Trauma Recovery Center (TRC) Program
Referral Form

The CFS Trauma Recovery Center provides counseling and case management services at no cost to Gloucester and Camden County residents. Insurance is not required.
Date:

Referral Guidelines

1. Ages 12 and above who have been exposed to trauma.
Reason for the referral:

☐ domestic violence	☐ sexual trauma	☐vehicular violence (DUI or Hit and Run)
☐ hate crimes	☐ elder abuse	☐friends/family members of homicide victims
☐human trafficking	☐ gun violence	☐ immigration trauma
☐community violence	☐ gang violence	

2. Client resides in ☐ Gloucester County ☐ Camden County

3. Is there a verbal consent to contact the client and can the TRC leave a detailed voicemail?
☐ Yes ☐ No

4. Email the completed form to: TraumaRecoveryCenter@centerffs.org

Referring Agency Information

Agency Name: _____ Agency Address: _____

Referring Worker: _____ Email: _____

Phone: _____ Fax: _____

Supervisor: _____ Email: _____

Phone: _____ Fax: _____

Referral Information

Name: _____ Gender: _____

Street Address: _____ City & Zip Code: _____

DOB: _____ Phone Number: _____

If applicable: Child Name & Age _____ _____