



## Appendix E

### REFERRAL TO INDIVIDUAL SERVICE OPTIONS FOSTER CARE PROVIDER

**IDENTIFYING INFORMATION:**

**Name of Child:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Gender:** M  F

Current placement: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of CPSW/JPPO: \_\_\_\_\_ District office: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason child must leave placement, if applicable: \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_  Deceased  TPR Date: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_  Deceased  TPR Date: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Legal Guardian Name, if applicable:** \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**SERVICES REQUESTED:**

Has the child named above been court-ordered to receive services? Yes  No

What is the date of the court order for ISO-FC services? \_\_\_\_\_

**PERMANENCY PLAN:**

**Permanency Plan**  Reunification  Adoption  Fit & Willing Relative  Guardianship  APPLA

**Concurrent Plan**  Reunification  Adoption  Fit & Willing Relative  Guardianship  APPLA

The reason for ISO level care is:

**FOSTER HOME REQUIREMENTS:**

**Preference for geographical location for the foster home:** \_\_\_\_\_

**Foster Parents:**  Single parent  Couple only

Can child be placed with other children?  Yes  No

**Younger children:**  Yes  No **Older children:**  Yes  No

Can child be in a home with pets/animals?  Yes  No

Can child be in a home with a smoker  Yes  No Religious preferences: \_\_\_\_\_

Any behaviors or special needs that the foster parents should be aware of: (asthma, allergies, medications, fire-setting, sexualized behaviors etc.)

**The following documents (completed by the CPSW or JPPO) are attached to assist the provider in determining the family or child's acceptance for ISO-FC services:**

- |   |   |
|---|---|
| <input type="checkbox"/> Case Plan (Form 2240)                          | <input type="checkbox"/> Court Report and Court orders              |
| <input type="checkbox"/> The child's placement history                  | <input type="checkbox"/> Pre-Dispositional Investigation            |
| <input type="checkbox"/> The child's educational history                | <input type="checkbox"/> Social Study (Form 2208)                   |
| <input type="checkbox"/> Child's Information Sheet (Form 2267)          | <input type="checkbox"/> Authorization to Exchange Info (Form 2009) |
| <input type="checkbox"/> Youth's Information Sheet (Form 2281 or 2281J) | <input type="checkbox"/> Other _____                                |

Comments: \_\_\_\_\_

**Other third-party information is available from the following service providers:**

Psychological or Psychiatric Evaluation regarding: \_\_\_\_\_ completed by:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Medical Records regarding: \_\_\_\_\_ completed by:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Any other contacts as necessary:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Form Completed By:**

\_\_\_\_\_  
CPSW or JPPO Name Date

**Form Reviewed By:**

\_\_\_\_\_  
Supervisor's Name Date



**“Instructions to the “Referral to Individual Service Options Foster Care Provider”**

**PURPOSE:**

The “Referral to ISO- FC Provider” is used to document child and family information that is forwarded to a potential ISO Foster Care provider.

**INSTRUCTIONS:**

Form 1906 is a two-page template completed by the CPSW or JPPO when a child or family has been court-ordered to receive ISO Foster Care, or when a family voluntarily agrees to receive ISO Foster Care.

If more than one child in the family is being referred, complete **one form per child**.

**FORM COMPLETION:**

Enter the child’s name and DOB and indicate their gender.

Enter the name of the child’s current placement, address and telephone number.

Enter the name of the CPSW or JPPO, district office and telephone number.

Enter the reason that the child must leave current placement, if applicable.

Enter identifying information regarding the parent(s) and guardian, if applicable.

Indicate the services requested.

Indicate the child’s permanency and concurrent plan

Enter the reason for ISO level Foster Care.

Indicate requirements for the foster home, as applicable

Indicate special needs or behaviors that need to be considered when matching the child to a provider

Indicate the documents attached. *(If child has had multiple placements the placement history along with reasons for removal shall be important to attach)* If any of the documents are not attached, enter an explanation in the comments section.

Enter contact information for the ISO provider to obtain third-party information. Indicate above if the “Authorization to Exchange Information” (Form 2009) is attached.

Add other contacts for specific documentation on other family members.

**RETENTION:**

Form 1906 is retained in the case record or file.