

## BEREAVEMENT CARE TEAM REPORT

YOUR NAME: \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_

FAMILY YOU SERVED: \_\_\_\_\_ NUMBER SERVED (if meal) \_\_\_\_\_

HOW DID YOU HELP?:

WAS BCT BAG USED?

SUGGESTIONS OR PROBLEMS:

DON'T FORGET TO TURN IN RECEIPTS FOR REIMBURSEMENT!

PLEASE RETURN THIS FORM TO: Cynthia White  
1817 Ridge Road  
Raleigh, NC 27607

**THANK YOU!**

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