

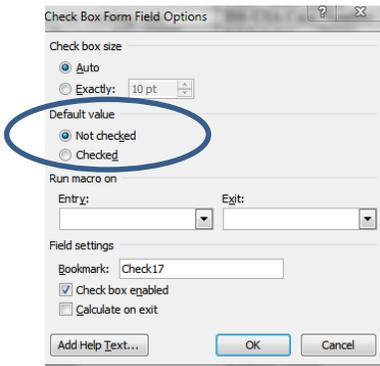
## **DIRECTIONS FOR COMPLETING THE ISS-USA REFERRAL FORM:**

The ISS-USA Referral Form should be used to make any new case referrals to ISS-USA. This includes a request for a new service for a case that is currently open between with ISS-USA.

**When filling out the form, please provide as much information as you have.  
Incomplete referral forms can result in ISS-USA not being able to open the case  
due to lack of information.**

**This Referral Form is a word document that should be filled in electronically and submitted by email.** Some of the sections involve checking a box and others involving typing in the information.

- To check a box in the form, double click on the box. A pop up window will appear. Select “checked” as the default value.



- To type in the text field, click on the dark rectangle that is the text field next to the question and start typing.

### **Completing the ISS-USA Referral Form**

The first few lines ask for basic information about the case you are referring.

- Pick one box to check:
  - “**New Referral**” (there is no open case for this child(ren) with ISS-USA)
  - “**Additional service(s) for existing case**” (there is currently an open case for this child(ren) with ISS-USA but you need an additional service). An example is you have had a home study done but now you are requesting post-placement reports.
- **Case Name:** The case name should be the first and last name of the OLDEST child for whom service is being requested.
- **ISS-USA Case Number:** If the referral is for an additional service for a child for whom ISS-USA is providing services please note the ISS-USA case number. If this is a new referral for a new child please leave this blank.
  - **NJ Spirit #:** The DCP&P case number
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*Person Referring the Case Section:* Provide the contact information for the case worker who should be ISS-USA’s main point of contact for this request and case management activities.

*Service Requested:* Check the box of the service being requested for the child(ren). The type of service (type I, II, III is for internal ISS-USA purposes).

Section I: Information on Person Receiving Services (Child or Adult): The client’s name should be the name of the oldest (or only child). If the case is for a background check on potential foster care parent (i.e., there is no child involved at this time), then the name of the adult can be listed.

- *Place of Birth:* Please provide city and state where the person needing services was born if within the U.S. If the person was born outside the U.S., please provide city and country.
- *Address:* Please provide a complete address (including house/apartment number and zip code).
- *Has the child been exposed to any of the following:* Please check all that apply. There will be space later to elaborate on the specifics. Additional documentation or information can also be attached to the referral form.
- *Does this child have any of the following:* Please check all that apply. For each box that is checked please describe in the area to the right. Additional documentation or information can also be attached to the referral form.

**Section II:** The second and third pages of the referral form provide you with space to provide all needed information about the case and what is being requested of ISS-USA. Please provide as much information as possible so that ISS-USA can appropriately work the case. All information shared will be kept confidential outside the ISS representatives working the case.

1. *Statement of the problem:* Please provide a complete overview of the reason the child came in to care, why the service is needed, and if possible, the permanency plan goal. You will have space later in the form to provide details.
2. *Persons Involved:*
  - a. *Child Information:* List the names and information about each child involved in this case. Please put the oldest child first. If the child has multiple middle or last names, please provide the complete name
    - i. *Civil status-* type either single, married, divorced
  - b. *People involved in the case in the country where you need services:* List the names and information for each person who needs to be found, contacted, and/or assessed outside the U.S.
    - i. *Civil status-* type either single, married, divorced
    - ii. *Relationship to child* – e.g., mother, father, grandmother, grandfather, step-parent, aunt, uncle, cousin, half-sister, step-brother, etc.
3. *Background Information*
  - a. *Chronological summary of client’s history of involvement with DCP&P:* Please provide at least a paragraph about how the child became involved with DCP&P and the child’s current placement and case plan.
  - b. *Explanation of why this service is needed at this time:* Please provide information about how the service connects to the permanency plan.
4. *Service Requested:* Describe in detail what service is needed including the person/people to be involved. If there are specific questions or information that is needed as part of this service (ex., specific questions to be included in a home study, please include them here or attach them to the referral form.  
 \*If the service being requested is a home study, child welfare check, post-placement report, or protective service alert (PSA), the following two sections need to be completed.
  - a. *Specific areas of concern about the child:* Include any and all information that is important for the ISS-USA case manager and our partner who is undertaking the service to be aware of and to inquire about as part of this service. This can include any problem behaviors, emotional or psychological issues, medical needs, etc. that could have an impact on the caregivers ability to care for the child in the new environment. If specific services will be needed for the child while in this placement, please include them here as well.
  - b. *Specific areas of concern about the prospective caregiver:* Include any and all information that is important for the ISS-USA case manager and our partner who is undertaking the service to be aware of and to inquire about as part of this service. This can include any behaviors, emotional or psychological issues, medical needs, etc. from which the caregiver suffers that could have an impact on the caregiver’s ability to care for the child. Include any information know about past

substance abuse or history as an abuser. If there is no such information know please note if you want it to investigated as part of this service.

**The completed referral form should be submitted to the ISS-USA Intake Administrator  
at [question@iss-usa.org](mailto:question@iss-usa.org).**

**If you require additional assistance in completing this form, or have any questions, please contact the  
ISS-USA Intake Administrator Directly at [jfowler@iss-usa.org](mailto:jfowler@iss-usa.org).**