

Bergen's Promise

Healthy Families, Safe at Home

218 Route 17 North
Suite. 304
Rochelle Park, NJ 07662
Phone: 201-712-1170
Fax 201-712-0391
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12/5/2018

Attn:

Dear :

As a result of a Child Family Team meeting held on _____, out-of-home treatment services for _____ have been authorized by the New Jersey Children's System of Care (CSOC). This decision is the result of a collaborative effort on the part of all of the Child Family Team members, of which the school district has been a valuable partner.

Bergen's Promise will be acting on behalf of the Child and Family Team and CSOC in assisting with the admission to the treatment facility. State and federal insurance funds will cover the residential treatment portion of the program. As you are aware, the education of _____ is the responsibility of your school district. Below is the contact information for _____'s new residential treatment facility. Once the youth is admitted, you will be notified and invited to participate in all Treatment Team meetings.

ADMISSION DATE:

Residential Treatment Facility:

Address:

Contact Name:

Contact Number:

If you have any questions or concerns, please contact me at 201-712-1170. Thank you for your cooperation in this matter.

Sincerely,

Care Manager

Care Manager Supervisor