

INTER-AGENCY REFERRAL FORM

CONFIDENTIAL: Please restrict access to this document and keep it stored safely.

Note: Please share the filled-out referral form with the person of concern and receiving agency and keep a copy for the organization's internal records and follow-up.

Referring agency	
Agency/organization:	Name of the Staff:
Phone:	Email:
Location:	Date of referral:

Receiving agency	
Agency/organization:	Name of the Staff:
Phone:	Email:
Location:	

Person of concern information	
Name:	Phone:
Address:	Age:
Gender:	Nationality:
Main language spoken at home: Other languages the survivor is comfortable speaking and receiving information in:	ID number:
If person of concern is a child (under 18)	
Name of primary caregiver:	Relationship to child:
Contact information for caregiver:	Is child separated or unaccompanied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Caregiver is informed about referral? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, explain)	

Background Information/Reason for referral and services already provided	
Has the person of concern been informed of the referral? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, explain below)	Has the person of concern been referred to any other organization or received any other services? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, explain below)

Services requested

- | | | |
|---|--|---|
| <input type="checkbox"/> Mental Health Services | <input type="checkbox"/> Protection Services | <input type="checkbox"/> Shelter |
| <input type="checkbox"/> Psychosocial Support | <input type="checkbox"/> Legal Assistance | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Social Services | <input type="checkbox"/> Education | <input type="checkbox"/> Cash/Material Assistance |
| <input type="checkbox"/> Medical Care | <input type="checkbox"/> Livelihood Support | <input type="checkbox"/> Nutrition |
| | | <input type="checkbox"/> Support for children born as a result of SEA |

Please explain any requested services:

Consent to release information. (Read with survivor/ caregiver and answer any questions before s/he signs below. Sign on behalf of person of concern/caregiver if consent is given verbally and survivor/caregiver cannot sign.)

I, _____ (**person of concern name**), understand that the purpose of the referral and of disclosing this information to _____ (**name of receiving agency**) is to ensure the safety and continuity of care among service providers seeking to serve the client. The service provider, _____ (**name of referring agency**), has clearly explained the procedure of the referral to me and has listed the exact information that is to be disclosed. By signing this form, I authorize this exchange of information.

Signature of responsible party (survivor or caregiver if a child):

Date (DD/MM/YY):

TO BE FILLED OUT IF PERSON OF CONCERN IS A CHILD OVER 14 (UNDER 18)

Assent to release information. (Read with survivor/ person of concern/ caregiver and answer any questions before s/he assents, additional to caregiver's above consent. Sign on behalf of person of concern/caregiver if consent is given verbally and survivor/caregiver cannot sign.)

I, _____ (**person of concern name**), understand that the purpose of the referral and of disclosing this information to _____ (**name of receiving agency**) is to ensure the safety and continuity of care among service providers seeking to serve the client. The service provider, _____ (**name of referring agency**), has clearly explained the procedure of the referral to me and has listed the exact information that is to be disclosed. By signing this form, I authorize this exchange of information.

Date (DD/MM/YY):

Details of Referral

Any contact or other restrictions? Yes No (If yes, please explain below)

Referral delivered via: Phone (emergency only) E-mail Electronically (e.g., App or database) In Person

Follow-up expected via: Phone E-mail In Person. By date (DD/MM/YY):

Information agencies agree to exchange in follow up:

When form is received via email, please respond with acknowledgment of receipt and intake of the case.
