

CENTER FOR FAMILY SERVICES

Parent Resource Center – Camden County

Referral Form

PLEASE EMAIL REFERRAL FORM:

Lisa.Tyson@centerffs.org

MAIN CONTACT	ALTERNATE CONTACT
Program Director: Lisa Tyson Cell Phone: 609-230-9995 Email: Lisa.Tyson@centerffs.org	Administrative Assistant: Blanca Rodriguez Cell Phone: 609-471-9251 Email: Blanca.Rodriguez@centerffs.org

REFERRAL PROCESS

- 1.) Please fill out attached referral form in its entirety.
- 2.) Please email the referral to Lisa Tyson at Lisa.Tyson@centerffs.org
- 3.) Upon receiving the referral, a response will be sent to the DCPD worker regarding the status of the referral.
- 4.) Parent Resource Center will schedule an intake session with the parent to initiate parenting group services. During the intake visit the service objectives of parenting skills education and group assignment will be established, agreed upon and signed by all parties involved. The intake will be completed via telehealth with video conference.
- 5.) The parenting groups will be conducted via telehealth with video group conference. The groups will be Tuesday, Wednesday or Thursday 11:00 AM-12:30 PM.

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PLEASE EMAIL REFERRAL FORM TO:

Program Director: Lisa Tyson

Email: Lisa.Tyson@centerffs.org Cell Phone: 609-230-9995

I. REFERRAL SOURCE

DATE OF REFERRAL _____ LOCAL OFFICE: _____

REFERRING WORKER: _____ CELL NUMBER: _____

EMAIL ADDRESS: _____ DCP&P Supervisor: _____

CELL NUMBER: _____ EMAIL ADDRESS: _____

II. FAMILY INFORMATION

PARENT'S NAME: _____ N.J. Spirit #: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

TELEPHONE: _____ PARENT'S DATE OF BIRTH _____

RACE: _____ INCOME: _____

CHILDREN SEX AGE BIRTHDAY

Brief Description of Family Situation: _____

Other Services Currently Involved with Family:

SERVICE	AGENCY	CONTACT PERSON	PHONE

List two parenting areas in which parent needs support and/or skill development:

- 1.) _____

- 2.) _____

III. PARENTING EDUCATION SERVICES REQUESTED

Please check (X) the following for services needed:

1. Infant/Toddler Parenting Group (0 – 4 years): _____
2. School-Age Parenting Group (5 – 12 years): _____
3. Parenting Teens/Adolescents Parenting Group (13- 17 years): _____

Referring Worker's Signature: _____ **Date** _____

DCPP Supervisor's Signature: _____ **Date** _____