## 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

Jamie O'Brien Program Supervisor Wendy Alexander MS, Director

## **REFERRAL PROCESS**

- 1.) Fill out attached referral form to its entirety.
- 2.) Fax the referral to Jamie O'Brien or 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 DCPP 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 DCPP worker.
- 3.) A notice will be sent to the DCPP 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 DCPP 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 DCPP workers regarding Family's progress.
- 7.) Quarterly case conferences are schedule to discuss family's progress towards goals/objectives throughout the intervention.

If you have any questions please feel free to call Noemi at 856-964-1990 ext.144 or Jamie 856-964-1990 ext. 141.

## TAFCAR REFERRAL FORM

Fax to: 856-964-1993 Phone: 856-964-1990

All Information on Both Pages must be completed before case can be assigned by TAFCAR Program Email address: tafcar@centerffs.org

|                      | (Please c    | heck)TA | FCAR    | TAF       | CAR Prevention | o <b>n</b> |  |
|----------------------|--------------|---------|---------|-----------|----------------|------------|--|
| DATE:                |              |         |         |           |                |            |  |
| DCPP /Ref            | ferring Worl | xer:    |         |           |                |            |  |
| DCPP PHONE: office # |              |         |         | cell #    |                |            |  |
| Email Add            | lress:       |         |         |           |                |            |  |
| DCPP SUPERVISOR:     |              |         |         | office #  |                |            |  |
| Email add            | ress:        |         |         |           |                |            |  |
|                      |              | FAMIL   | Y INFOR | MATION    |                |            |  |
| FAMILY/              | CASE NAM     | E:      |         |           |                |            |  |
| NJ SPIRIT            | Γ#:          |         |         | _COUNTY:_ |                |            |  |
| EMAIL A              | DDRESS:      |         |         |           |                |            |  |
| ADDRESS              | S:           |         |         |           |                |            |  |
| CITY:                |              | _STATE: |         | _тегерно  | NE             |            |  |
| FAMILY 1             | MEMBERS      | SEX AGE | BIRTHD  | ATE RACE  | RELATIONS      | HIP        |  |
|                      |              |         |         |           |                |            |  |
|                      |              |         |         |           |                |            |  |
|                      |              |         |         |           |                |            |  |
|                      |              |         |         |           |                |            |  |
|                      |              |         |         |           |                |            |  |

| FAMILY INCO            | ME: UNDER \$10K\$10-\$19\$20-\$29\$30-\$39\$40-\$49                         |
|------------------------|---|
|                        |   |
| IIAC EANAII SAI        | DEEN INICODMED A DOUT TATOAD CEDVICECS VEC. NO.                             |
| HAS FAMILY I           | BEEN INFORMED ABOUT TAFCAR SERVICES? YESNO                                  |
| If vec is Family       | available for services from 9:00am to 6:00pm? Yes If family isn't available |
|                        | urs this case may not be appropriate for TAFCAR. TAFCAR Supervisor will     |
|                        | with DCPP Staff.  |
| comerence cuse         | Will DOLL Suit.   |
|                        |   |
| High Risk: Wha         | at makes this case HIGH RISK and what should TAFCAR be monitoring?          |
|                        |   |
|                        |   |
|                        |   |
|                        |   |
|                        |   |
| <b>Brief Family Hi</b> | story:  |
| Diferraning in         | 501 y   |
|                        |   |
|                        |   |
|                        |   |
|                        |   |
| Goals of TAFCA         | AR Services for Family:   |
|                        |   |
| 1.                     |   |
|                        |   |
|                        |   |
| 2.                     |   |
|                        |   |
|                        |   |
|                        |   |
| 3                      |   |
|                        |   |
|                        |   |
|                        |   |
| DATE OF LA             | AST HOME VISIT BY DCPP  |
|                        |   |
| ATTACHMENT             | TS REQUIRED:  |
| •                      | MOST RECENT ASSESMENT   |
| •                      | MOST RECENT CASE PLAN   |
|                        |   |
|                        | HESE PERTAIN TO THE CASE:   |
|                        | PSYCHOLOGICAL OR PSYCHIATRIC REPORTS  |
|                        | ANY COURT INVOLVEMENT   |
|                        | A A A A A A   |
| •                      | Any other documentation that you feel may be helpful to TAFCAR              |
|                        | THER SERVICES IN THE HOME? PLEASE LIST                                      |