



BERGEN COUNTY HOUSING, HEALTH AND HUMAN SERVICES CENTER

120 SOUTH RIVER STREET
HACKENSACK, NJ 07601-6908
(201) 336-6475
Fax: (201) 488-9298
TDD: (201) 343-2185

JULIA M. ORLANDO, CRC, ED.M, MA
DIRECTOR

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Notification to the Bergen County Department of Human Services

Date: _____

Guest Name: _____

A check here indicates there is a concern. BCDHS should call Center prior to seeing this client.

The suspended guest may return to the Center on: _____

_____ is permitted to use the following services at the Center:

- Next Step
- Meals
- Mail by appointment only
- HPRP
- Housing Specialist

*A Shared Services Project Between the County of Bergen and the Housing Authority of Bergen County
"A Collaborative Approach to Meeting Human Service Needs"*

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