

Turning Point Family CARE

▶ COUNSELING ▶ ADVOCACY ▶ RESOURCES ▶ EMPOWERMENT

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Request for the Removal of Barriers

Completed by: _____

Date: _____

Directions: Please describe the identified barrier and recommendations for removal of the barrier. Please complete this form and give to the Program Supervisor at Turning Point Family CARE. Please feel free to write on the back of this form or attach additional materials. If you prefer to mail the form, please mail to:

- *Raleigh consumers: Turning Point Family CARE office at: 3509 Haworth Drive, Suite 105, Raleigh, NC 27609.*
- *Durham consumers: Turning Point Family CARE office at: 4300 Garrett Road, Suite A, Durham, NC 27707.*
- *Johnston consumers: Turning Point Family CARE office at: 935 Shotwell Road, Suite 104A, Clayton NC 27520*

Description of Identified Barrier:

Recommendations for Removal of Barrier:

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Signature: _____ Date: _____