

Trauma Recovery Center (TRC) Program Referral Form

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

Referral Guidelines		
1. Camden County residents, ages 14 and above who have been exposed to trauma. Reason for the referral:		
□ domestic violence□ hate crimes□human trafficking□community violence	□ sexual trauma □ elder abuse □ gun violence □ gang violence	□vehicular violence (DUI or Hit and Run) □friends/family members of homicide victims □ immigration trauma
2. Client resides in	□ Camden City	□ 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: <u>TraumaRecoveryCenter@centerffs.org</u>		
	Referring Agency Info	ormation
Agency Name:	Agency Address:	
Referring Worker:	Email:	
Phone:	Fax:	
Supervisor:	Email:	
Phone:	Fax:	
	Referral Informa	tion
Name:	Gender:	
Street Address:	City & Zip Code:	
DOB:	Phone Number:	
If applicable: Child Name & Age		