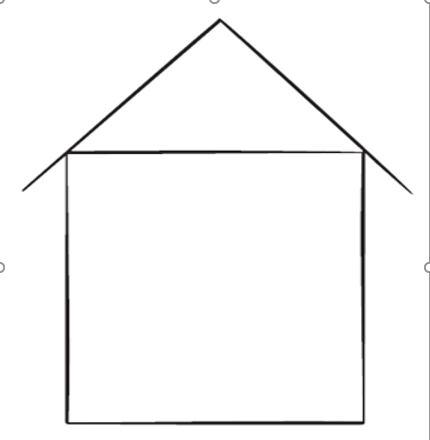
**Name of Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

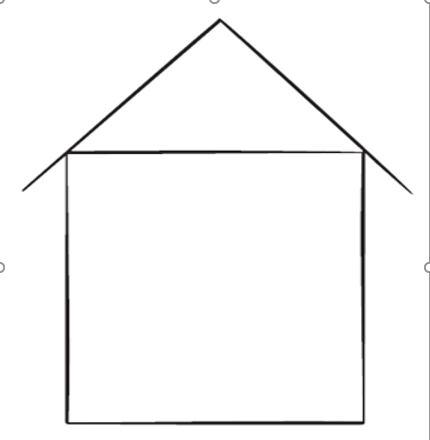
**Date/Time/Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of DCF staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

shape


**HOUSE OF WORRIES**



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