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 check) ____ TAFCAR  ____ TAFCAR Prevention

DATE: __________________________

DCPP /Referring Worker:_______________________________

DCPP PHONE: office # ___________________ cell # ____________________________

Email Address: ________________________________________________

DCPP SUPERVISOR: ___________________ office # __________________

Email address: ________________________________________________

FAMILY INFORMATION

FAMILY/CASE NAME:______________________________________________

NJ SPIRIT #:____________________________ COUNTY:______________________

EMAIL ADDRESS: ________________________________________________

ADDRESS: _______________________________________________________

CITY: _______________ STATE: __________ TELEPHONE_________________

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<th>FAMILY MEMBERS</th>
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FAMILY INCOME: UNDER $10K  $10-$19  $20-$29  $30-$39  $40-$49

HAS FAMILY BEEN INFORMED ABOUT TAFCAR SERVICES? YES___NO____

If yes, is Family available for services from 9:00am to 6:00pm? Yes___ If family isn’t available during these hours this case may not be appropriate for TAFCAR. TAFCAR Supervisor will conference case with DCPP Staff.

High Risk: What makes this case HIGH RISK and what should TAFCAR be monitoring?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Brief Family History: _____________________________________________________
________________________________________________________________________
________________________________________________________________________

Goals of TAFCAR Services for Family:
1. _______________________________________________________________________
   _______________________________________________________________________
2. _______________________________________________________________________
   _______________________________________________________________________
3. _______________________________________________________________________
   _______________________________________________________________________

DATE OF LAST HOME VISIT BY DCPP___________________________________

ATTACHMENTS REQUIRED:
• MOST RECENT ASSESSMENT
• MOST RECENT CASE PLAN

ATTACH IF THESE PERTAIN TO THE CASE:
• PSYCHOLOGICAL OR PSYCHIATRIC REPORTS
• ANY COURT INVOLVEMENT
• Any other documentation that you feel may be helpful to TAFCAR

ARE THERE OTHER SERVICES IN THE HOME? PLEASE LIST
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________