



T. A. F. C. A. R. / Treatment Alternatives for Children at Risk

**Center for Family Services Inc.
584 Benson Street.
Camden NJ, 08103
(856) 964-1990 phone
(856) 964-1993 Fax**

Wendy Alexander MS, Program Director

REFERRAL PROCESS

- 1.) Fill out attached referral form to its entirety.**
- 2.) Fax the referral to Wendy Alexander at Center for Family Services Inc. 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 ext.144
Or Wendy 856-964-1990 ext. 194**

TAFCAR REFERRAL FORM

Fax to: 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 SUPERVISOR: _____

CASE NAME: _____

NJ SPIRIT #: _____ COUNTY: _____

EMAIL ADDRESS: _____

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
