



**Jewish Family Service of Atlantic County
Acknowledgement/Somers Point Board of Education**

Client ID # _____

Episode # _____

The Somers Point Board of Education requires all contracted service providers who have contact with students to report alleged violations of the Harassment, Intimidation and Bullying policy. Therefore providing consent for JFS services through the Somers Point School District includes the understanding that any reports made in therapy services about Harassment, Intimidation or Bullying, whether towards or by the student will be reported to the school in accordance with the policy.

I acknowledge that I have been given the opportunity to review this notice with a staff member assigned to work with me.

Signature of the Consumer: _____ **Date:** _____
(14 years of age or older)

Signature of Parent/Guardian: _____ **Date:** _____
(Children younger than 18 years)

JFS Staff Reviewed with Client: _____

Date: _____