

CENTER FOR FAMILY SERVICES
RENU PROGRAM

PLEASE EMAIL REFERRAL TO:

Julia.Mullin@centerffs.org

MAIN CONTACT	ALTERNATE CONTACT
Program Supervisor: Julia Mullin Cell Phone: 856-701-3814 Email: Julia.Mullin@centerffs.org	Associate Vice President: Sara Gallagher Cell Phone: 856-562-2834 Email: sgallagher@centerffs.org

REFERRAL PROCESS

- 1.) Please fill out attached referral form to its entirety. Please send supporting documents; i.e. case plan, court orders, and any evaluations for the children and/or parents. **(If you do not have access to these forms, they can be sent at a later time).**
- 2.) Email referral to Julia Mullin at Julia.Mullin@centerffs.org. Upon receiving the referral, an email will be sent to the DCP&P referring worker in reference to the status of the referral.
- 3.) RENU program supervisor and RENU parents participate in the intake. DCP&P is welcome to join, however it is not required in most cases. The intake will be done completed in person or via telehealth, depending on the needs of the family.
- 4.) DCP&P will be notified of the scheduled intake, as well as after the intake has occurred. Following the intake, program supervisor will notify DCP&P of the assigned parenting coach. The parenting coach will reach out to the DCP&P caseworker to schedule the initial visit. DCP&P must attend the initial visit. Once the initial visit has taken place, RENU will then take over the visitation.
- 5.) The visitations will be in-person unless the staff and/or family members are not cleared through our covid-19 guidelines, then the visit will be conducted through telehealth.

CENTER FOR FAMILY SERVICES

RENU REFERRAL FORM

Instructions: Please fill out all sections of the referral. When sending the referral, please include DCP&P case plan, court order, any evaluations for the child(ren) and parents, and any other documents that you feel may be helpful to RENU. **If you do not have access to these documents, you may send them at a later time.**

Date of Referral: _____ DCP&P Local Office: _____ NJ Spirit #: _____

DCP&P Referring Worker: _____ State Issued Cell Phone: _____

Email Address: _____ DCP&P Supervisor: _____

DCP&P Supervisor Email Address: _____ Cell Phone: _____

PARENT(S) INFORMATION

RENU parent name: _____ DOB: _____ Race: _____

RENU parent name: _____ DOB: _____ Race: _____

Address: _____ City: _____

State: _____ Zip: _____ County: _____

Phone Number: _____ Alternate Number: _____

CHILDREN'S INFORMATION

Child Name: _____	Placement Date: _____
Sex (circle one): Male or Female	DOB: _____ Race: _____
Resource Parent Name(s): _____	
Address: _____	City: _____
State: _____	Zip: _____ County: _____
Phone Number: _____	Alternate Number: _____
School/Daycare Name & Location: _____	Grade: _____
Child Name: _____	Placement Date: _____
Sex (circle one): Male or Female	DOB: _____ Race: _____

Resource Parent Name(s): _____
Address: _____ City: _____
State: _____ Zip: _____ County: _____
Phone Number: _____ Alternate Number: _____
School/Daycare Name & Location: _____ Grade: _____

Child Name: _____ Placement Date: _____
Sex (circle one): Male or Female DOB: _____ Race: _____
Resource Parent Name(s): _____
Address: _____ City: _____
State: _____ Zip: _____ County: _____
Phone Number: _____ Alternate Number: _____
School/Daycare Name & Location: _____ Grade: _____

Child Name: _____ Placement Date: _____
Sex (circle one): Male or Female DOB: _____ Race: _____
Resource Parent Name(s): _____
Address: _____ City: _____
State: _____ Zip: _____ County: _____
Phone Number: _____ Alternate Number: _____
School/Daycare Name & Location: _____ Grade: _____

Child Name: _____ Placement Date: _____
Sex (circle one): Male or Female DOB: _____ Race: _____
Resource Parent Name(s): _____
Address: _____ City: _____
State: _____ Zip: _____ County: _____
Phone Number: _____ Alternate Number: _____
School/Daycare Name & Location: _____ Grade: _____

HOUSEHOLD INFORMATION

Check all that apply for the family

Anger/Fighting Issues ___	Criminal/Police Record ___	Nutrition ___
Alcohol Issues ___	Depression ___	Parenting Skills ___
Bonding ___	Developmental Disabilities ___	Physical Violence ___
Budgeting/Finances ___	Divorce/Separation ___	Running Away ___
Child Abuse ___	Substance Use ___	Truancy ___
Child Neglect ___	Employment ___	Self Esteem ___
Communication ___	Family Conflict ___	Sexual Abuse ___
Compliance of child ___	Health/Medical Concerns ___	Stress Management ___
Concrete Services ___	Home Management ___	Lack of supports ___
Coping Skills ___	Mental Health ___	Domestic Violence ___

Is the family's home approved by DCP&P for reunification? _____

If not, please list off what changes/improvements are needed for the home to be approved: _____

If unknown, when is the next home visit scheduled to inspect the home? _____

If the parent does not have housing, is there a plan in place to find housing? _____

What bedroom size home does the family need to find? _____

Please list off additional housing requirements? _____

Please list off all household members:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

List any current or previous services (i.e. mental health, substance use, mentors, parenting, etc)

Family Member	Service	Agency	Dates	Outcome

How many times have the child/children been removed from their parent(s)?: _____

Number of placements for this removal: _____

Reasons for the child/children current placement: _____

How many times have the child/children reunified with parent(s) previously: _____

Is there history for older siblings who have been in the DCP&P system: _____

When is the family's next court date: _____

Are there any concerns with current resource home: _____

List any special needs or health concerns for the children: _____

List any medications for the children that RENU needs to be aware of for visitations: _____

List any behavioral concerns for the children: _____

List any safety concerns for the children: _____

Any other important information for the family: _____

<p>DCP&P Case Worker Signature: _____ Date: _____</p> <p>DCP&P RDS Signature : _____ Date: _____</p>
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