**ISS-USA OUTGOING CASE REFERRAL FORM COVER PAGE**

*Instructions: Please type in each section, complete the information section which is specific to the service being requested. Attach any information that may be relevant to the request. ISS-USA requires a completed Case Referral Form before providing services.* ***You may request only ONE service per referral form. In order to request multiple services you must complete additional referral forms.***NOTE: You only have to complete the first two pages of this form when you request an additional service for the same child(ren).

**OVERVIEW OF CASE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** | | **Country Where Service is needed:** | |
| **New Referral** | | **Additional service(s) for existing case** | |
| **ISS-USA Case Number:** | | **Case Name:** | |
| **Person Referring the Case** | | | |
| Name:  Address:  City/State/Country:  Zip Code:  Phone:  Email: | | Individual:  Agency (Please Specify):  Job Title: | |
| **Service Requested** | | | |
| Protective Service Alert  Home Study  Post Placement Follow-Up  Child Welfare Check  Criminal Background Check  Child Abuse Registry Check  International Adoption  Reference Report  Document Tracing  Person Tracing  Child Resource Survey  Translation  Other (Please Specify): | Where is the child currently located (in which state/country)  Are there any plans to move the child prior to the completion of the requested service:  YES \_\_\_\_ NO\_\_\_\_ | | Has anyone in this case been the subject of immigration enforcement?  YES\_\_\_\_ NO\_\_\_\_  Are there any pending court dates of which we should be aware?  **YES\_\_\_\_\_ NO\_\_\_\_**  **If yes, please list:** |
| **SECTION I: Information on Person Receiving Services (Child or Adult)**  *If involving more than one person; complete one for each.* | | | |
| A)Client Full Name:  Male Female  Date of Birth (MM/DD/YYYY):  Citizenship (if known):  Place of Birth: | | Address:  Phone Number:  E-mail: | |
| B) Has the child been exposed to any of the following? (*Check all that apply)*  Family Violence  Community Violence  Physical Abuse  Emotional Abuse  Sexual Abuse  Neglect  Drug/Alcohol Addiction  Other (Please Specify): | | | |
| C) Is the child currently being treated for any of the following?  *(Check all that apply)*  Medical condition(s)  Physical Health concern(s)  Delays in psycho-social development  Mental Health concerns  Behavioral concerns  Other: | | D) Please list all therapeutic services and/or medications the child is currently taking related to subsection C:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify: | |

If the child is presently being treated for any conditions as noted above please provide pertinent information about the child’s current medications, treatments, or therapies. If the child is not currently receiving any treatment or medication you may not be required to provide additional documentation.

**NOTE:** ISS-USA may, under certain circumstances, request additional information about the child.

1. **Persons involved**
   1. **Child Information (please include all children for whom service is needed)**

**Child for whom service is being requested**: [FAMILY NAME IN CAPITALS, first name]

Gender:

Date and Place of Birth:

Civil status: [single, married with X, divorced, etc.]

Nationality:

Address:

Phone number:

Sibling: [FAMILY NAME IN CAPITALS, first name]

Date and Place of Birth:

Civil status: [single, married with X, divorced, etc.]

Nationality:

Profession:

Address:

Phone number:

Sibling: [FAMILY NAME IN CAPITALS, first name]

Date and Place of Birth:

Civil status: [single, married with X, divorced, etc.]

Nationality:

Profession:

Address:

Phone number:

* 1. **People involved in the case in the country where you need services:**

Person 1: [FAMILY NAME IN CAPITALS, first name]

Date and Place of Birth:

Civil status: [single, married with X, divorced, etc.]

Nationality:

Profession:

Address:

Phone number:

Relationship to child(ren) in Section 2.1:

Person 2 [FAMILY NAME IN CAPITALS, first name]

Date and Place of Birth:

Civil status: [single, married with X, divorced, etc.]

Nationality:

Profession:

Address:

Phone number:

Relationship to child(ren) in Section 2.1:

Person 3 [FAMILY NAME IN CAPITALS, first name]

Date and Place of Birth:

Civil status: [single, married with X, divorced, etc.]

Nationality:

Profession:

Address:

Phone number:

Relationship to child(ren) in Section 2.1:

1. **Background Information**
   1. **Chronological summary of client’s history of involvement with your agency**
   2. **Permanency plan for the child(ren):**
2. **Service Requested (Please note that you may request only one service per referral form. Additional services must be requested on an additional referral form)**

[Clearly outline what service is exactly asked to the other country/state]

**Complete the following questions ONLY if you are requesting a home study, child welfare check, post-placement check or a PSA:**

* 1. **Specific Areas of Concern About the Child**

[Clearly outline any behaviors, emotional or psychological issues, medical needs, etc. that could have an impact the caregivers ability to care for the child in the new environment. Include needs such as counseling, physical therapy, or access to medical care.

* 1. **Specific Areas of Concern About the Prospective Caregiver**

[Clearly outline any behaviors, emotional or psychological issues, medical needs, etc. from which the caregiver suffers that could have an impact the caregiver’s ability to care for the child. Include knowledge of any past substance abuse, or history as an abuser. If none are known should they be investigated?]

**Please e-mail the completed form to** [**question@iss-usa.org**](mailto:question@iss-usa.org)**.**

**If you require additional assistance with this form, or have any questions, please contact our Intake Coordinator at 443-451-1219.**