

Date: _____

Youth's Name (DOB): _____

Youth's Behavioral Health Home Nurse/Wellness Educator: _____

Dear Provider:

I am writing on behalf of the above-listed child. This child is currently enrolled in Bergen's Promise's Behavioral Health Home Program. The Behavioral Health Home seeks to integrate and coordinate care for children who have chronic co-occurring behavioral and specific medical health issues. Members of the Behavioral Health Home staff are working alongside other formal and informal supports to develop individualized interventions for this child and family, building on current services to provide holistic care. This process involves direct face-to-face care coordination, Wraparound care planning, and health education and promotion activities. The ultimate goal of the Behavioral Health Home is for families and children to develop the skills and ability to actively manage the child's chronic medical as well as behavioral health conditions.

We would like to make you aware of our involvement with this child and family, and hope that we can collaborate to optimize the child's health outcomes. If there are specific 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. If needed for your records, please feel free request a copy of the signed HIPAA release, which grants permission for communication of protected health information between this child'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 below.

Thank you for your assistance in helping this youth realize his/her health and wellness goals.



Jan Schlaier, Ed.D (c); FNP-BC
Director of Health Services
Bergen's Promise, Inc.
Phone: (201)712-1170
Fax: (201)712-0391