor or hospital or convalescent center accounting department; yellow copy to the appropriate social service department; pink copy to participating organizations such as the Cerebral Palsy Clinic, The National Foundation, Cystic Fibrosis Association; blue copy to the Freeholders, orange copy on the Program Office case record; and the white copy to the Program bookkeeping department. An additional copy is sent to Budget and Accounts in lieu of a Departmental Order Form.

The Program Office will prepare the appliance approval Form CC-13 (Exhibit #16). This is attached to the authorization order Form CH-4 (Exhibit #11) for the appliance, when it is sent to the vendor. It is necessary that Panel physicians approve the fitting and functioning of the appliance. The vendor is responsible for adjustments or corrections pending physician's final approval for payment. The vendor will return the approved copy of Form CC-13 with his bill to the Program Office. The Program will accept estimates from any vendor acceptable to the Panel physician who prescribes the appliance.

Request and authorization for drugs Form CH-6 (Exhibit #17) is to be completed and forwarded in triplicate to the Program Office. The request must be received in the Program Office within fifteen days after the drugs are issued to the patient. In the event that the forms are not in the Program Office within the prescribed period of time, the Program will not pay for the drugs.

For the Crippled Children Program to participate with hospitals and convalescent centers for services, the Program must have in its files, a current hospital statement of reimburseable cost on forms prescribed by Children's Bureau.

Rates of remuneration to hospitals and convalescent centers will be "reasonable costs" as determined by the Secretary, United States Department of Health, Education, and Welfare.

Professional personnel, hospitals, convalescent centers, and other individuals, agencies or groups providing any services authorized by the Program, agree not to make any charge to, or accept any payment from, the patient, his family or any interested group for such services unless the amount of such payment is determined and declared on the Form CH-9, or otherwise made known to the Program. The contributions must be deducted from the current reimbursable per diem rate being paid by the Crippled Children Program.

If a family carries hospital insurance applicable to the specific child, the reimbursable per diem rate of the insurance carrier must be shown on the CH-9 Form. The amount reimbursed by the insurance underwriter will be deducted from the current Crippled Children Program per diem rate. If the insurance reimbursable per diem rate is greater than the current Crippled Children Program rate, the Crippled Children Program will not participate.

Hospitals and convalescent centers will be reimbursed for the day of admission, but not for the day of discharge. No reimbursement will be made for patients discharged on the day of admission. If a child dies on the day of admission, the hospital will be reimbursed for that day.

Should a Board of Freeholders refuse to share in the underwriting cost upon request, for whatever reason, (lack of funds, socio-economic status of parents, etc.) the Program cannot participate.

**CRIPPLED CHILDREN PROGRAM
PANELS OF PHYSICIANS**

CARDIOLOGISTS

NAME	LOCATION	HOSPITAL AFFILIATION
Antonius, Nicholas A.	East Orange	St. Mary's, All Soul's, Morristown Hosp., Center at Orange, Babies
Bailey, Charles P.	New York	St. Barnabas, St. Michael
Becker, Marvin C.	Milburn	Beth Israel, St. Barnabas
Bernstein, Arthur	Maplewood	Babies Hospital
Breme, J. Charles	Cherry Hill	Hahnemann
Cannon, Marilyn L.	Monmouth	Jersey Shore Medical Center-Fitkin Hosp.
Chamberlain, J. Maxwell	New York	Roosevelt
Cheskin, Louis J.	Newark	Beth Israel, Passaic General
Danzig, Leonard J.	Red Bank	Monmouth Medical Center
Davila, Julio C.	Philadelphia, Pa.	St. Christopher's Hospital
Demarest, Gerald B.	Westfield	Overlook Hospital
Denson, Lawrence J.	Hackensack	Hackensack Hospital
Donnelly, John H.	Newark	St. Barnabas, St. James, St. Michael
Downing, Daniel	Philadelphia, Pa.	Hahnemann, Passaic General, St. Vincent's West Jersey
Drezner, Henry L.	Trenton	Helene Fuld Hospital
Fisher, Hyman W.	Livingston	St. Barnabas
Garfunkel, Joseph	Philadelphia, Pa.	St. Christopher's, Children's Hospital
Gerard, Franklyn P.	Newark	St. James, Hospital Center at Orange, Presbyterian Hospital, Clara Maass
Gilbert, Lawrence	Newark	Beth Israel, St. Elizabeth
Green, Henry	Irvington	St. Michael, Beth Israel
Hellems, Harper K.	Jersey City	Pollak Hospital
Kaplan, Harry A.	Trenton	St. Francis
Katcher, Avrum	Flemington	Hunterdon Medical Center
Kaufman, Jerome F.	Maplewood	Riverview, Beth Israel, St. Barnabas, Monmouth Medical Center
Keith, Theodore, R.	Passaic	Passaic General Hospital
Levinson, Gilbert E.	Jersey City	Martland
Nickman, Emanuel H.	Atlantic City	Atlantic City Hospital
Phelphs, James E.	Paterson	St. Joseph's
Poulos, Peter P.	Maplewood	Babies, Presbyterian, St. Barnabas, St. Michael
Prystowsky, Milton	Nutley	Babies, St. Barnabas, Presbyterian
Regan, Timothy J.	Jersey City	Martland
Reitman, Norman	New Brunswick	St. Peter's
Rosenberg, Alvin A.	Morristown	Morristown Memorial,
Ruggiere, Pasquale A.	Vineland	Newcomb
Sabety, Adrian M.	East Orange	Mountainside, St. James, St. Barnabas, Morristown Memorial, Rahway
Sarewitz, Albert K.	South Orange	Mountainside
Silverman, Benjamin K.	Princeton	Princeton
Stockfisch, John F.	Long Branch	Monmouth Medical Center

NAME	LOCATION	HOSPITAL AFFILIATION
Timmes, Joseph	Jersey City	Presbyterian
Warwick, Ralph	Camden	West Jersey Hospital
Weisse, Allen B.	Jersey City	Martland
Wells, C. Robert E.	Philadelphia, Pa.	St. Christopher's, Children's Hospital
Winslow, John	Maplewood	St. Barnabas
Wood, John A.	Tenafly	Englewood
Zucker, I. Richard	South Orange	Beth Israel, St. Barnabas

CEREBRAL PALSY PHYSICIANS

Bartram, John B.	Philadelphia, Pa.	St. Christopher's Hospital
Berstein, Bertram M.	Trenton	Hunterdon Medical Center, Donnolly Memorial Hospital
Chance, Burton Jr.	Philadelphia, Pa.	Matheny, Children's Seashore House
Deaver, George G.	New York	University Hospital, Institute for Physical Medicine & Rehabilitation
Haines, Keith E.	Camden	Cooper Hospital
Harris, Leonard	Springfield	Newark Beth Israel, Overlook Hospital
Keats, Sidney	Newark	Hosp. for Crippled Children
Kujda, Dominic A.	Pompton Plains	Hospital Center at Orange
		Alexander Linn, Chilton, St. Clare's, Paterson General, Newton, Barnert Mem.
		Jersey Shore Med. Center-Fitkin Hosp., St. Francis
LaPilusa, Salvatore J.	Bayonne	Paul Kimball, Monmouth Medical Center
Lehmann, Otto	Long Branch	Kessler, Morristown Memorial, Warren
Maxwell, Carl A.	Phillisburg	Orange General, Newark Beth Israel,
Nadel, Charles I.	Irvington	East Orange General Hospital
Phelps, Winthrop M.	Baltimore	Hospital for Crippled Children
Schraeder, Gene N.	Pleasantville	Atlantic City Hospital, Mercy Hospital
Wender, Harold N.	Bound Brook	Somerset Hospital

INTERNAL MEDICINE

Levinson, Gilbert E.	Jersey City	Martland
Regan, Timothy J.	Jersey City	Martland
Weisse, Allen B.	Jersey City	Martland

ORTHOPEDISTS

NAME	LOCATION	HOSPITAL AFFILIATION
Alicandri, Frank	Teaneck	Holy Name Hospital
Bash, Myron	Trenton	Mercer Hospital
Belliveau, Donald G.	Somerville	Somerset Hospital
Bergen, Marshall	Jersey City	J.C. Medical Center, Christ Hospital
Bloom, Herbert	New Brunswick	St. Peter's Hospital, Middlesex General Hospital
Bora, Frank Wm., Jr.	Philadelphia	Children's, Children's Seashore House
Brady, James L.	Westfield	Children's Hospital
Briggs, Henry	East Orange	E. Orange General Hospital
Bromley, John W.	Paterson	N.Y.C. Hospital
Brown, Stanley	Cherry Hill	West Jersey Hospital
Bundens, Warner D., Jr.	Woodbury	Underwood Memorial Hospital
Carbonara, Peter N.	Englewood	Bergen Pines Hospital
Carlander, Oswald R.	Woodbury	Underwood Memorial Hospital
Carlson, Dean L.	Westfield	Children's Hospital
Cavallaro, William V.	Summit	Overlook Hospital
Chirls, Marvin	East Orange	Beth Israel, Babies Hosp, West Hudson.
Chung, Stanley M.K.	Philadelphia	Hospital of University of Pa., Children's Hospital, Philadelphia
Ciccone, Roy R.	Passaic	Passaic General Hospital
Cohen, Philip	Paterson	St. Joseph's Hospital
Collier, James F.	Haddonfield	Our Lady of Lourdes
Cook, Jerome	Westfield	Children's Hospital, Overlook Hospital
Cordasco, Peter	Belleville	Dover General, Clara Maass, St. Michael's
Corn, David	Flemington	Hunterdon Medical Center
Cotler, Jerome M.	Bridgeton	Community Mem. Hospital, Elmer Comm. Hosp.
Cunneff, Raymond L., Jr.	Red Bank	Riverview
Dangelmajer, Rudolph C.	Summit	New York Hospital
Davis, E. Vernon	Mt. Holly	Burlington County Hospital, Zurbrugg Hosp.
Deitz, Joseph R.	Trenton	Mercer Hospital
D'Elia, William J.	Neptune	Jersey Shore Medical Center-Fitkin Hosp.
deJong, John H.	Newton	Alexander Linn, Newton Memorial Hospital
DeMeo, Daniel R.	Atlantic City	Atlantic City, Shore Memorial
Delvin, Arthur D.	Newark	Babies, Presbyterian, St. James, St. Mary
Dilger, Frederick G.	Hackensack	Bergen Pines, St. Mary's
Doherty, John H.	New York	Hospital for Special Surgery
Dulligan, Peter J.	Teaneck	Holy Name Hospital
Eck, Daniel B.	East Orange	Hospital Center at Orange, Overlook Hosp.
Eckbold, Norman H.	Cherry Hill	West Jersey Hospital
Ein, Harry N.	Irvington	Newark Beth Israel, E. Orange Gen. Hosp.
Ein, William B.	Newark	Beth Israel Hospital
Ernest, Richard B.	Trenton	Mercer Hospital
Falk, Gerold D.	Hackensack	Hackensack Hospital
Feigenbaum, Jerrold M.	Maplewood	Rahway Hosp., St. Barnabas Med. Center
Finegan, Paul J.	Trenton	St. Francis Hospital
Firtel, Saul I.	Irvington	St. Barnbas, E. Orange, Babies
Flanagan, John J.	Spring Lake	St. Michael, Presbyterian, Babies, St. Mary's, Jersey Shore Med. Center-Fitkin Hosp.

NAME	LOCATION	HOSPITAL AFFILIATION
Flicker, Paul L.	Somerville	Hospital for Special Surgery
Frank, Herman I.	Bayonne	Bayonne Hospital
Gates, Hynes B.	Wilmington	Salem County Memorial Hospital
Glass, George A.	Somerville	Lyons, Somerset, Carrier Clinic
Glenn, George P. Jr.	Vineland	Millville, Kessler Mem., Newcomb
Goeringer, C. Frederick	Philadelphia	Bridgeton, Univ. of Penna.
Goldenberg, Raphael R.	Paterson	St. Joseph's, N.Y.C. Hospital
Goodkin, Lewis	Wayne	Chilton Memorial, St. Joseph's
Hansen, Harold T.	South Orange	All Souls Hospital
Harris, Leonard	Springfield	Newark Beth Israel, Hospital for Crippled Children, Overlook, St. Barnabas
Harryman, William K.	Hackensack	Bergen Pines
Hewson, George F.	Short Hills	St. Barnabas, Overlook, Presbyterian, St. Mary's
Holman, Robert V.	Pompton Plains	St. Joseph's, Chilton Memorial
Holtzman, Donald J.	Elizabeth	Elizabeth General Hospital
Hoover, John C.	Hackensack	Bergen Pines, Hackensack Hospital
Hudacek, Andrew	Morristown	Morristown Mem., Warren, All Souls Hosp.
Hyman, Michael J.	Montclair	
Irani, Roshen N.	Philadelphia	Children's Hospital
Johnson, Rolf E.	Easton	Easton General
Jordan, Henry H.	New York	Lenox Hill Hospital
Jordan, Luke W.	Camden	Our Lady of Lourdes Hospital
Katz, Jacob F.	New York	Blythedale Conv. Hospital
Katsman, Merle H.	Tenafly	Bergen Pines, Englewood Hospital
Keats, Sidney	Newark	Hospital Center at Orange
Kessler, Henry	Newark	Hospital Center at Orange
Kim, Ki Ho	West Orange	Kessler, Newark Beth Israel, Babies, Presbyterian, Hospital for Crippled Children, East Orange General
Knocke, Frederick J.	Flemington	Hunterdon Medical Center
Kosarek, Chester R.	Pompton Plains	St. Clare's, Riverside, Franklin
Kremer, Leonard	Paterson	Barnert Mem., Beth Israel
Kruger, William	Newark	Beth Israel
Kuhn, William G., Jr.	New Brunswick	Sou. Amboy Mem., Roosevelt, Princeton, Middlesex, St. Peter's, J.F.K. Mem.
Kummel, Bertram M.	Morristown	Morristown Memorial Hospital
Lammott, Theodore R. R. III	Philadelphia	Children's, Lankenau
LaPilusa, Salvatore J.	Bayonne	Jersey City Med. Center, St. Francis, Bayonne Hospital
Lehmann, Otto	Long Branch	Paul Kimball, Marlboro, Monmouth Med. Cnt.
Lepree, Joseph A.	Elizabeth	St. Elizabeth Hospital
Levine, David	New York	Hospital for Special Surgery
Lohman, Herman	Maplewood	Newark Beth Israel, St. James, Hospital for Crippled Children, St. Barnabas
Lorello, Robert J.	Newark	East Orange General, Hospital for Crippled Children
Marcone, Ralph C.	New York	Memorial Hospital
Maxwell, Carl A.	Phillipsburg	Kessler Mem., Morristown Mem., Warren, Easton, Muhlenberg
McDonough, James M.	Morristown	All Souls Hospital
Merliss, Harry	Hackensack	Hackensack Hospital

NAME	LOCATION	HOSPITAL AFFILIATION
Michele, Arthur A.	Montclair	St. Vincents, St. Mary's, Chilton Mem., St. John's
Mittnacht, Arthur E.	Princeton	Princeton Hospital
Moore, John Royal	Philadelphia	Hospital for Crippled Children, Temple University Hospital
Naame, John M.	Atlantic City	Atlantic City Hosp., Shore Mem. Hosp.
Nadel, Charles I.	Irvington	Orange General, East Orange, Newark Beth Israel
Neville, Robert J.	Hackensack	Hackensack Hospital
Nicholson, Jesse T.	Philadelphia	Children's Hospital, Lankenau, Children's Seashore House
Nicola, Touflick	Montclair	Community Hosp., Mountainside, St. Vincent
Novich, Max M.	Newark	Newark City
O'Regan, Daniel J.	Jersey City	St. Francis, Jersey City Med. Center
Otis, Edwin J.	Long Branch	Paul Kimball, Riverview, Monmouth Med. Center
Peck, Roy I.	Philadelphia	Univ. of Penna. Hosp., Children's Seashore House
Persico, Anthony J.	Teaneck	Holy Name, Pascack
Peterson, Walter Robert	Trenton	Mercer Hospital
Pollen, William	Perth Amboy	N. Brunswick, S. Amboy Mem., S. Amboy
Pregnall, James P.	Asbury Park	Jersey Shore Med. Center-Fitkin Hosp., Monmouth Med. Center
Preston, Robert L.	New York	N.Y.U. Hosp., Bell Hospital
Quals, Donald M.	Philadelphia	Children's Hosp., Univ. of Penna. Hosp., Lankenau Hospital
Ralston, Edgar L.	Philadelphia	Children's Seashore House, Univ. of Penna. Hosp.
Reading, Henry E.	Paterson	Valley Hospital
Rechtman, Abraham M.	Philadelphia	Atlantic City Hosp., Betty Bacharach
Reilly, John J.	Elizabeth	Elizabeth General Hospital
Reilly, Raymond P.	North Bergen	Secaucus, N. Hudson, St. Mary's, Jersey City Med. Center, Pollak, St. Francis
Resnick, Edward J.	Atlantic City	Hospital for Crippled Children, Albert Einstein Med.
Rineberg, Bernard	New Brunswick	Middlesex Rehabilitation Hospital
Robbins, Morris A.	Burlington	Kessler Mem., Burlington Co. Hosp., Zurbrugg
Rohner, Ralph G.	East Orange	St. James, St. Michael's Med. Center N.Y.C. Hosp., Presbyterian,
Rosenberg, Marvin P.	Passaic	Beth Israel, Newark
Rosenthal, Herbert S.	Paterson	Beth Israel, St. Joseph's
Rovere, George D.	Passaic	St. Mary's, Orange
Roy, John C.	Morristown	Morristown Memorial Hospital
Ruoff, Andrew C.	Pompton Plains	
Santoro, Anthony J.	Paterson	St. Joseph's
Sbarbaro, John L., Jr.	Philadelphia	Univ. of Penna. Hospital
Schubert, Roy R.	Paterson	Paterson General Hospital
Schwartz, Albert A.	Perth Amboy	Roosevelt Hospital, Perth Amboy General, J.F.K. Hospital
Schwartzberg, Frederick	New York	Barnert Mem., Betty Bacharach

NAME	LOCATION	HOSPITAL AFFILIATION
Scudese, Vincent A.	Newark	Hospital for Crippled Children Jersey City Medical Center, St. Michael's
Seltzer, Jacob	Lakewood	Paul Kimball, Lakewood, Point Pleasant, Community Memorial Hospital
Sherk, Henry H.	Camden	Children's Hospital
Shultz, Ward M.	Westfield	Overlook Hosp., Children's Spec. Hosp.
Simonson, Herbert M.	East Orange	St. Michael, St. James, St. Barnabas
Skilbred, L. Arne	Montclair	Community Mem. Hosp., Mountainside, St. Vincent's; Columbia Presby., N.Y.
Smith, Irwin S.	Willingboro	Rancocas Valley Hospital
Smith, Jarvis M.	Trenton	N.J. Orth. Hosp., Morristown Memorial
Stich, Ernest	Red Bank	Riverview
Strassburger, Paul	Summit	Presbyterian, St. Barnabas, Overlook
Sweeny, Ralph E.	Elizabeth	St. Elizabeth Hospital
Taranto, Michael	Elizabeth	Elizabeth General
Thompson, T. Campbell	New York	N.Y. Hosp., Hospital for Spec. Surgery
Thurm, Arthur S.	Trenton	St. Francis
Tzimas, Nicholas A.	New York	Columbus Hospital
Warter, John P.	Elizabeth	Overlook, Children's, Mountainside
Washington, Eleby	Newark	St. James
Wichman, Heins	Dover	All Souls, Riverside, St. Clare's, Warren
Wiesenfeld, Benjamin	Perth Amboy	Orange Rehab., Perth Amboy General
Willner, Albert	North Arlington	Babies, Presbyterian, St. Barnabas, Eye and Ear Infirmary, West Hudson
Willner, Philip	Irvington	West Hudson, St. Barnabas, Newark Beth Israel
Walsh, Michael D.	Long Branch	Monmouth Medical Center
Wilson, E. Robert	Paterson	St. Mary's
Wilson, Philip D.	New York, N.Y.	Hospital for Spec. Surgery
Winters, Daniel McCoy	Red Bank	Riverview
Yachnin, Samuel C.	Passaic	Passaic General, Fort Dix Hospital
Zawadsky, Joseph P.	New Brunswick	Middlesex, St. Peter's, Presbyterian
York, James M.	Somerville	Somerset Hospital

OTOLARYNGOLOGISTS

Brennan, James E.	Cherry Hill	Cooper Hospital
Cardwell, Edgar P.	Wilmington, Del.	Alexander Linn, St. Barnabas
Cole, Nathaniel B.	Perth Amboy	Middlesex General, St. Peter's General
Crane, Warren E.	Trenton	St. Francis
Espinosa, Alvaro J.	Flemington	Hunterdon Medical Center
Farmer, Howard S.	Princeton	Princeton Hospital
Friedman, Meyer H.	Trenton	St. Francis
Glasgold, Alvin I.	New Brunswick	Columbia Presbyterian, N.Y.; St. Peter's Middlesex Hospital, Middlesex Rehab.
Gordon, Rafael A.	Newark	St. Vincent's, St. Peter's, St. Francis
Haase, Robert F.	Neptune City	Jersey Shore Medical Center-Fitkin Hosp.
Hensle, Otto S.	Hackensack	St. Joseph's, Bergen Pines, Hackensack

NAME	LOCATION	HOSPITAL AFFILIATION
Jamison, William A.	Red Bank	Monmouth Medical, Riverview Hospital
Kean, Herbert	Willingboro	Rancocas Valley
Lang, Robert R.	Hackensack	Hackensack Hospital
Langgaard, Charles E.	Summit	Overlook Hospital
Martin, Theodore	Glen Rock	Bergen Pines
Moriconi, Albert F.	Trenton	St. Francis
Noguera, Julio T.	Neptune City	Jersey Shore Med. Center-Fitkin Hosp., Paul Kimball Hosp., Point Pleasant Hosp.
Pearce, Rowan C., Jr.	Camden	Zurbrugg Hospital, Cooper Hospital
Petryshyn, Walter A.	Upper Montclair	Mountainside Hospital
Robertson, Robert B.	Red Bank	Riverview, Monmouth Med., Jersey Shore Medical Center-Fitkin Hosp.
Ronis, Max Lee	Philadelphia, Pa.	St. Christopher's Hospital
Schnee, Isadore M.	Paterson	Beth Israel, Chilton Memorial
Schumacker, Evelyn L.	Morristown	All Souls Hospital
Shapiro, Myron J.	Irvington	Rahway Hospital, Babies', St. Barnabas, Beth Israel
Sophocles, Aris M.	Trenton	Mercer Hospital
Spillan, James H.	Phillipsburg	Warren Hospital
Stern, Robert	Mt. Holly	Zurbrugg, Rancocas Hospital
Stool, Sylvan E.	Atlantic City	Children's Hospital, Univ. of Penna. Children's Seashore House
Strauss, Raymond B.	Englewood	Englewood Hospital
Thompson, James E.	Morristown	All Souls, St. Clare's Hospital
Turtz, Myles G.	South Orange	Newark Eye & Ear, Newark Beth Israel, Clara Maass
Wagner, Seymour	Philadelphia, Pa.	Burlington Co. Hosp., Doctors Hosp.
Weinstein, Francis	South Orange	St. Barnabas, Beth Israel
Yeager, Harvey P.	Irvington	Beth Israel, St. Barnabas
Zenker, David O.	Morristown	Presbyterian Hosp., All Souls Hosp.

PEDIATRICIANS

Alexander, John W.	Newark	Babies, Newark Beth Israel, Presbyterian
Ames, Mary D.	Philadelphia, Pa.	Children's
Barba, William P., II	Philadelphia, Pa.	Babies Hospital
Barbero, Giulio J.	Philadelphia, Pa.	Children's
Barness, Lewis A.	Philadelphia, Pa.	Philadelphia General, Children's
Becker, Frederick B.	Philadelphia, Pa.	Children's Hospital
Bernardin, Ronald M.	West Collingswood	Cooper Hospital
Bishop, Harry C.	Philadelphia, Pa.	Pennsylvania University
Blumenthal, Sidney	New York, N.Y.	Mt. Sinai, Presbyterian
Boggs, Thomas R. Jr.	Philadelphia, Pa.	Children's
Brodsky, Emanuel D.	Atlantic City	Atlantic City Hospital
Charles, Seymour	Newark	Beth Israel, Babies
Cresson, Samuel	Philadelphia, Pa.	St. Christopher's, Lankenau, Phila. Gen.
Curran, John P.	Jersey City	Passaic Hospital
Davis, Harold L.	Trenton	St. Francis

NAME	LOCATION	HOSPITAL AFFILIATION
Davis, Helen	New Brunswick	Middlesex General Hospital
DeSpirito, Anthony P.	Neptune	Jersey Shore Medical Center-Fitkin Hosp.
DeLorenzo, Francis C.	Montclair	Mountainside Hospital
Ellis, William C.	Red Bank	Monmouth Med. Center, St. Christopher's
Ehlers, Kathryn H.	New York, N.Y.	New York Hospital
Engle, Mary Allen	New York, N.Y.	New York Hospital
Falla, Anita	Newark	Babies, St. Michael's, St. Vincents
Feldman, Arnold	Maplewood	Babies, Crippled Children Hospital, Beth Israel, St. Barnabas
Finkelstein, A. Samuel	Newark	Babies, Beth Israel
Fischman, Mervin E.	Irvington	Beth Israel, St. Barnabas, Babies
Fishman, Donald J.	Philadelphia, Pa.	Hahnemann
Friedman, Sidney	Philadelphia, Pa.	Children's Hospital, Phila.
Gamon, Robert S.	Cherry Hill	Cooper Hospital, Zurbrugg Memorial
Garfunkel, Joseph M.	Philadelphia, Pa.	St. Christopher's, Children's Hospital.
Gersh, Eugene	Fort Lee	Englewood Hospital
Goddard, Katherine	Philadelphia, Pa.	Children's, Eastern Pa. Psy. Inst.
Gordon, Robert E., Jr.	Morristown	Morristown Mem., State-Graystone Park
Graub, Milton	Philadelphia, Pa.	Hahnemann
Green, Martin	Atlantic City	Kessler Memorial
Grover, W.D.	Haddonfield	Burlington County Memorial
Haller, Olga	Newark	Babies, St. Michael
Harrington, Edwin D.	Morristown	Children's, Burlington Co. Hospital
Hodes, Horace L.	New York, N.Y.	Mt. Sinai Hospital
Huang, Nancy M.	Philadelphia, Pa.	St. Christopher's
Johnson, Dale G.	Philadelphia, Pa.	Jefferson Medical College
Kahn, Robert E.	Tenafly	New York Medical College
Kane, Henry A.	Philadelphia, Pa.	Jefferson Medical College
Kangos, John L.	New Brunswick	St. Peter's
Katcher, Avrum	Flemington	Hunterdon Medical Center
Kaye, Robert	Philadelphia, Pa.	Children's Hospital
Koop, C. Everett	Philadelphia, Pa.	Penna. Univ., Children's Phila. General
Lambert, Glennprall	Flemington	Hunterdon Medical Center
Low, Niels L.	New York, N.Y.	Columbia
Marano, Mathew J.	East Orange	St. Michael, Babies
McCrory, W.W.	New York, N.Y.	New York Hospital
Nevius, William B.	East Orange	St. Barnabas
Panzarino, Saverio J.	Short Hills	Overlook, Orange Mem., St. Barnabas
Pilling, George P.	Philadelphia, Pa.	St. Christopher's
Reed, Richard C.	Newark	Beth Israel, Babies
Rahill, W. Joseph	Newark	St. Michael Hospital
Repici, Anthony J.	Haddonfield	Our Lady of Lourdes
Scully, Thomas J.	New Brunswick	St. Peter's
Sewell, Edward M.	Philadelphia, Pa.	Children's
Sibinga, Maarten S.	Philadelphia, Pa.	Children's
Spears, Catherine E.	Chatham	Somerset, Morristown Mem., St. Barnabas
Vanace, Peter W.	Atlantic City	Children's Hosp., Cooper
Van Ost, William C.	Englewood Cliffs	Englewood Hospital
White, Frank S.	Teaneck	Holy Name, Bergen Pines Hospital
Willner, Milton M.	Nutley	Babies, Beth Israel
Zuderberg, Nathan	Newark	St. Barnabas, St. James, Beth Israel, Babies

PHYSIATRISTS

NAME	LOCATION	HOSPITAL AFFILIATION
Bunn, Norris D.	Somers Point	Shore Memorial
Conlen, Richard A.	Cape May Court House	Mercy Hospital
Covalt, Donald A.	New York, N. Y.	University Hosp., N.Y.U. Med. Center
Doman, Robert J.	Philadelphia, Pa.	Hahnemann Hospital
Dowe, Robert F.	Montclair	All Souls, Mountainside
Downey, John A.	New York, N. Y.	Presbyterian, N.Y.C.; Blythedale
Eisert, Otto	Jersey City	St. Joseph's, B.S. Pollak, Hackensack Barnert Memorial
Elias, Elmer J.	Trenton	Mercer Hosp., Jefferson
Etem, Ethem Yarus	Raritan	Somerset Hospital
Friedman, Mark S.	Plainfield	Muhlenberg, Middlesex, J.E. Runnels, N. Brunswick General, Rahway, St. Peter's
Greenspan, Leon	New York, N. Y.	Inst. Physical Med. & Rehabilitation
Godfrey, George C.	Linwood	Shore Memorial, Jefferson
Hoerner, Earl F.	Orange	Orange Memorial, East Orange, Lyons, St. Barnabas
Keeler, Keith C.	Montclair	Mountainside, Montclair Community
Lasoff, Martin E.	Morristown	Morristown Memorial
Martucci, Albert A.	Philadelphia, Pa.	Philadelphia General, Abington Memorial
Miller, John Melville, III	New York, N. Y.	Columbia-Presbyterian Medical Center
Steinman, Robert C.	Morristown	Morristown Memorial

SURGEONS

GENERAL SURGEONS

Goldstein, Morton H.	New Brunswick	St. Peter's General Hospital
Kark, Allan E.	New York, N. Y.	Mt. Sinai
Kunderman, Philip J.	New Brunswick	St. Peter's, Roosevelt, Muhlenberg, Somerset, Hunterdon Medical Center
Lewis, Ralph J.	New Brunswick	St. Peter's, Roosevelt, J.F.K. Com. Hosp. South Amboy

NEURO-SURGEONS

Ambrose, Frederick	Elizabeth	Bergen Pines, Rahway Hospital, Somerset Elizabeth General, St. Elizabeth
Becker, George L.	Paterson	St. Barnabas, Paterson General
Fitch, Thomas S. P.	Plainfield	Newark Eye & Ear, Elizabeth General, Rahway Hospital, Somerset Hospital Middlesex General, St. Peter's, Muhlenberg Hospital
Green, Robert E.	Maplewood	Morristown Memorial Hospital, Montclair, Community, All Soul's, Orange Memorial Overlook Hospital, St. Barnabas
Groff, Robert A.	Philadelphia, Pa.	Presby., Cooper, Burlington Co. Hosp.

NAME	LOCATION	HOSPITAL AFFILIATION
Kuhn, Robert A.	Morristown	Dover General, Riverside, Warren, All Souls, St. Claire's
Ladenheim, Jules C. Liss, Henry R.	Teaneck Morristown	Pascack, Holy Name, Hackensack Dover General, Orange Memorial, Riverside, St. Barnabas, Muhlenberg, Morristown, Overlook, All Souls, St. Clair's
Medinets, Howard E.	East Orange	Orange Memorial, Hackensack, Beth Israel Perth Amboy General, Pascack, Rahway, South Amboy
Murtagh, Frederick Pierce, Michael A. Pitts, Frederick W. Rushton, Harold	Philadelphia, Pa. Glen Ridge Philadelphia, Pa. Camden	St. Christopher's East Orange, St. Mary's, Mountainside Cooper, Our Lady of Lourdes, Underwood, Burlington
Scheuerman, Walter G.	Trenton	St. Francis, Mercer, Helene Fuld, Hunterdon Medical Center
Shulman, Kenneth Somberg, Harold M.	Philadelphia, Pa. Newark	Englewood Clara Maass, Irvington General, Beth Israel, St. Michael's, St. James
Stellar, Stanley Spitz, Eugene B. Strenger, Lawrence	Bronx, N.Y. Philadelphia, Pa. Atlantic City	St. Barnabas, N.Y.U. Hospital Children's Hospital Atlantic City, Shore, Burdette Tomlin, Kessler Memorial
Swain, Richard D.	Newark	East Orange General, Dover General, Irvington General, Clara Maass, Newton, Overlook, Mountainside, Hospital for Crippled Children, St. James
Van den Noort, Gordon Winkler, M. Bernard	Bryn Mawr Paterson	Our Lady of Lourdes, Pennsylvania Hosp. Beth Israel, St. Mary's, St. Joseph's, Chilton, Pompton Plains

PEDIATRIC SURGEONS

Barbara, Anthony C. Falla, Anita Gamon, Robert S., Jr. Rathouser, Frank	Hackensack Newark Camden Trenton	Babies Hospital Babies, St. Michael's, St. Vincent's Cooper, Zurbrugg, Riverside St. Francis, Helene Fuld, Mercer
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PLASTIC SURGEONS

Bagli, Vincent J. Bloomenstein, Richard B. Bowe, John J. Clemente, Clestino	Ridgewood Paterson New York Glenn Ridge	Hackensack, St. Joseph's St. Joseph's, North Hudson, Englewood Doctor's, St. Vincent's, St. Joseph Babies, St. Vincent's, Presbyterian, St. Barnabas
Coester, Frederick G. Cole, Nathaniel B.	Short Hills Perth Amboy	St. Barnabas, Beth Israel, Overlook Bound Brook, Middlesex General

NAME	LOCATION	HOSPITAL AFFILIATION
Conley, John J.	New York, N. Y.	Paterson General, Mercy, Columbia Presbyterian, Doctor's, St. Joseph's
Conroy, William J.	Clifton	St. Michael's
Cosman, Bard	Tenafly	St. Elizabeth, Presbyterian,
Cramer, Lester	Philadelphia, Pa.	Strong Memorial
Crikelair, George F.	Ridgewood	Presbyterian, Holy Name
Daly, John F.	Tenafly	Hackensack, Bergen Pines
Davne, Albert	Trenton	Princeton, Mercer
DeBell, Peter J.	Passaic	Mountainside
Dorst, Major	Burlington	Burlington Co. Mem. Hosp. Rancocas Valley Hosp., West Jersey Hosp.
Eisenstodt, Lester W.	Newark	St. Elizabeth, St. Michael's
Gelb, Jerome	Irvington	Hospital for Crippled Children, Beth Israel, St. James
Gottlieb, Eugene	New York, N. Y.	Montefiore, Lenox Hill
Greenfield, William J.	Hackensack	Hackensack Hospital
Griswold, Merton Jr.	Plainfield	Somerset, Muhlenberg
Kraissl, Cornelius J.	Hackensack	Pascack, Bergen Pines
Large, Octavus P.	Philadelphia, Pa.	Abington, North Eastern, St. Christophers Frankford, Episcopal Hospital
Lewin, Michael L.	Paterson	Montefiore, St. Joseph's, Barnert Memorial Englewood
Ludin, Edward N.	Camden	Cooper Hospital
MacMillian, Charles W.	Montclair	Mountainside, St. Mary's, St. Vincent's
Maliniak, Jacques W.	New York, N. Y.	Polyclin, Sydenham
Malton, S. Donald	Morristown	All Souls, St. Clare's, Overlook Hosp.
Mayer, D. McCullah	Rutherford	Muhlenberg, St. Mary's, Bergen Pines
Meijer, Robby	East Orange	Babies, St. Barnabas, Morristown Mem.
Peck, George C.	Passaic	Hackensack, St. Barnabas, Beth Israel, St. Mary's
Peer, Lyndon A.	East Orange	St. Barnabas
Puchner, Gerhard	Trenton	St. Francis, Rancocas, Princeton
Ryan, Walter M.	Neptune City	Monmouth Med., Pt. Pleasant, Paul Kimball, Riverview
Ship, Arthur G.	New York, N. Y.	Montefiore
Strauss, Raymond B.	Englewood	Englewood
Von Deilen, Arthur W.	Collingswood	Cooper, Our Lady of Lourdes, West Jersey
Walker, John C., Jr.	East Orange	Babies, St. Barnabas, St. Michael's

THORACIC SURGEONS

Niguidula, Faustino N.	Philadelphia, Pa.	St. Christopher's Hospital
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UROLOGISTS

NAME	LOCATION	HOSPITAL AFFILIATION
Bendler, Herbert	New York, N.Y.	N.Y.U. Medical Center
Brody, Herbert S.	New Brunswick	Middlesex Gen. Hosp., St Peter's, South Amboy, J.F.K. Com. Hosp.
Drake, Willard M., Jr.	Camden	Cooper Hospital
Furey, Clement A.	East Orange	Babies, Orange Memorial, St. Barnabas
Neander, David G.	Salem	Presbyterian
Scanlan, David B.	Atlantic City	Shore Memorial, Atlantic City
Stearns, Thorton M.	Mt. Holly	Burlington County Memorial Hospital

PANEL OF DENTISTS GENERAL PRACTITIONERS

Cahan, Herbert N. D.	Atlantic City	Betty Bacharach, Atlantic City
Colmer, George A.	Morristown	All Souls, Morristown Memorial Hospital
Delpho, Donald A.	Morristown	All Souls, Morristown Memorial Hospital
De Martino, Gaeton J.	Phillipsburg	Warren Hospital
Galdieri, Dominic J.	Morristown	All Souls, Morristown Memorial Hospital
Johnson, Ernest B. Jr.	Trenton	Mercer Hospital
Knoblauch, K. Richard	Morrisville, Pa.	Mercer Hospital
McCrea, William G.	Convent Station	All Souls Hospital
Moran, Michael G.	Morristown	Morristown Mem., All Souls
Nagy, Arthur J.	New Brunswick	St. Peter's General
Scott, Robert G.	Florham Park	Morristown Memorial Hospital
Sogaro, Louis H.	Phillipsburg	Warren Hospital
Spaeth, C. Phillip	Millville	Millville Hospital
Zackon, Paul G.	Camden	Camden County General Hospital

ORAL SURGEONS

Biedlingmaier, Paul P.	Phillipsburg	Warren
Feltman, Reuben	Passaic	Passaic General
Fischer, Robert J.	Trenton	Hunterdon Medical Center, Mercer, Helene Fuld
Flood, Eugene T. Jr.	Plainfield	Muhlenberg Hospital
Moran, Michael G.	Morristown	Morristown Memorial, All Souls
Reisner, Leon Jr.	Red Bank	Monmouth Medical Center, Riverview
Szerlip, Leonard	Morristown	All Souls, Morristown Memorial Hospital

ORTHODONTISTS

NAME	LOCATION	HOSPITAL AFFILIATION
Asbell, Milton	Camden	Camden County General Hospital
Brandt, Sidney	Morristown	All Souls
Cuozzo, John W.	Glenridge	St. Barnabas
Dietz, Herbert M.	Trenton	Mercer Hospital
Dimond, Howard D.	New Brunswick	St. Peter's General Hospital
Barber, Gabriel C.	Trenton	Mercer Hospital
Giblin, William A. Jr.	Montclair	Mountainside Hospital
Glass, Daniel	Morristown	All Souls
Goddard, Leonard H.	Madison	All Souls
Greenlee, Richard P.	Short Hills	St. Barnabas
Harte, Lawrence I.	Livingston	St. Barnabas
Hecht, Sylvester J.	Red Bank	Monmouth Medical Center
Jaggard, H. Branin	Camden	Cooper Hospital
Mosman, Walter	Ridgewood	Holy Name, Valley, Bergen Pines
Rubenstein, Joseph G.	Fair Lawn	Barnert Memorial Hospital
Safirstein, G. Richard	Morristown	All Souls
Shwalb, Richard A.	Dover	All Souls
Sved, Edwin S.	New Brunswick	St. Peter's General Hospital

PEDODONTISTS

Botkin, Kermit	Morristown	All Souls, Morristown Memorial Hospital
Campbell, Oliver A.	Plainfield	Walter D. Matheny
Hauck, Luella	Morristown	All Souls
Kaplan, Robert I.	Cherry Hill	Camden County General Hospital
Kobren, Abraham	Jersey City	Martland
Kohn, Sidney I.	West Englewood	Englewood Hospital
McDonald, Natalie E.	Englewood	Englewood Hospital
Nielson, Bernard M.	Hackensack	Hackensack Hospital

PROSTHODONTISTS

Bassett, Earle	West Englewood	Hackensack Hospital
LiSoeey, Harold	Westfield	St. Barnabas
Seidenberg, Murray	New Brunswick	Middlesex General, St. Peter's

**CRIPPLED CHILDREN PROGRAM
COOPERATING INSTITUTIONS
NEW JERSEY**

ATLANTIC COUNTY

Atlantic City Hospital
Betty Bacharach Home
Children's Seashore House
Shore Memorial Hospital
William B. Kessler
Memorial Hospital

26 S. Ohio Avenue
2305 Atlantic Avenue
4100 Atlantic Avenue
New York & Sunny Aves.
White Horse Pike at
Central Ave.

Atlantic City
Longport
Atlantic City
Somers Point
Hammonton

BERGEN COUNTY

Bergen Pines Hospital
Englewood Hospital
Hackensack Hospital
South Bergen Hospital
(Hasbrouck Heights)
Holy Name Hospital
Pascack Valley Hospital

E. Ridgewood Ave.
350 Engle Street
22 Hospital Place
214 Terrace Avenue

718 Teaneck Road
Old Hook Road

Paramus
Englewood
Hackensack
Hasbrouck Heights

Teaneck
Westwood

BURLINGTON COUNTY

Burlington County Hospital
Zurbrugg Memorial Hospital
Rancocas Valley Hospital

175 Madison Avenue
Taylor Street
Sunset Road

Mount Holly
Riverside
Willingboro

CAMDEN COUNTY

Cooper Hospital
Our Lady of Lourdes Hospital
West Jersey Hospital

Sixth & Stevens Sts.
1600 Haddon Avenue
Mt. Ephraim &
Atlantic Aves.

Camden
Camden
Camden

CAPE MAY COUNTY

Burdette Tomlin
Memorial Hospital

Stone Harbor Blvd.

Cape May Court House

CUMBERLAND COUNTY

Bridgeton Hospital
Newcomb Hospital
Millville Hospital

Irving Avenue
66 S. State Street
N. High Street

Bridgeton
Vineland
Millville

ESSEX COUNTY

Babies' Hospital	15 Roseville Avenue	Newark
Columbus Hospital	495 N. 13th Street	Newark
East Orange General Hospital	Central & S. Munn Aves.	East Orange
Hospital Center at Orange	188 S. Essex Avenue	Orange
Hospital for Crippled Children	89 Park Avenue	Newark
Irvington General Hospital	832 Chancellor Avenue	Irvington
Kessler Institute for Rehabilitation	Pleasant Valley Way	West Orange
Mountainside Hospital	Bay & Highland Aves.	Montclair
Montclair Community Hospital	120 Harrison Avenue	Montclair
Newark Beth Israel Hospital	201 Lyons Avenue	Newark
Newark City Hospital	65 Bergen Street	Newark
Newark Eye & Ear Hospital	77 Central Avenue	Newark
Presbyterian Hospital, Newark	27 S. 9th Street	Newark
St. Barnabas Medical Center	Old Short Hills Rd.	Livingston
St. James Hospital	155 Jefferson Street	Newark
St. Michael's Hospital	306 High Street	Newark
St. Mary's, Orange	135 S. Center Street	Orange

GLOUCESTER COUNTY

Underwood Memorial Hospital	6 Hunter Street	Woodbury
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HUDSON COUNTY

B.S. Pollak Hospital	100 Clifton Place	Jersey City
Bayonne Hospital & Dispensary	12 E. 30th Street	Bayonne
Christ Hospital	176 Palisade Avenue	Jersey City
Jersey City Medical Center	50 Baldwin Avenue	Jersey City
North Hudson Hospital	4300 Park Avenue	Weehawken
St. Francis Hospital	25 E. Hamilton Place	Jersey City
St. Mary's Hospital	4th Street & Willow Ave.	Hoboken

HUNTERDON COUNTY

Hunterdon Medical Center	Route 31	Flemington
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MERCER COUNTY

Mercer Hospital	446 Bellevue Avenue	Trenton
Princeton Hospital	253 Witherspoon St.	Princeton
St. Francis Hospital	Hamilton Avenue	Trenton

MIDDLESEX COUNTY

Middlesex General Hospital	180 Somerset Street	New Brunswick
Middlesex Rehabilitation Hospital	Georges Rd. & Rt. 1	North Brunswick
Perth Amboy General Hospital	530 New Brunswick Ave.	Perth Amboy
Roosevelt Hospital for Chest Diseases	P.O. Box 151	Metuchen
St. Peter's General Hospital	260 Easton Avenue	New Brunswick
John F. Kennedy Hospital	James Street	Edison

MONMOUTH COUNTY

Jersey Shore Medical Center –
Fitkin Hospital
Monmouth Medical Center
Riverview Hospital,
Red Bank

Corlies Avenue
Third & Pavilion Aves.
35 Union Street

Neptune
Long Branch
Red Bank

MORRIS COUNTY

All Souls Hospital
Dover General Hosp.
Chilton Memorial Hosp.
Morristown Memorial Hosp.
Riverside Hospital
St. Clare's Hospital

95 Mt. Kimble Ave.
Jardine Street
520 Newark Pompton Tpk.
100 Madison Ave.
Powerville Rd.
Pocono Road

Morristown
Dover
Pompton Plains
Morristown
Boonton
Denville

OCEAN COUNTY

Paul Kimball Hosp.
Community Memorial Hosp.
Toms River

600 River Ave.
Route 37

Lakewood
Toms River

PASSAIC COUNTY

Barnert Memorial Hosp.
Center
Beth Israel Hospital,
Passaic
Passaic General Hosp.
Paterson General Hosp.
St. Joseph's Hosp.
St. Mary's Hospital

680 Broadway
70 Parker Ave.
350 Boulevard
528 Market Street
703 Main Street
211 Pennington Ave.

Paterson
Passaic
Passaic
Paterson
Paterson
Passaic

SALEM COUNTY

Elmer Community Hosp.
Salem County Memorial Hosp.

W. Front Street
Salem-Woodstown Rd.

Elmer
Salem

SOMERSET COUNTY

Somerset Hospital
Walter D. Matheny School

Rehill Avenue

Somerville
Peapack

SUSSEX COUNTY

Alexander Linn Hosp.
Newton Memorial Hosp.

20 Walnut St.
175 High Street

Sussex
Newton

UNION COUNTY

Children's Specialized
Hospital
Elizabeth General Hospital
Muhlenberg Hospital
St. Elizabeth Hospital
Rahway Hospital

New Providence Rd.
925 E. Jersey St.
Park Ave. & Randolph Rd.
204 S. Broad St.
865 Stone St.

Westfield
Elizabeth
Plainfield
Elizabeth
Rahway

WARREN COUNTY

Warren Hospital

185 Roseberry St.

Phillipsburg

**CRIPPLED CHILDREN PROGRAM
COOPERATING INSTITUTIONS
OUT-OF-STATE**

Pennsylvania

Children's Hospital
Hahnemann Hospital
Jefferson Hospital
Lankenau Hospital
St. Christopher's Hospital
University of Pennsylvania

NEW YORK

The Program will not participate in payment for services in New York institutions when similar services are available in New Jersey.

OTHER STATES

The Crippled Children Program participates in payment for services to other out-of-state hospitals throughout the United States when special arrangements have been made for such patients.

NURSING SERVICES

Children with disabilities must be helped to take their place in the community. This goal makes it possible for each handicapped child to attain his maximum potential and live as productive a life as possible. Valuable assistance to the child and his family may be given by community services, especially community nursing agencies.

Community nursing agencies may hold an annual contract or letter of agreement with the New Jersey State Department of Health for partial reimbursement of services provided to handicapped children registered with the Program. Reimbursement for services requires that the case be registered with the Crippled Children Program on Form CH-O (Exhibit #1). In order that a contract or letter of agreement may be negotiated, it is required that the agency be approved as meeting the standards of the New Jersey State Department of Health.

The responsibility for acceptance and support of the handicapped child rests with the family and the community. The development and expansion of services such as medical evaluation and rehabilitation, guidance, special education, and vocational training to meet the needs of the handicapped child, should be approached as a community effort. It has been demonstrated that basic health and educational needs common to all children are fundamental in planning for those who have special needs. Services rendered by community nursing agencies include case finding, nursing care, referral and planning with other agencies, and maintenance of records.

Suggested Priorities for Community Nursing Follow-up:

Public health nursing visits to children with disabilities should be based on need and written medical orders. The follow-up for these children should include a multi-discipline approach for comprehensive family care. The development and use of a plan for care is necessary. This is a valuable tool for determining the goals to be met and the frequency of the visits to be made. Since the responsibility for care of these children rests with the community, each agency will develop its own policies in relation to cases to be followed and the amount of care provided.

Suggested priorities for visits:

1. Children with congenital defects.
2. Children with severe degree of disability, particularly those who may be home-bound or are non-ambulatory.
3. Children with casts, braces, dressings, appliances, or prostheses where instructions to parents regarding current care of child is needed and where the family may need instruction in the importance of continued medical supervision for changes in prescription for appliances as growth occurs.
4. Children of families with serious or potentially serious health problems.

Definition of a Nursing Visit:

A nursing visit reimbursable under a contract or a letter of agreement with the New Jersey State Department of Health is defined as a visit made by an agency staff nurse upon current written medical orders.

Responsibilities of the Nurse with Community Nursing Agencies:

- A. Processed Form CH-O on each case registered with the Crippled Children Program is sent to the community nursing agency as a notification that the handicapped child resides within the area covered by the nursing agency. It is recommended that agencies keep Form CH-O on file. These forms may be useful in agency program planning. They also give an insight as to the incidence and prevalence of handicapping conditions.

- B. The community nurse is active in the prevention, early recognition, and treatment of handicapping conditions. She is concerned with the rehabilitation of children with disabilities and assists in the development of the maximum potential of the patient when the disability cannot be removed.
- C. The community nurse assists in promoting community interest and understanding of the needs and planning for total care of the physically handicapped.
- D. It is suggested that a resource file for use by the staff be available containing current information about handicapping conditions and their significance as public health problems.

E. Nursing Visit

1. *Pre-visit*

- a. Review referral data and other pertinent records.
- b. Secure written medical orders for nursing services.
N.B. Nursing visits billed to the Crippled Children Program, for nursing service must have current written medical orders.
- c. Review current knowledge and treatment procedures relating to the diagnosis.
- d. Plan visit to the patient and his family.

2. *Visit to the home*

- a. Establish good relationships and interpret agency policies and program. Have interview with a responsible member of the family.
- b. Considerations for specific nursing care:
 - (1) Provide nursing service as directed by physician. Advise family on need for periodic medical check-up as good health practice for prevention and early recognition of abnormalities.
 - (2) Demonstrate, instruct and supervise patient or responsible person concerning care and treatments.
 - (3) Encourage child to become increasingly self-sufficient in activities of daily living.
 - (4) Advise family on the needs of nutrition, activity, rest and recreation for the development and maintenance of optimum health.
 - (5) Assist patient and family to accept the diagnosis, recommendations for treatment and supportive community services as indicated. Test the family understanding and acceptance of plans for care.
- c. Observations to be considered:
 - (1) Observe total child and deviation from normal growth and development such as hearing, nutritional status, symmetry or asymmetry of any part of the body, and general muscle tone. Observe any unusual behavioral or emotional problems.
 - (2) Undress patient and observe affected part; example, see spina bifida or scoliosis.
 - (3) Observe gait; example, right-sided limp, walking on toes, foot drop, etc.
 - (4) Note fit, utilization and care of braces.
 - (5) Note use of special equipment or devices such as casts, special shoes, corsets, crutches, parallel bars, etc.
- d. Consider attitudes and family relationships.
 - (1) Harmony between family members
 - (2) Reaction of parents and patient to condition.
 - (3) Stability of the home.

e. Additional considerations for follow-up.

- (1) Advise family of available community resources and render referral assistance when necessary.
- (2) Provide information and support to help patient and family develop attitudes and practices to promote health and assist patient to become self-sufficient in the activities of daily living.

3. *Post-visit*

- a. Evaluate needs and accomplishments, e.g., service rendered, family's acceptance of their responsibility, progress and problems in terms of goal set with patient and/or family.
- b. Report to physician and clinic regarding patient's physical and emotional condition, reaction to drugs, appliances or treatment.
- c. Plan for follow-up visit on basis of need and medical recommendation.
- d. Confer and communicate with resources in the community to promote total care for patient and family.
- e. Record significant data, reports and referrals. Description of patients' disability should appear in the record, such as ability to walk, daily activities that can be performed, etc.

F. Nursing Consultation

Nursing agencies cooperating with the Crippled Children Program will be visited annually by a representative of the New Jersey State Department of Health for purposes of program review and interpretation as indicated.

Nursing consultation is available on request from the Crippled Children Program. Consultation is available to any community agency; it assists in the promotion of nursing services for handicapped children.

Consultation may include:

1. Interpretation of laws relating to crippled children and the services for which they are eligible.
2. Promotion of team approach to meet needs of patient, family and the community.
3. Interpretation of regulations relating to provision of nursing services.
4. Promotion of the use of community services and facilities for handicapped children.
5. Planning for educational programs, case or staff conference according to agency needs.
6. Case conferences.
7. Demonstrations.

COOPERATING AGENCIES
(Providing Nursing Services)

ATLANTIC COUNTY

ATLANTIC COUNTY BOARD OF
CHOSEN FREEHOLDERS
Agency Code 51

Atlantic Co. Bd. of Chosen
Freeholders
Guarantee Trust Building
Atlantic City, New Jersey

Municipal Code	Area Covered	Municipal Code	Area Covered
0104	Absecon City	0148	Hammonton Town
0108	Atlantic City	0152	Linwood City
0112	Brigantine	0156	Longport
0115	Buena Boro	0160	Margate
0116	Buena Vista Twp.	0164	Mullica Twp.
0120	Corbin City	0168	Northfield City
0124	Egg Harbor City	0172	Pleasantville City
0128	Egg Harbor Twp.	0176	Port Republic City
0132	Estelle Manor City	0180	Somers Point City
0136	Folsom Boro	0184	Ventnor
0140	Galloway Twp.	0188	Weymouth Twp.
0144	Hamilton Twp.		

BERGEN COUNTY

ENGLEWOOD HOSPITAL PUBLIC
HEALTH SERVICE
Agency Code 02

Englewood Hospital Public
Health Service
350 Engle Street
Englewood, New Jersey

Municipal Code	Area Covered	Municipal Code	Area Covered
0203	Alpine Boro	0235	Harrington Park Boro
0204	Bergenfield Boro	0237	Haworth Boro
0209	Cliffside Park Boro	0242	Leonias Boro
0210	Closter Boro	0258	Northvale Boro
0211	Cresskill Boro	0259	Norwood Boro
0214	Demarest Boro	0262	Old Tappan Boro
0215	Dumont Boro	0266	Palisade Park Boro
0219	Edgewater Boro	0271	Ridgefield Boro
0222	Englewood City	0279	Rockleigh Boro
0223	Englewood Cliffs Boro	0286	Teaneck Twp. (N. Cedar Lane)
0226	Fairview Boro		
0227	Fort Lee Boro	0287	Tenafly Boro

**HACKENSACK HOSPITAL COMMUNITY
NURSING SERVICE**
Agency Code 53

Municipal Code	Area Covered
0206	Bogota
0208	Carlstadt Boro
0217	E. Paterson Boro
0218	E. Rutherford
0220	Emerson Boro
0225	Fair Lawn Boro
0230	Garfield City
0234	Hackensack City
0236	Hasbrouck Heights
0239	Hillsdale Boro
0243	Little Ferry Boro
0245	Lodi Boro
0246	Lyndhurst Twp.
0248	Maywood
0253	Moonachie Boro
0255	New Milford Boro
0257	N. Arlington Boro

**VISITING NURSES OF NORTHERN
BERGEN COUNTY, INC.**
Agency Code 03

Municipal Code	Area Covered
0202	Allendale Boro
0228	Franklin Lakes Boro
0247	Mahwah Twp.
0252	Montvale

RIDGEWOOD NURSING SERVICE, INC.
Agency Code 04

Municipal Code	Area Covered
0232	Glen Rock Boro
0240	Hohokus Boro

**Hackensack Hospital Community
Nursing Service**
22 Hospital Place
Hackensack, New Jersey

Municipal Code	Area Covered
0263	Oradell Boro
0267	Paramus Boro
0268	Park Ridge Boro
0271	Ridgefield Park Boro
0275	River Edge Boro
0276	Rivervale Twp.
0278	Rochelle Park
0280	Rutherford Boro
0282	Saddle Brook Twp.
0284	S. Hackensack Twp.
0286	Teaneck (S. Cedar Lane)
0288	Teterboro
0293	Wallington
0294	Washington Twp.
0296	Westwood Boro
0297	Woodcliff Lake Boro
0298	Wood Ridge Boro

**Visting Nurses of Northern
Bergen County, Inc.**
5 South Island Avenue
Ramsey, New Jersey

Municipal Code	Area Covered
0270	Ramsey Boro
0281	Saddle River Boro
0290	Upper Saddle River Boro
0292	Waldwick Boro

Ridgewood Nursing Service, Inc.
74 Godwin Avenue
Ridgewood, New Jersey

Municipal Code	Area Covered
0250	Midland Park Boro
0273	Ridgewood Village

BURLINGTON COUNTY

PUBLIC HEALTH NURSING ASSOCIATION
FOR BURLINGTON COUNTY
Agency Code 47

Public Health Nursing Association
Burlington County
160 Madison Avenue
Mt. Holly, New Jersey

Municipal Code	Area Covered
0303	Bass River Twp.
0305	Beverly City
0307	Bordentown City
0309	Bordentown Twp.
0311	Burlington City
0313	Burlington Twp.
0315	Chesterfield Twp.
0319	Delanco Twp.
0321	Delran Twp.
0323	Eastampton Twp.
0325	Edgewater Park Twp.
0327	Evesham Twp.
0329	Fieldsboro Boro
0331	Florence Twp.
0335	Hainesport Twp.
0337	Lumberton Twp.
0339	Mansfield Twp.

Municipal Code	Area Covered
0343	Medford Twp.
0345	Medford Lakes Boro
0349	Mt. Holly Twp.
0353	New Hanover Twp.
0355	N. Hanover Twp.
0359	Pemberton Boro
0361	Pemberton Twp.
0363	Riverside Twp.
0367	Shamong Twp.
0369	Southampton Twp.
0371	Springfield Twp.
0373	Tabernacle Twp.
0375	Washington Twp.
0377	Westampton Twp.
0379	Willingboro Twp.
0381	Woodland Twp.
0383	Wrightstown Boro

MOORESTOWN VISITING NURSE ASSOCIATION
Agency Code 23

Moorestown Visiting Nurse Association
16 East Main Street
Moorestown, New Jersey

Municipal Code	Area Covered
0317	Cinnaminson Twp.
0341	Mapleshade Twp.
0347	Moorestown Twp.

Municipal Code	Area Covered
0351	Mt. Laurel Twp.
0357	Palmyra Boro
0365	Riverton Boro

CAMDEN COUNTY

VISTING NURSE ASSOCIATION
OF CAMDEN
Agency Code 34

Visiting Nurse Association of Camden
608 Broadway
Camden, New Jersey

Municipal Code	Area Covered
0415	Brooklawn
0417	Camden City

Municipal Code	Area Covered
0429	Gloucester City

COLLINGSWOOD COMMUNITY NURSING SERVICE
Agency Code 30

Collingswood Community Nursing Service
28 West Collings Avenue
Collingswood, New Jersey

Municipal Code	Area Covered
0403	Audubon Boro
0409	Bellmawr
0411	Berlin Boro
0413	Berlin Twp.
0419	Chesilhurst
0421	Clementon
0423	Collingswood
0427	Gibbsboro
0431	Gloucester Twp.
0437	Haddon Twp.
0439	Hi-Nella

Municipal Code	Area Covered
0441	Laurel Springs
0445	Lindenwold
0447	Magnolia
0453	Oaklyn
0457	Pine Hill
0459	Pine Valley
0465	Stratford
0469	Voorhees Twp.
0471	Waterford Twp.
0473	Winslow Twp.
0475	Wood Lynne Boro

HADDONFIELD VISITING NURSE ASSOCIATION
Agency Code 32

Haddonfield Visiting Nurse Association
244 Kings Highway East
Haddonfield, New Jersey

Municipal Code	Area Covered
0405	Audubon Park Boro
0407	Barrington Boro
0425	Cherry Hill Twp.
0433	Haddonfield Boro
0435	Haddon Heights

Municipal Code	Area Covered
0443	Lawnside Boro
0451	Mt. Ephraim
0461	Runnemede Boro
0463	Sommerdale Boro
0467	Tavistock Boro

MERCHANTVILLE-PENNSAUKEN VISITING NURSE ASSOCIATION
Agency Code 31

Merchantville-Pennsauken Visiting Nurse Association
Maple Ave. & Center St.
Merchantville, New Jersey

Municipal Code	Area Covered
0449	Merchantville Boro

Municipal Code	Area Covered
0455	Pennsauken Twp.

CAPE MAY COUNTY

DEPARTMENT OF HEALTH, CAPE
MAY COUNTY
Agency Code 74

Department of Health, Cape May County
Cape May Court House
New Jersey

Municipal Code	Area Covered
0505	Avalon Boro
0515	Cape May Point
0520	Dennis Twp.
0525	Lower Twp.
0530	Middle Twp.
0535	N. Wildwood City
0545	Sea Isle City

Municipal Code	Area Covered
0550	Stone Harbor Boro
0555	Upper Twp.
0560	West Cape May Boro
0565	West Wildwood Boro
0575	Wildwood Crest Boro
0580	Woodbine Boro

CUMBERLAND COUNTY

CUMBERLAND COUNTY BOARD OF
CHOSEN FREEHOLDERS
Agency Code 54

Cumberland County Board of Chosen
Freeholders
Court House
Bridgeton, New Jersey

Municipal Code	Area Covered
0605	Bridgeton City
0610	Commercial Twp.
0615	Deerfield Twp.
0620	Downe Twp.
0625	Fairfield Twp.
0630	Greenwich Twp.
0635	Hopewell Twp.

Municipal Code	Area Covered
0645	Lawrence Twp.
0650	Maurice River Twp.
0655	Millville City
0660	Shiloh Boro
0665	Stow Creek Twp.
0670	Upper Deerfield Twp.

ESSEX COUNTY

EAST ORANGE HEALTH DEPARTMENT
Agency Code 09

East Orange Health Department
City Hall
143 New Street
East Orange, New Jersey

Municipal Code
0724

Area Covered
East Orange

COMMUNITY NURSING SERVICE OF
 ESSEX & WEST HUDSON
 Agency Code 07

Municipal Code	Area Covered
0704	Belleville Town
0910	East Newark Boro
0920	Harrison Town
0736	Irvington Town
0935	Kearny Town

NEIGHBORHOOD ASSOCIATION OF
 MILLBURN TOWNSHIP
 Agency Code 06

Municipal Code
0748

COMMUNITY NURSING SERVICE OF
 MONTCLAIR
 Agency Code 48

Municipal Code
0732
0752

NUTLEY DEPARTMENT OF HEALTH
 Agency Code 07

Municipal Code
0764

Community Nursing Service of
 Essex & West Hudson
 205 Roseville Avenue
 Newark, New Jersey

Municipal Code	Area Covered
0744	Maplewood Twp.
0756	Newark City
0768	Orange City
0776	So. Orange Village
0788	West Orange Town

Neighborhood Association of
 Millburn Township
 12 Taylor Street
 Millburn, New Jersey

Area Covered
Millburn Twp.

Community Nursing Service of
 Montclair
 65 Chestnut Street
 Montclair, New Jersey

Area Covered
Glen Ridge Boro
Montclair

Nutley Department of Health
 225 Chestnut Street
 Nutley, New Jersey

Area Covered
Nutley Town

WEST ESSEX NURSING SERVICE, INC.
Agency Code 10

West Essex Nursing Service, Inc.
1059 Bloomfield Avenue
West Caldwell, New Jersey

Municipal Code	Area Covered
0712	Caldwell Boro
0716	Fairfield Boro
0720	Cedar Grove Twp.
0728	Essex Fells Boro
0740	Livingston Twp.

Municipal Code	Area Covered
0760	N. Caldwell Boro
0772	Roseland Boro
0780	Verona Boro
0784	W. Caldwell Boro

GLOUCESTER COUNTY

GLOUCESTER COUNTY BOARD OF
CHOSEN FREEHOLDERS
Agency Code 36

Gloucester County Board of
Chosen Freeholders
Court House
Woodbury, New Jersey

Municipal Code	Area Covered
0804	Clayton
0808	Deptford Twp.
0812	E. Greenwich Twp.
0816	Elk Twp.
0820	Franklin Twp.
0824	Glassboro
0828	Greenwich Twp.
0832	Harrison Twp.
0836	Logan Twp.
0840	Mantua Twp.
0844	Monroe Twp.
0848	National Park Boro

Municipal Code	Area Covered
0852	Newfield Boro
0856	Paulsboro Boro
0860	Pitman Boro
0864	S. Harrison Twp.
0868	Swedesboro
0872	Washington Twp.
0876	Wenonah Boro
0880	W. Deptford Twp.
0884	Westville Boro
0888	Woodbury City
0892	Woodbury Heights Boro
0896	Woolwich Twp.

HUDSON COUNTY

PUBLIC HEALTH NURSING SERVICE OF
HOBOKEN
Agency Code 20

Public Health Nursing Service
of Hoboken
916 Garden Street
Hoboken, New Jersey

Municipal Code	Area Covered
0925	Hoboken City

Municipal Code	Area Covered
	Hoboken City

DEPARTMENT OF HEALTH & WELFARE
OF JERSEY CITY
Agency Code 21

**Municipal
Code**
0930

Department of Health & Welfare
of Jersey City
Baldwin Ave. & Montgomery St.
Jersey City, New Jersey

**Area
Covered**
Jersey City

NORTH HUDSON PUBLIC HEALTH
NURSING SERVICE
Agency Code 43

Municipal Code	Area Covered
0915	Guttenberg
0940	North Bergen Twp.
0945	Secaucus

North Hudson Public Health
Nursing Service
4300 Park Avenue
Weehawken, New Jersey

Municipal Code	Area Covered
0955	Weehawken Twp.
0960	West New York

UNION CITY PUBLIC HEALTH
NURSING SERVICE
Agency Code 19

**Municipal
Code**
0950

Union City Public Health
Nursing Service
710 31st Street
Union City, New Jersey

**Area
Covered**
Union City

HUNTERDON COUNTY

FAMILY NURSING SERVICE OF
HUNTERDON COUNTY, INC.
Agency Code 37

Family Nursing Service of
Hunterdon County, Inc.
R.D. #6, Box 36
Flemington, New Jersey

Municipal Code	Area Covered
1003	Alexandria Twp.
1006	Bethlehem Twp.
1009	Bloomsbury Boro
1012	Califon Boro
1015	Clinton Town
1018	Clinton Twp.
1021	Delaware Twp.
1024	East Amwell Twp.
1027	Flemington Boro
1030	Franklin Twp.
1033	Frenchtown Boro
1036	Glen Gardner Boro
1039	Hampton Boro

Municipal Code	Area Covered
1042	High Bridge Boro
1045	Holland Twp.
1048	Kingwood Twp.
1051	Lambertville City
1054	Lebanon Boro
1057	Lebanon Twp.
1060	Milford Boro
1063	Raritan Twp.
1066	Readington Twp.
1069	Stockton Boro
1072	Tewksbury Twp.
1075	Union Twp.
1078	West Amwell Twp.

MERCER COUNTY

PRINCETON HOSPITAL DEPARTMENT OF
COMMUNITY HEALTH & VISITING
NURSING SERVICE
Agency Code 26

Municipal Code	Area Covered
1120	Hightstown
1140	Pennington Boro
1145	Princeton Boro

Princeton Hospital Department of
Community Health & Visiting
Nursing Service
253 Witherspoon Street
Princeton, New Jersey

Municipal Code	Area Covered
1150	Princeton Twp.
1165	West Windsor Twp.

VISITING NURSE ASSOCIATION OF
TRENTON
Agency Code 25

Municipal Code	Area Covered
1110	Ewing Twp.
1115	Hamilton Twp.
1125	Hopewell Boro
1130	Hopewell Twp.

Visiting Nurse Association of
Trenton
1112 Riverside Avenue
Trenton, New Jersey

Municipal Code	Area Covered
1135	Lawrence Twp.
1155	Trenton City
1160	Washington Twp.

MIDDLESEX COUNTY

VISITING NURSE ASSOCIATION
IN MIDDLESEX COUNTY
Agency Code 81

Municipal Code	Area Covered
1206	Carteret Boro
1209	Cranbury Twp.
1215	E. Brunswick Twp.
1218	Helmetta Boro
1221	Highland Park Boro
1224	Jamesburg Boro
1227	Madison Twp.
1230	Metuchen
1236	Milltown Boro
1239	Monroe Twp.
1242	New Brunswick City

Visiting Nurse Association in
Middlesex County
211 George Street
New Brunswick, New Jersey

Municipal Code	Area Covered
1245	N. Brunswick Twp.
1248	Perth Amboy City
1251	Piscataway Twp.
1254	Plainsboro Twp.
1257	Edison Twp.
1260	Sayreville Twp.
1263	South Amboy City
1266	S. Brunswick Twp.
1272	South River Boro
1275	Spotswood Boro
1836	Franklin Twp.

WOODBIDGE PUBLIC HEALTH CENTER
Agency Code 57

Woodbridge Public Health Center
800 St. George Avenue
Woodbridge, New Jersey

**Municipal
Code**

1278

**Area
Covered**

Woodbridge Twp.

MONMOUTH COUNTY

LONG BRANCH PUBLIC HEALTH
NURSING ASSOCIATION, INC.
Agency Code 44

Long Branch Public Health Nursing
Association, Inc.
111 Union Avenue
Long Branch, New Jersey

**Municipal Area
Code Covered**

1348 Long Branch City

**Municipal Area
Code Covered**

1362 Monmouth Beach Boro

MONMOUTH COUNTY ORGANIZATION
FOR SOCIAL SERVICES, FAMILY
HEALTH AND NURSING SERVICES
Agency Code 29

Monmouth County Organization for
Social Services, Family Health
and Nursing Services
141 Bodman Place
Red Bank, New Jersey

**Municipal Area
Code Covered**

1302 Allenhurst Boro
1304 Allentown Boro
1310 Atlantic Highlands Boro
1312 Avon Boro
1314 Belmar Boro
1316 Bradley Beach Boro
1318 Brielle Boro
1308 Colts Neck Twp.
1320 Deal Boro
1322 Eatontown Boro
1324 Englishtown Boro
1326 Fair Haven Boro
1328 Farmingdale Boro
1332 Freehold Boro
1333 Freehold Twp.
1370 Hazlet Twp.
1334 Highlands Boro
1336 Holmdel Twp.
1338 Howell Twp.
1340 Interlaken Boro
1342 Keansburg Boro
1344 Keyport
1346 Little Silver Boro
1347 Lock Arbour
1350 Manalapan Twp.

**Municipal Area
Code Covered**

1352 Manasquan Boro
1354 Marlboro Twp.
1356 Matawan Boro
1357 Matawan Twp.
1358 Middletown Twp.
1360 Millstone Twp.
1364 Neptune Twp.
1365 Neptune City Boro
1367 New Shrewsbury Boro
1368 Oceanport Boro
1372 Red Bank Boro
1374 Roosevelt Boro
1376 Rumson Boro
1378 Sea Bright Boro
1380 Sea Girt Boro
1382 Shrewsbury Boro
1383 Shrewsbury Twp.
1384 South Belmar Boro
1386 Spring Lake Boro
1387 Spring Lake Hgts. Boro
1388 Union Beach Boro
1390 Upper Freehold Twp.
1392 Wall Twp.
1394 West Long Branch Boro

MORRIS COUNTY

VISITING NURSE ASSOCIATION OF
MORRIS COUNTY, INC.
Agency Code 38

Visiting Nurse Association of
Morris County, Inc.
38 Elm Street
Morristown, New Jersey

Municipal Code	Area Covered
1402	Boonton Town
1404	Boonton Twp.
1406	Butler Boro
1408	Chatham Boro
1410	Chatham Twp.
1412	Chester Boro
1414	Chester Twp.
1416	Denville Twp.
1418	Dover Town
1420	East Hanover Twp.
1422	Florham Park Boro
1424	Hanover Twp.
1426	Harding Twp.
1428	Jefferson Twp.
1430	Kinnelon Boro
1432	Lincoln Park Boro
1434	Madison Boro
1440	Mine Hill Twp.

Municipal Code	Area Covered
1442	Montville Town
1444	Morris Plains Boro
1446	Morristown Town
1448	Morris Twp.
1450	Mt. Arlington Boro
1452	Mountain Lakes Boro
1454	Mt. Olive Twp.
1456	Netcong Boro
1458	Parsippany Troy Hill
1462	Pequannock Twp.
1464	Randolph Twp.
1466	Riverdale Boro
1468	Rockaway Boro
1470	Rockaway Twp.
1472	Roxbury Twp.
1473	Victory Gardens
1474	Washington Twp.
1476	Wharton Boro

OCEAN COUNTY

OCEAN COUNTY HEALTH DEPARTMENT,
DIVISION OF NURSING
Agency Code 55

Ocean County Health Department,
Division of Nursing
Court House Annex #2
Toms River, New Jersey

Municipal Code	Area Covered	Municipal Code	Area Covered
1502	Barnegat Light Boro	1542	Ocean Twp.
1504	Bay Head Boro	1544	Ocean Gate Boro
1506	Beach Haven Boro	1546	Pine Beach Boro
1508	Beachwood Boro	1548	Plumsted Twp.
1510	Berkeley Twp.	1550	Point Pleasant Boro
1512	Brick Twp.	1552	Point Pleasant Beach Boro
1514	Dover Twp.	1544	Seaside Hgts. Boro
1516	Eagleswood Twp.	1556	Seaside Park Boro
1518	Harvey Cedars Boro	1558	Ship Bottom Boro
1522	Island Hgts. Boro	1560	S. Toms River Boro
1524	Jackson Twp.	1562	Stafford Twp.
1526	Lacey Twp.	1564	Surf City Boro
1528	Lakehurst Boro	1566	Tuckerton Boro
1530	Lakewood Twp.	1568	Union Twp.
1532	Lavallette Boro		
1534	Little Egg Harbor Twp.		
1536	Long Beach Twp.		
1538	Manchester Twp.		
1540	Mantoloking Boro		

PASSAIC COUNTY

PASSAIC COUNTY HOME HEALTH SERVICES
Agency Code 05

Passaic County Home Health Services
9 Center Street
Little Falls, New Jersey

Municipal Code	Area Covered	Municipal Code	Area Covered
1605	Bloomington Boro	1650	Prospect Park Boro
1610	Clifton City	1655	Ringwood Boro
1615	Haledon Boro	1660	Totowa Boro
1620	Hawthorne Boro	1665	Wanaque Boro
1625	Little Falls Twp.	1670	Wayne Twp.
1630	N. Haledon Boro	1675	W. Milford Twp.
1635	Passaic City	1680	W. Paterson Boro
1645	Pompton Lakes Boro		

PATERSON HEALTH DEPARTMENT, PUBLIC
HEALTH NURSING SERVICES
Agency Code 59

Paterson Health Department, Public
Health Nursing Services
25 Mill Street
Paterson, New Jersey

**Municipal
Code**

1640

**Area
Covered**

Paterson City

SALEM COUNTY

COUNTY OF SALEM, DEPARTMENT OF
HEALTH
Agency Code 56

County of Salem, Department of
Health
Salem-Woodstown Road
Woodstown, New Jersey

**Municipal
Code**

1705
1710
1715
1720
1730
1735
1740

**Area
Covered**

Alloway Twp.
Elmer Boro
Elsinboro Twp.
Lower Alloway Creek Twp.
Mannington Twp.
Oldmans Twp.
Penns Grove Boro

**Municipal
Code**

1745
1750
1755
1760
1765
1770
1775

**Area
Covered**

Pilesgrove Twp.
Pittsgrove Twp.
Quinton Twp.
Salem
Upper Penns Neck Twp.
Upper Pittsgrove Twp.
Woodstown Boro

SOMERSET COUNTY

SOMERSET HILLS VISITING NURSE
ASSOCIATION
Agency Code 40

Somerset Hills Visiting Nurse
Association
12 Olcott Avenue
Bernardsville, New Jersey

**Municipal
Code**

1436
1438
1460
1804

**Area
Covered**

Mendham Boro
Mendham Twp.
Passaic Twp.
Bedminster Twp.

} Morris
County

**Municipal
Code**

1808
1812
1832
1864

**Area
Covered**

Bernards Twp.
Bernardsville Boro
Far Hills Boro
Peapack-Gladstone Boro

SOMERSET VALLEY VISITING NURSE
ASSOCIATION
Agency Code 41

Somerset Valley Visiting Nurse
Association
256 East Main Street
Somerville, New Jersey

Municipal Code	Area Covered
1820	Branchburg Twp.
1844	Hillsborough Twp.
1852	Millstone Boro
1856	Montgomery Twp.
1868	Raritan Boro
1872	Rocky Hill Boro

Municipal Code	Area Covered
1848	Manville Boro
1876	Borough of Somerville
1824	Bridgewater Twp.
1233	Middlesex Boro
1816	Bound Brook Boro
1880	So. Bound Brook Boro

SUSSEX COUNTY

SUSSEX COUNTY HEALTH DEPARTMENT
DIVISION OF NURSING SERVICES
Agency Code 49

Sussex County Health Department
Divison of Nursing Services
18 Church Street
Newton, New Jersey

Municipal Code	Area Covered
1904	Andover Boro
1908	Andover Twp.
1912	Branchville Boro
1916	Byram Twp.
1920	Frankford Twp.
1924	Franklin Boro
1928	Fredon Twp.
1932	Green Twp.
1936	Hamburge Boro
1940	Hampton Twp.
1944	Hardyston Twp.
1948	Hopatcong Boro

Municipal Code	Area Covered
1950	Lafayette Twp.
1956	Montague Twp.
1960	Newton Town
1964	Ogdensburg Boro
1968	Sandyston Twp.
1972	Sparta Twp.
1976	Stanhope Boro
1980	Stillwater Twp.
1984	Sussex Boro
1988	Vernon Twp.
1992	Walpack Twp.
1996	Wantage Twp.

UNION COUNTY

VISITING NURSE & HEALTH SERVICES
Agency Code 12

Visiting Nurse and Health Services
354 Union Avenue
Elizabeth, New Jersey

Municipal Code	Area Covered
2004	Clark Twp.
2012	Elizabeth City
2024	Hillside Twp.
2032	Linden City
2052	Rahway
2036	Mountainside Boro

Municipal Code	Area Covered
2056	Roselle Boro
2060	Roselle Park Boro
2086	Springfield Twp.
2076	Union Twp. Vaux Hall
2084	Winfield Twp.
2080	Westfield Town

VISITING NURSE ASSOCIATION OF
PLAINFIELD & NO. PLAINFIELD
Agency Code 13

Municipal Code	Area Covered
1212	Dunellen Boro
1269	S. Plainfield Boro
1840	Greenbrook Twp.
1860	No. Plainfield Boro
1884	Warren Twp.

OVERLOOK HOSPITAL VISITING NURSE
ASSOCIATION
Agency Code 15

Municipal Code	Area Covered
2040	New Providence
2072	Summit

Visiting Nurse Association of
Plainfield & No. Plainfield
212 East 7th Street
Plainfield, New Jersey

Municipal Code	Area Covered
1888	Watchung Boro
2048	Plainfield City
2016	Fanwood Boro
2064	Scotch Plains Twp.

Overlook Hospital Visiting Nurse
Association
Overlook Hospital
Summit, New Jersey

Municipal Code	Area Covered
2044	Berkeley Heights

**REPORT OF PROFESSIONAL SERVICES
FORM CH-11 (Exhibit No. 19)**

Form CH-11 Report of Professional Services is used by Special Projects and agencies providing nursing services for reimbursement of services provided. The report is completed in duplicate and is submitted no later than fifteen days after the end of each quarter. Special Projects submit their completed Form CH-11 direct to the Program Office. Agencies send the completed Form CH-11 to the District State Health Office for forwarding to the Program Office.

When Form CH-0 has been submitted to the Program by the Nursing Agency and the registration number is not available at the time of billing, the date of submission of the CH-0 Form should follow the name on Form CH-11. In order for a case finding visit to be reimbursed, Form CH-0 must be completed on the day of the nursing visit. Agencies will not be reimbursed for nursing visits made prior to completion date of Form CH-0.

Nursing visits may not be billed until Form CH-0 has been submitted to the Program Office, unless a special request for nursing follow-up has been made by the Program.

All services provided are posted on the individual Program Activity Record, Form CH-74 (Exhibit #6).

**ALLOCATION AND REIMBURSEMENT FOR NURSING VISITS
UNDER THE CRIPPLED CHILDREN PROGRAM VISITING
NURSING CONTRACTS**

In the nursing contracts the total number of nursing visits allocated in the contract is broken down into quarterly allotments.

It is the policy of the Crippled Children Program to reimburse quarterly for nursing visits. All visits must be billed for the quarter in which they are made.

If fewer visits are made in any one quarter than the number of visits allocated, the Program will only reimburse for the actual visits made. However, the difference in the number of visits made in a quarter and those allocated may be carried over to the subsequent quarter as long as the total number of visits for the fiscal year is not exceeded. No visits may be carried over from the last quarter of one fiscal year to the first quarter of the next fiscal year.

Form CH-11 is to be completed in alphabetical order with the surname preceding the first name. The form is completed in duplicate and submitted within fifteen days following the termination of the quarter.

Only one nursing visit per family may be charged on a given date, unless specific permission for additional visits is given by the Program Office.

The State Health District Office will forward copies of Form CH-11 from each agency to the Crippled Children Program Office for final review and posting. After posting in the Program Office, a State Voucher Form 100 (Exhibit #18) is prepared and forwarded for signature by the agency and return to the Program Office.

INSTRUCTIONS FOR NURSING SUMMARY CH-5
(Exhibit No. 7)

Form CH-5 is a summary of nursing services that has been provided to a patient by the community agency.

Two copies of the Nursing Summary, Form CH-5, should accompany Form CH-10 (Exhibit #5) to the State Health District Office on any child discharged for the following reasons:

1. Change of address, moved out of agency area.
2. Moved out of state.
3. Suspension from active nursing service.
4. Institutional placement (State or Private).

When a change of address denotes a move to a community covered by another nursing agency, the State Health District Office will forward a copy of Form CH-5 to the agency expected to handle the case. The other copy is submitted to the Program Office for the case record. Whenever a change of address occurs within the agency territory, it is not necessary to complete Form CH-5.

In the event that the change of residency is out of state, two copies of Nursing Summary will be forwarded to the Crippled Children Program Office. One copy of the Nursing Summary is forwarded to the new address and one copy is retained for the record.

PROGRAM STATISTICS

Preparation and Distribution of Tabulations as provided by Data Processing Program.

Annual Tabulations:

1. Cumulative alphabetical listing for the State of all children on the register as of December 31st.

This listing includes only those cases on the register as of the end of the year exclusive of those that have become 21 years of age and those dismissed during the year for other reasons.

5 copies:	1 copy for Program Office 1 copy for each SHD Office
-----------	---

2. Alphabetical listing of all children who became 16 years of age during the past year.

2 copies:	2 copies for Program Office
-----------	-----------------------------

3. Alphabetical listing of all cases dismissed from the register during the year.

5 copies:	1 copy for Program Office 1 copy for each SHD Office
-----------	---

4. Total diagnostic count by diagnostic category, for each municipality by county.

2 copies:	2 copies for Program Office
-----------	-----------------------------

In addition, the Program receives a summary sheet showing county and state totals by diagnostic grouping.

Monthly Tabulations:

1. Cumulative alphabetical listing of all new cases registered the calendar year.

6 copies:	2 copies for Program Office 1 copy for each SHD Office
-----------	---

Program Service Statistics:

From Program Activity Record, CH-74, the Data Processing Program provides the following statistical information for the preparation of the annual Children's Bureau Report (Form CH-253).

A. The unduplicated number of children who received clinic services, hospital in-patient care, convalescent home care and other physician's services, and the volume of services received under each category.

B. The unduplicated number of children who received physician's services under the Program, broken down by county.

C. The unduplicated number of children who received services under the Program, distributed by race and age, as well as by new and old cases.

D. The unduplicated number of children who received physician's services under the Program, broken down by diagnostic code, sex and age.

REFERRAL OF CASES TO REHABILITATION COMMISSION

The Data Processing Program will furnish the Crippled Children Program at the end of each calendar year, the names of all children on the register who attained the age of 16 during the calendar year. The names will be listed alphabetically. Information with the list also includes municipality and diagnostic code information.

The Program will send each parent a form letter (CCL-7), (Exhibit #2) with a brochure offering the services of the Rehabilitation Commission and a return card Form CC-16 (Exhibit #15) indicating whether or not these services are desired. Cards of cases desiring services are forwarded to the New Jersey Rehabilitation Commission.

When rehabilitation counsellors find a case eligible for services under the Crippled Children Program, referral should be made by the counsellor direct to the Program office, indicating the name, age, address, handicapping condition and family physician.

DISPOSITION OF RECORDS

Cases registered and later found to be ineligible for services or registered in error may be withdrawn from the case records and disposed of by destruction, provided no reimbursable services were rendered.

No properly registered case will be removed from the register until a final audit is made. Following audit, cases are stored for a three year period, after which the records are destroyed.

Hospitals, convalescent centers and nursing agencies follow the administrative policies set up by their respective organizations for the disposition of records.

**N. J. STATE DEPARTMENT OF HEALTH
CRIPPLED CHILDREN PROGRAM
CONFIDENTIALITY OF RECORDS**

Generally, governmental agencies and the public have the right to be informed respecting the contents of public records. Public records have been defined by statute to mean "any written or printed book, document or paper, map or plan, which is the property of the state or of any county or municipality or part thereof, and in or on which any entry has been made or is required to be made by law, or which any officer or employee of the state or of a county or municipality has received or is required to receive for filing or recording."

The general right to information contained in public records is sometimes limited by the statute creating such public record. Examples of such restrictions are found in those statutes requiring public records to be kept on venereal diseases, mental deficiency and epilepsy but limiting review of the same to certain governmental agencies and private interests. It follows therefore, that when request is made for information contained in a public record, reference should be made to the statute creating such record to determine whether limitations have been placed upon the right of inspection.

In the absence of statutory provision to the contrary, denial of the right to information contained in public records may be predicted only upon the unreasonableness of the request in the light of administrative function or expediency. Illustrative of these points, a request for listings of those to whom licenses have been issued may be denied on the grounds that such action is not the function of this Department and denial of permission to review such records may be justified at the time requested because such action would hinder efficient processing of licenses than being issued or accomplishment of other official duties.

The Department may deny requests to obtain copies or information of any material contained in its files excepting that which constitutes a public record. Permission to obtain information not contained in a public record should be denied when the same may be of value in litigation involving the Department or private interests. Such action is necessary to protect the interests of the state, avoid involvement of the Department in private litigation and protect the public administrator from possible libel suit if the information is inaccurate and injurious to the reputation of another. Release of such information to governmental agencies having joint interests in or jurisdiction over the subject matter covered by said information is supported on the ground that such action is in the course and discharge of the Department's official duties.

Private interests should be advised only of conclusions made from information related to them contained in department files to the extent that such action aids them to conduct their activities in a manner desired by the Department and to promote public health programs.

ANCILLARY SERVICES

Ancillary services for crippled children are available through various sources. Services that may be obtained through the District State Health Office include:

Medical Social Services

Direct medical social services are provided by medical social service departments of hospitals, and by community agencies. The consultative services of medical social rehabilitation consultants are available from the State Health District Office to hospitals and other facilities.

Nursing Services CC-D8, Nutrition Services

Handicapped children not only have the usual nutritional requirements of growth and development, but in addition often have difficult and special problems due to their disability and the necessary procedures for rehabilitation. State Nutrition Program Personnel and Local Public Health Nutritionist and Diet Counselors may contribute their special skills directly to the medical and nursing care provided for children with handicapping conditions including, cerebral palsy, rheumatic fever, cleft palate, congenital malformations and conditions resulting from inborn errors of metabolism.

Physical Therapy Consultation

Physical Therapy Consultation may be obtained from the Division of Special Consultation Services through the District State Health Office.

Services that may be available in the community may include:

Visiting Homemaker

The Visiting Homemaker Service is a community agency for families overburdened by prolonged illness. Limited service can be obtained for families with a handicapped child to give the mother some support and allow her time to devote to other members of her family and fulfill her role as a member of the community.

Occupational Therapy Physical Therapy

CRIPPLED CHILDREN PROGRAM
Procedures Manual

— EXHIBITS —

THIS FORM TO BE USED FOR REGISTRATION WITH THE CRIPPLED CHILDREN AND MATERNAL AND CHILD HEALTH PROGRAMS

CH-0
Apr 68

N. J. STATE DEPARTMENT OF HEALTH
CRIPPLED CHILDREN PROGRAM
MATERNAL AND CHILD HEALTH PROGRAM
P.O. Box 1540, Trenton, New Jersey 08625

To be completed and
forwarded in duplicate

REGISTRATION FORM

CC Program <input type="checkbox"/>	FOR IBM USE ONLY		MCH Program <input type="checkbox"/>
Case No. _____	Municipality Code _____	Agency or County Code _____	
Date Registered _____	Source of Referral - Code No. _____		
Diagnostic Code	1. _____	2. _____	3. _____ 4. _____

Name _____
(Last) (First) (Middle)

(Street and number, if rural, give P.O. Address) (City) (Borough or Twp.) (County)

Date of Birth _____ Sex _____ Race _____

Delivered: (Check one) Home _____ Hospital _____ Name _____

Father _____
(Name) (Address) (Occupation)

Mother _____
(Name) (Address) (Occupation)

Guardian _____
(Name) (Address) (Occupation)

Medical diagnoses as given by physician: 1. _____
2. _____ 3. _____
4. _____

Date diagnosed _____ Age when handicapped _____

Private Case: Yes _____ No _____ Attending Clinic: Yes _____ No _____

Nursing Service needed? Yes _____ No _____

Source of referral _____

Diagnosing Physician _____
(Name) (Address)

If diagnosed in hospital or clinic _____
(Name) (Address)

Family Physician _____
(Name) (Address)

Report completed by _____
(Organization) (Address)

Date completed _____

(Continued on reverse side)

Law regarding Birth Reporting. Title 9:13-5 of the Revised Statutes. BIRTH OF CRIPPLED CHILD MUST BE REPORTED.

"Within thirty days after the birth in this state of a child born with visible congenital deformities, the physician, midwife, or person acting as midwife, in attendance upon such birth, shall file with the commission a statement setting forth such deformity. The statement shall be solely for the use of the commission in the performance of its duties and shall not be open to public inspection nor considered a public record.

"The information in any such statement may be used by the Commission for the care and treatment of crippled children pursuant to and for carrying into effect the provisions of this article.

"Any person violating this section shall be subject to a penalty of fifty dollars to be recovered in an action at law at the suit of the state department of health."

Reporting of Cerebral Palsy

The law by Title 26: 5A-1 of the Revised Statutes requires that:

"Every physician shall report each case of cerebral palsy now under his care, if his patient is under eighteen years of age, and all new cases of cerebral palsy, regardless of the age of the patient. The said reports shall be made to the local board of health having jurisdiction over the territory within which the patients reside or are being treated.

"The State Department of Health shall prescribe and furnish the forms on which the reports shall be made, and shall make and promulgate regulations pertaining thereto."

Additional forms for reporting will be forwarded upon request.

ROSCOE P. KANDLE, M.D., M.P.H.
State Commissioner of Health



WATSON E. NEIMAN, M.D., Director
Division of Constructive Health

State of New Jersey

DEPARTMENT OF HEALTH

JOHN FITCH PLAZA, P.O. BOX 1540, TRENTON, 08625

Your child has been registered with the New Jersey Crippled Children Program since the identification of a handicapping condition. If your child still has a handicapping condition, the Rehabilitation Commission of the State Department of Labor and Industry may be in a position (as indicated by the enclosed brochure) to afford your child vocational counselling services. Total rehabilitation is dependent upon continuity of care.

If you wish these services, we would appreciate it if you would indicate your desires by completing and returning the enclosed card.

Sincerely yours,

Watson E. Neiman, M. D.
Assistant Commissioner
Personal Health Services

WEN:
Encs.

ROSCOE P. KANDLE, M.D., M.P.H.
State Commissioner of Health



WATSON E. NEIMAN, M.D., Director
Division of Constructive Health

State of New Jersey

DEPARTMENT OF HEALTH

JOHN FITCH PLAZA, P.O. BOX 1540, TRENTON, 08625

We are in receipt of a registration form CH-0 reporting a visible congenital defect on the above child from the

This child is now registered with the Crippled Children Program. You have been named as the attending physician.

The Crippled Children Program provides public health nursing services for handicapped children through agreements with local agencies. The local agency is in a position to describe the services available through the Crippled Children Program. You may be contacted by the agency relative to these services, which you may wish to utilize now or in the future for this child.

Appreciating your cooperation in this matter, I remain

Sincerely yours,

Crippled Children Program

CC-L1
June 69

CH - 10
Nov 68

**N. J. STATE DEPARTMENT OF HEALTH
CRIPPLED CHILDREN PROGRAM
MATERNAL AND CHILD HEALTH PROGRAM
P.O. Box 1540, Trenton, New Jersey 08625**

*To be completed and
forwarded in duplicate*

**REGISTRATION
CORRECTION FORM**

Name _____ Registration No. _____
(As now on register) (Last) (First) (Middle)

Residence code _____ Diagnostic code 1. _____
(As now on register) 2. _____
3. _____
4. _____

Agency Submitting Form _____ Date submitted _____

ONLY CHANGED ITEMS TO BE COMPLETED OR CHECKED

C.C. PROGRAM
M.C.H. PROGRAM
USE ONLY

FROM	TO	CODE
Change of name		
Change of address		
Change of diagnosis		
Additional diagnosis	XXXXXXXXXX	
Change of sex		
Change of race		
Change of birth date		
Suspension from active nursing service (Check appropriate box) 1. <input type="checkbox"/> Discharge from Nursing Agency 2. <input type="checkbox"/> Physician does not desire nursing visits 3. <input type="checkbox"/> Family refused nursing visits 4. <input type="checkbox"/> Cannot locate		
DISPOSITION OF CASE Deceased <input type="checkbox"/> Out of State <input type="checkbox"/> Registered in Error <input type="checkbox"/> Cured <input type="checkbox"/> Ineligible Diagnosis <input type="checkbox"/> Maximum Recovery <input type="checkbox"/>		
DATE OF DISPOSITION		
Attending Physician's Name or Hospital or Clinic		

TO BE COMPLETED BY C.C. AND M.C.H. PROGRAM OFFICE

Date corrected _____ Old Agency Code _____

Year reported _____ New Agency Code _____

NURSING SUMMARY

N. J. STATE DEPARTMENT OF HEALTH
CRIPPLED CHILDREN PROGRAM
MATERNAL AND CHILD HEALTH PROGRAM
P.O. Box 1540, Trenton, New Jersey 08625

Referring Agency _____ Date of Referral _____

1. Patient's Name _____ Sex _____ Birthdate _____

New Address _____

Old Address _____

Father's or Guardian's Name _____ Mother's Name _____

Registration Number _____ Diagnostic Code _____

2. Medical Diagnosis _____

3. Medical Recommendations _____

Medications _____

Clinics Attended _____

Braces

P.T.

O.T.

Speech

4. Physician Rendering Services _____
Name Address

5. Rehabilitation Status

(A) Educational Home Instruction Regular School Special Class or School

(B) Vocational Training

(C) Other participating agencies

(Continued on reverse side)

CH-1
Apr 67

N. J. STATE DEPARTMENT OF HEALTH
CRIPPLED CHILDREN PROGRAM
MATERNAL AND CHILD HEALTH PROGRAM
P.O. Box 1540, Trenton, New Jersey 08625

TO BE COMPLETED AND
FORWARDED TO THE
PROGRAM IN TRIPLICATE

PHYSICIAN'S EXAMINATION

This form and form CH-9 Socio-Economic Petition to
be used for requesting the participation of the Crippled
Children and/or Maternal and Child Health Program.

Date _____

Last Name _____ First Name _____ Middle Name _____

Street and No. _____ R.F.D. _____ Floor _____

City or Town _____ Township _____ County _____

Date of Birth _____ Sex _____ Color _____ Wt. _____ Ht. _____ Age when crippled _____

Hospital or Convalescent Center requesting services _____

Facility or appliance dealer providing requested services _____

REPORT OF EXAMINATION

Date Examined _____

a. Clinic _____
(Name of Hospital) (City) (County)

or

b. Physician's Office _____
(Name) (Street and No.) (City) (County)

HISTORY (Operations and Treatments - Dates and Places)

Examination findings, including laboratory:

(Continued on other side)

Symptoms and manifestations:

Diagnosis: (Specify sites or parts when localized)

Probable Cause:

RECOMMENDATIONS:

a. Type or types of services recommended and being requested:

b. Estimated number of Hospital Bed Days _____

Date of admission or anticipated date of admission _____

c. Estimated number of Convalescent Bed Days _____

Date of admission or anticipated date of admission _____

d. Other pertinent data:

Signature of Approved Panel Physician _____

Type or Print Name of Physician _____

Request for
Extension of Care

N. J. STATE DEPARTMENT OF HEALTH
CRIPPLED CHILDREN PROGRAM
MATERNAL AND CHILD HEALTH PROGRAM
P.O. Box 1540, Trenton, New Jersey 08625

To be completed and forwarded to the Program in triplicate, fifteen days prior to termination of current authorization

Date _____

Last Name _____ First Name _____ Middle Name _____
 Street and No. _____ R.F.D. _____
 City or Town _____ Township _____ County _____

The above named child admitted on _____, with Crippled Children Program or Maternal and Child Health Program participation to _____
(Date admitted) (Name of Hospital or Convalescent Center) (Address)

will not be ready for discharge on _____ as further treatment is necessary.
(Original Expiration Date)

Progress Diagnosis: _____

Reason for additional care with proposed therapy and projected date of discharge: _____

We request the approval of further hospitalization for _____ at _____
(Bed days) (Rate per day)

Total cost _____
(Amount)

Physician _____

To be completed on all cases of cerebral palsy or neuromuscular disorders.

GENERAL	Normal	Good	Fair	Poor
General appearance				
Nutrition				
Muscular development				
Voluntary motion				
Co-ordination				
Leg function				
Arm function				
Sitting balance				
Standing balance				
Speech				
Facial control				
Sight				
Hearing				

REFLEXES	Left	Right
Knee Jerks		
Ankle Jerks		
Clonus		
Babinski		
Cremasterics		
Abdominals		
Biceps		
Triceps		
Periosteoradials		

EYES
Eye Motions
Nystagmus
Strabismus
Pupils

Summary on reverse side

CH-9
Jan 68

SOCIO-ECONOMIC PETITION

N. J. STATE DEPARTMENT OF HEALTH
CRIPPLED CHILDREN PROGRAM
MATERNAL AND CHILD HEALTH PROGRAM
P.O. Box 1540, Trenton, New Jersey 08625

To be completed and forwarded to the Program in triplicate.

In the matter of the application for the diagnosis, treatment, hospitalization and surgical appliances. (Revised Statutes 9:13-7 and 9:13-8)

This form and form CH-1, CH-2 or CH-6, as appropriate, to be used for requesting care from the New Jersey State Department of Health.

DATE _____

To the Board of Chosen Freeholders of the County of _____ (where applicable)

The petition of _____ in the County of _____ in the State of New Jersey, respectfully shows the following:

1. That the handicapped _____ (Last name) _____ (First name) _____ (Middle name) _____ (Date of birth) _____ (Birth place) _____ (Citizen) resides at _____ (Street and number) _____ (Floor) _____ (City, town or R.F.D.) _____ (County)

2. The handicapped individual's family and relatives living with or contributing to support of the family:

(Fathers's name) (Date of birth)

(Mother's name) (Date of birth)

Names of all relatives living with family & date of birth:

Names of other children in family and date of birth:

3. That the parent or guardian named has resided in the following place or places for the PAST FIVE YEARS:

(Street and number) (City, town or R.F.D.) (County) (From date) (To date)

4. That the following is a statement of all property, real or personal, and income of the said handicapped or family or guardian (Include savings accounts, stocks, bonds, etc.)

PROPERTY, REAL OR PERSONAL	GROSS MONTHLY INCOME
_____	Father earns _____
_____	Mother earns _____
_____	Other income _____
_____	TOTAL _____

5. Following is the statement of expenditures of said handicapped, parent, or guardian. (Itemize monthly expenditure):

Rent _____	Total forwarded _____
Food _____	Other expenses (Specify) _____
Heat _____	_____
Gas & electricity _____	_____
Transportation _____	_____
Clothing _____	_____
Insurance _____	_____
Taxes _____	TOTAL _____

6. That the said individual is in need of treatment, hospitalization, and/or surgical appliances.

7. The family or guardian will assume the following share of the cost \$ _____. * It is anticipated that _____ will assume the following share of the cost (Name interested organization) \$ _____.

- * a. Show amount per day in case of hospitalization.
- b. Show amount in dollars for appliances.
- c. Show percentage amount in case of drugs.

3. This petition is valid for one year from the date of notarization, unless there is a marked change in the income of the family. A new petition may be filed at any time.

Dated at _____ (Petitioner) COUNTY OF _____ STATE OF _____ } ss.

_____, of full age, being duly sworn according to law on his oath, deposes and says that he is the petitioner above named; that the facts, matters and things in said petition set forth are true.

Sworn to and subscribed before me this _____ day of _____

A.D., 19____, at _____ (SEAL)

(Notary Public or Attorney)

N. J. State Department of Health
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P. O. Box 1540, Trenton, N. J. 08625

Code No. _____
C.C. Case No. _____
MCH Case No. _____

AUTHORIZATION ORDER

_____ Name of Case _____ Birth date _____
_____ Street _____
_____ City _____ County _____

This authorization covers from _____ to _____.

_____ Hospitalization _____ Convalescent bed days at \$ _____ per day. \$ _____
_____ Appliances _____ Drugs _____ Other (specify) _____ \$ _____
_____ \$ _____

1. Reimbursement to facility from:

Family _____ \$ _____
Insurance _____
Other (specify) _____

Sub-total \$ _____

2. Authorized Reimbursement from Program:

Reimbursement from _____ County /5 of _____ % \$ _____
Reimbursement from _____ County /5 of _____ % _____
Program _____

Sub-Total \$ _____

Total paragraphs 1 and 2 \$ _____

Billing must be made to the participating agency indicated on the basis of the above authorization or the part used thereof.

Authorization
Date _____

Program Coordinator

TERMS AND CONDITIONS HEREOF: (SEE REVERSE SIDE)

VENDOR'S COPY

CH-12
Oct 65

N.J. State Department of Health
CRIPPLED CHILDREN PROGRAM
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P.O. Box 1540, Trenton, New Jersey 08625

C.C. Case No. _____
MCH Case No. _____

CANCELLATION ORDER

Name of Case _____ Birth date _____
Street _____ R.F.D. _____
City _____ Twp. _____ County _____

This is your authorization order to supply for the above-captioned case:

Hospitalization Convalescent _____ Bed days at _____ per day. \$ _____
 Appliances Drugs Other (specify) _____ \$ _____

This authorization covers from _____ to _____

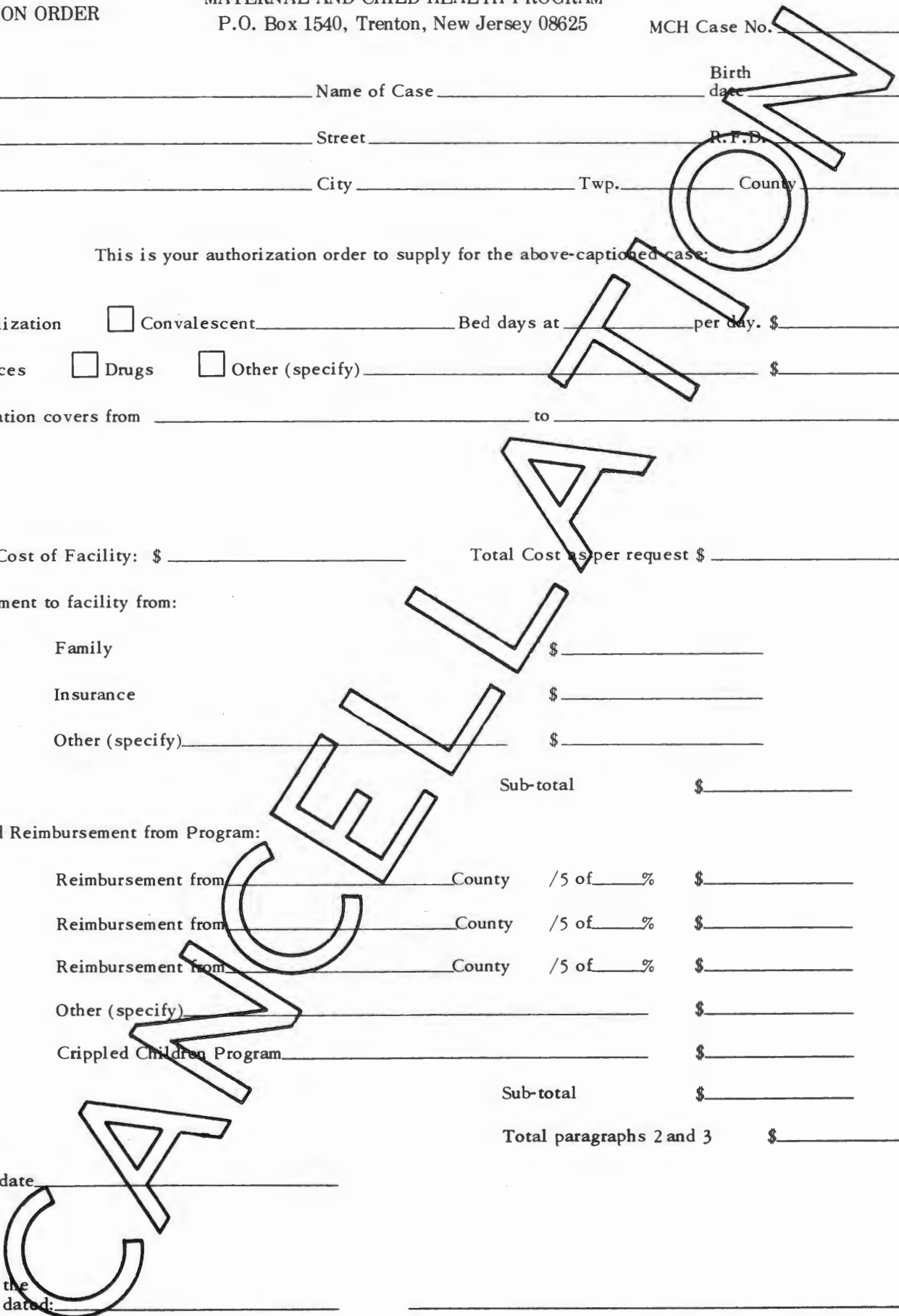
1. Per Diem Cost of Facility: \$ _____ Total Cost as per request \$ _____

2. Reimbursement to facility from:
Family \$ _____
Insurance \$ _____
Other (specify) _____ \$ _____
Sub-total \$ _____

3. Authorized Reimbursement from Program:
Reimbursement from _____ County /5 of _____% \$ _____
Reimbursement from _____ County /5 of _____% \$ _____
Reimbursement from _____ County /5 of _____% \$ _____
Other (specify) _____ \$ _____
Crippled Children Program _____ \$ _____
Sub-total \$ _____
Total paragraphs 2 and 3 \$ _____

Cancellation date _____

This cancels the authorization dated: _____



DISCHARGE NOTIFICATION

N. J. STATE DEPARTMENT OF HEALTH
CRIPPLED CHILDREN PROGRAM
MATERNAL AND CHILD HEALTH PROGRAM
P.O. Box 1540, Trenton, New Jersey 08625

Date _____

Last Name _____ First Name _____ Middle Name _____

Street and No. _____ R.F.D. _____ Floor _____

City or Town _____ Township _____ County _____

Patient will be discharged from _____
(Name of Hospital or Convalescent Home)

Date of Discharge _____ Date of Admission _____

To _____
(Hospital, Convalescent Home, or Home Address)

Final diagnosis _____

Type of services rendered _____

Name of Physician _____

Patient to return for re-examination _____
(Place) (Date)

Recommendations for after-care:

Is patient now a fully corrected case? _____

If not, to what extent handicapped? _____

Patient referred back to Dr. _____
(Name of referring physician) (Address)

Physician _____

(Continued on other side)

ROSCOE P. KANDLE, M.D., M.P.H.
State Commissioner of Health



WATSON E. NEIMAN, M.D., Director
Division of Constructive Health

State of New Jersey
DEPARTMENT OF HEALTH
JOHN FITCH PLAZA, P.O. BOX 1540, TRENTON, 08625

Dear

We are enclosing Form # _____, from which you will note that request is made for _____ to be supplied by _____ for the above individual.

This covers the period from _____ to _____ at \$ _____ per day.

1. Reimbursement to facility from:

Family		\$ _____
Insurance		_____
Other (specify) _____		_____
_____		_____
	Sub-total	\$ _____

2. Reimbursement from Program:

Reimbursement from _____ County	/5 of _____%	\$ _____
Reimbursement from _____ County	/5 of _____%	_____
Program _____		_____
	Sub-total	\$ _____
	Total paragraphs 1 and 2	\$ _____

Please sign and return "Program Copy" (WHITE) as certification of your County's participation in this request.

Date Approved _____ Title _____

PROGRAM COPY

I am _____ interested in referral of my child's
I am not _____
name to the Rehabilitation Commission.

(Signed) _____

(Address) _____

Child's name _____
(Please print)

CC-16

M4363

CC-13
July 65

N. J. STATE DEPARTMENT OF HEALTH
CRIPPLED CHILDREN PROGRAM
TRENTON, NEW JERSEY 08625

APPLIANCE APPROVAL FORM

Registration No. _____

Date Issued _____

1. To Clinic or Convalescent Home

Name and Address

2. Child's Name _____

Street or P.O. _____

Municipality _____ County _____

INSTRUCTIONS:

Schedule and refer above child to next cerebral palsy or orthopedic clinic for appliance check by panel physician on appliances furnished by vendor. When panel physician's approval or disapproval has been obtained, return this copy to the appliance vendor.

3. Appliance Vendor _____

Address _____

4. Appliance Vendor's Order:

5. Approval pending following adjustments or corrections:

Date _____

Panel Physician _____

6. Above appliance or prosthesis is acceptable and has my approval for payment.

Date _____

Panel Physician _____

7. When panel physician's approval has been obtained, the appliance vendor will send original copy of Form CC-13 to:

N. J. State Department of Health
Crippled Children Program
Health-Agriculture Building
P.O. Box 1540
Trenton, New Jersey 08625

N. J. STATE DEPARTMENT OF HEALTH
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EXHIBIT #17

To be completed and
forwarded to the
Program in triplicate

Date _____

REQUEST AND AUTHORIZATION FOR DRUGS

Last name _____ First name _____ Middle name _____

Street and No. _____ City or town _____ County _____

Name of Hospital making request _____

The following drugs were supplied to the above child by our Hospital Pharmacy
on _____ to cover the period from _____
to _____

DRUG	AMT. PER DAY	AMT. PROVIDED	HOSPITAL COST

Total Cost _____

Family have agreed to pay _____ toward above cost.

Submitted by _____
(Physician's Signature)

FOR PROGRAM USE

Date _____

Authorization is hereby granted to bill the Crippled Children or
Maternal and Child Health Program for

Hospital is to bill the family direct for

Hospital is to bill _____ for _____

Signed _____
(Program Coordinator)

Instructions

Submit in triplicate. The original and second copies will be returned. Hospital will return original approved copy
with subsequent billing to Program.

CH-11
Jan 64

N. J. STATE DEPARTMENT OF HEALTH
CRIPPLED CHILDREN PROGRAM
MATERNAL AND CHILD HEALTH PROGRAM
P. O. Box 1540, Trenton, New Jersey 08625

C.C. PROGRAM
M.C.H. PROGRAM
Contract No. _____
Date of Report _____
Quarter Ending _____
Agency Code _____

Report of Professional Services

Sheet No. _____ Agency Reporting _____
of _____ Sheets Address _____

Name of Patient	*Reg. No.	Diag. Code	Date of Services Rendered

*(Instructions on reverse side)
Use as continuation sheet also