



**CENTER FOR FAMILY SERVICES
FAMILY SUPPORT CENTER REFERRAL FORM**

601 SOUTH BLACK HORSE PIKE, WILLIAMSTOWN, NJ 08094
PHONE: 856.881.7252 FAX: 856.728.1407
FAMILYSUPPORTCENTER@CENTERFFS.ORG

ELIGIBILITY CRITERIA

- LIVING WITH FAMILY, IN AN ALTERNATIVE FAMILY, OR IN A GROUP HOME
- EXHIBITING BEHAVIORAL OR EMOTIONAL DISTURBANCES THAT INTERFERE WITH FUNCTIONING IN A FAMILY SETTING
- AT RISK OF OUT-OF-HOME PLACEMENT

DATE OF REFERRAL: _____

SPIRIT NUMBER: _____ (NO SAR NECESSARY)

LOCAL OFFICE: _____

CASE WORKER: _____ PHONE: _____ EXT. _____

SIGNATURE: _____ EMAIL: _____

SUPERVISOR: _____ PHONE: _____

YOUTH INFORMATION

YOUTH NAME: _____

PRESENT ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

SEX: _____ RACE: _____ DOB: _____ AGE: _____ GRADE: _____

FAMILY/GUARDIAN: _____

COURT INVOLVED: Y / N PENDING CHARGES: _____

PROBATION/PAROLE OFFICE: _____ PHONE: _____

FAMILY COMPOSITION: _____

REASON FOR REFERRAL
(PLEASE PROVIDE DETAILED INFORMATION)

PREVIOUS TREATMENT INVOLVEMENT OR SERVICES PROVIDED BY OTHER AGENCIES INCLUDING CFS: _____

PLEASE ATTACH (IF APPLICABLE): DCP&P FAMILY ASSESSMENT, PROBATION CASE TRACKING SYSTEM, AND CHILD STUDY EVALUATION
FOR FSC OFFICE USE: RECEIVED: _____ INTAKE DATE: _____ START DATE: _____