



## 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, text, and/or email?  
 Yes  No

4. Preferred appointment times:

5 Are you interested in:  Counseling  Case Management/Advocacy

6. How did you/client hear about us?

7 Email the completed form to: [TraumaRecoveryCenter@centerffs.org](mailto:TraumaRecoveryCenter@centerffs.org)

### Referring Agency Information

Agency Name: \_\_\_\_\_ Agency Address: \_\_\_\_\_

Referring Worker: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### Referral Information

Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Street Address: \_\_\_\_\_ City & Zip Code: \_\_\_\_\_

DOB: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_

If applicable: Child Name & Age \_\_\_\_\_