Bergen's
PROMISE
Healthy Families, Safe at Home

3 University Plaza Drive, Suite 300
Hackensack, NJ 07601
Phone: 201-712-1170
Fax: 201-712-0391
www.bergenspromise.org

Date: ________________

Provider Name
Provider Street Address
City, State, Zip

Re: Youth's Name: ______________________________
Youth's DOB: _______________________________

Dear Provider:

I am writing on behalf of Youth's Full Name. Bergen's Promise Care Management Organization is a non-profit organization that is part of the New Jersey Children's System of Care. We provide services to children and families in Bergen County with behavioral health needs. We are providing services to Youth's First Name whom we understand is currently under your care.

We invite you, or your designee, to become a participating member of the Child Family Team (CFT) as we value your collaboration in developing Youth's First Name Individualized Service Plan (ISP) in order to optimize the child's health outcomes. The ISP addresses the youth's needs and goals as well as the strategies needed to achieve those goals. If there are specific healthcare recommendations that require follow-through at home/school, please contact us so that we can support the child and family to ensure recommendations are implemented. The first CFT meeting is held within 30 days of the initial family meeting, and every 60-90 days thereafter unless circumstances dictate otherwise. Your participation may be in the form that is most convenient for you.

Attached is a signed and dated copy of an Authorization for the Release of Medical Information, which grants permission for communication of protected health information between this individual's healthcare providers and Bergen's Promise, Inc.

At a future time, I may be contacting you to discuss the details of this collaboration. In the meantime, please feel free to contact me at the number listed above.

To learn more about Bergen's Promise, please visit our website at www.bergenspromise.org. We look forward to our working together in this very important endeavor.

Sincerely,

______________________________ ______________________________

Care Manager's Name
Care Manager

Care Manager Supervisor's Name
Care Manager Supervisor