

C.H.T.Services,Inc.

2901 Campus Road, Brooklyn, NY 11210 **Phone:** (718)874-6226 Ext. 101. **Fax:** (718)874-0041 **www**: chtservices.com

Notice of Gap in Service

All service providers must notify C.H.T.Services of any interruption of services of 3 consecutive sessions within 48 hours. Cancellation Session Notes are required along with this form. Form will be forwarded to all participating agencies.

Child Information		
Child Name:		DOB://
First Name Reference Number:		t Name
Service Coordinator:	Contact Number:	
Therapist Information		
Therapist Name:	Service Type:	
Gap in Service Details		
Dates of Absence:		
Type of Absence and Reason (please check off all that apply below):		
Family Driven		
☐ Child Illness	☐ Family Vacation	□ Family emergency
Therapist Driven		
☐ Therapist Illness ☐ Therapist Vacation ☐ Therapist emergency ☐ Other (explain below)		
Circumstances Beyond Providers Control		
☐ Hazardous weather	□ Civil Emergency	☐ Other (explain below)
Comments:		
Therapist Signature: Therapist Phone#:		