



TAFCAR
Treatment Alternatives for Children at Risk
Center for Family Services
584 Benson Street, Camden, NJ 08103
Phone: (856) 964-1990
Fax: (856) 964-1993

Wendy Alexander MS, Program Director

REFERRAL PROCESS

- 1.) Fill out attached referral form to its entirety.
- 2.) Fax the referral to:

Wendy Alexander
Center for Family Services
584 Benson Street Camden, NJ 08103

Fax: (856) 964-1993

Upon receiving the referral, a fax response will be sent to the DYFS worker. In reference to the status of the referral, i.e. put on waiting list, assigned to a TAFCAR worker, and /or an initial visit need to be scheduled between TAFCAR worker and DYFS worker.

- 3.) A notice will be sent to the DYFS worker when the case has been assigned to a TAFCAR worker. At this time both parties would need to contact one another to schedule an initial visit with the family to officially open the case.
- 4.) A second notice will be sent to the DYFS worker if there has been no response from the previous letter. If there is no response after the second letter, a recommendation for closing the referral will be sent due to lack of contact.
- 5.) During the initial visit the goals / objectives of the intervention will be established, agreed upon and signed by all parties involved.
- 6.) There should be ongoing contact between all parties regarding the status of the intervention. TAFCAR will send monthly updates to DYFS workers.

If you have any questions please feel free to
call Noemi at 856-964-1990 x144 or Wendy 856-964-1990 x 194.

TAFCAR REFERRAL FORM

Fax: (856) 964-1993

Phone: (856) 964-1990

**All Information on Both Pages must be completed
Before case can be opened by TAFCAR**

(Please check) ___ TAFCAR ___ Prevention

DATE: _____ DYFS WORKER: _____

DYFS PHONE: _____ DYFS CELL: _____

DYFS EMAIL ADDRESS: _____

DYFS SUPERVISOR: _____

CASE NAME: _____

NJ SPIRIT #: _____ COUNTY: _____

ADDRESS: _____

CITY: _____ STATE: _____ TELEPHONE _____

FAMILY MEMBERS	SEX	AGE	BIRTHDATE	RACE	RELATIONSHIP

FAMILY INCOMES: UNDER \$10K ___ \$10-\$19 ___ \$20-\$29 ___ \$30-\$39 ___ \$40-\$49 ___

HAS CLIENT BEEN INFORMED ABOUT TAFCAR SERVICES? YES ___ NO ___

If yes is client available from 9:00am to 5:00pm? Yes ___ If client isn't available during these hours this case may not be appropriate for TAFCAR.

DATE OF LAST HOME VISIT BY DYFS _____

Please fax with this document:

- Most recent DYFS plan
- FPS termination Letter
- Any other documentation that you feel may be helpful to TAFCAR

High Risk: What makes this case HIGH RISK and what should TAFCAR be monitoring?

OTHER FAMILY CONCERNS NOT ON CHECKLIST:

HAS CLIENT BEEN INFORMED ABOUT TAFCAR SERVICES? _____

DATE OF LAST HOME VISIT BY DYFS _____

ATTACHMENTS REQUIRED:

- MOST RECENT ASSESMENT
- MOST RECENT TREATMENT PLAN

ATTACH IF THESE PERTAIN TO THE CASE:

- PSYCHOLOGICAL OR PSYCHIATRIC HISTORY
- ANY COURT INVOLVEMENT

ARE THERE OTHER SERVICES IN THE HOME? PLEASE LIST
