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

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