



State of New Jersey

DEPARTMENT OF CHILDREN AND FAMILIES

CHRIS CHRISTIE

Governor

KIM GUADAGNO

Lt. Governor

ALLISON BLAKE, PH.D., L.S.W.

Commissioner

Division of Children's System of Care

#4 - ABS/HSRS - Acknowledgement

This is to acknowledge that I am the person who completed the ABS/HSRS Form for

_____.

Name of Applicant

To the best of my knowledge and belief, the answers I have provided accurately reflect the Self-Help Skills, Communication Skills, Social Behaviors, Community Awareness, Physical Conditions, Limitations, Assistive Device Needs, as well as Health, Medical and Safety concerns of _____.

Name of Applicant

Signature: _____ Date: _____

Name (Please Print): _____

Relationship: _____