

Nationalities Service Center

INSPIRE Referral Form



The Innovative Support Program for Immigrant and Refugee Empowerment (INSPIRE) serves immigrant and refugee individuals and families with extensive healthcare needs, including developmental disabilities, through case management and occupational therapy support. This program is open to individuals who have obtained an ORR eligible status within the last 5 years and/or are Limited English Proficient with a developmental disability. For more information or to submit this referral, please contact INSPIRE Coordinator Kara Friesen at kfriesen@nscphila.org or 267-946-2088.

Urgent –Does individual need an expedited intake? ☐ Y ☐ N **Is the household currently enrolled in Matching Grant?** ☐ Y ☐ N

DATE:

REFERRING AGENCY:

Referred by: _____ Agency/Program: _____

Phone: _____ Fax: _____ E-mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Would you like an update on status of enrollment? ☐ YES ☐ NO

PERSON BEING REFERRED:

Name (Last, First): _____ Caregiver/Guardian Name: _____

Primary Phone: _____ Secondary Phone/e-mail: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Gender: ☐ Female ☐ Male ☐ Other DOB: _____ DOA: _____

Country of Origin: _____ Ethnicity: _____ Resettlement Agency: _____

Is the client comfortable communicating in English: ☐ Yes ☐ No Preferred Language(s): _____

Immigration Status: (Helps determine eligibility for programs)

☐ Refugee ☐ LPR (Green Card) ☐ Asylee ☐ Citizen ☐ Undocumented ☐ Unknown ☐ Other _____

Is the client aware of this referral? ☐ Yes ☐ No

RHS-15 Completed? ☐ Yes ☐ No ☐ Unknown

If yes, please attach copy of RHS-15.

RHS-15 Related Follow Up (Referrals) Needed? ☐ Yes ☐ No ☐ N/A

Please complete the following questions in regards to client needs to determine eligibility.

Yes No

1.) ☐ ☐ Does the client have medical needs that require extensive follow-up?

Yes No

2.) ☐ ☐ Does the client need an additional medical referral (SSDI, PCA, IDS, or others)?

Yes No

3.) ☐ ☐ Does the client or family member have a developmental disability?

DESCRIPTION OF CLIENT NEEDS:

Consent for Referral: Please sign below to give referral source consent to send this completed form to Nationalities Service Center as referral to INSPIRE. By signing you are not enrolled in this program and a member of our staff will contact you to set-up a time to meet and talk with you more about it.

Client Signature: _____ Date: _____

8/19/2022