



BERGEN COUNTY HOUSING, HEALTH AND HUMAN SERVICES CENTER

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

**I UNDERSTAND THAT BY REFUSING MEDICAL CARE AND/OR TREATMENT I MAY BE
JEOPARDIZING MY ABILITY TO STAY AT THE SHELTER AND/OR CONTINUE TO
RECEIVE SERVICES AT THE CENTER.**

GUEST NAME

DATE

GUEST SIGNATURE

DATE

STAFF/WITNESS SIGNATURE

DATE

NOTES: _____

