



NEW JERSEY DEPARTMENT
OF CHILDREN AND FAMILIES

New Jersey Department of Children and Families Policy Manual

Manual:	CP&P	Child Protection and Permanency	Effective Date:
Volume:	X	Forms	
Chapter:	A	Forms	1-20-2009
Subchapter:	1	Forms	
Issuance:	9.1	CP&P Form 9-1, DCF Registration Form (After-Hours Response)	

Click below to view, print, or complete DCF Registration Form (After-Hours Response), CP&P Form [9-1](#), on-line.

WHEN TO USE IT

DCF staff use CP&P Form [9-1](#) to register for on-call duty for the Department's After-Hours Response System, Special Services, in one of the following capacities:

- SPRU Worker;
- SPRU Supervisor; or
- IAIU Supervisor.

The form, completed as a template, serves as an E-mail attachment, sent electronically to the State Central Registry (SCR) to register emergency response staff who will serve on-call during one or more consecutive shifts of service that day/night. The E-mail address is dcfspruregistration@dcf.state.nj.us. SCR staff input registration information onto the SPRU roster on a daily basis.

As an alternative, staff may also register for duty by Voice Mail; the local SPRU Coordinator can provide the telephone number for exclusive use by SPRU/IAIU staff. Do not attempt to register for on-call duty by any other means. SCR staff will not accept registration via direct telephone contact or fax.

HOW TO USE IT

Access CP&P Form [9-1](#) via the On-Line Forms Manual or through the Local Office Shared Drive.

- Copy/save CP&P Form [9-1](#) to the Desktop - at a DCF work station and/or at a privately owned home computer.

- Complete the form to register for duty for one or more consecutive shifts of duty for that given day or night. Do not use the form to advance-register for future duty.
- E-mail SCR (at dcfspruregistration@dcf.state.nj.us). Attach the completed CP&P Form [9-1](#) to register for duty.

TIPS FOR COMPLETING THE FORM

- Enter your personal identifying information and contact information in the gray fields.
- Use the Tab key to move between fields.
- Use the mouse to access drop-down menu items.

REQUIRED FIELDS

- Name (manual entry)
- Primary Phone Number (manual entry)
- Alternate Phone Number (manual entry - if none, enter "none")
- County (drop down - to enter one county or a pairing of counties; when serving statewide as the IAIU Supervisor, click on "IAIU")
- Role (drop down)
- Shift (drop down)
- Start Date/Time (manual entry)
- End Date/Time (manual entry)

DISTRIBUTION

Electronic version - SCR (forward as an E-mail attachment)