

Child Protection Inter-Agency Referral Pathways for Slovakia

April 2024

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1. Introduction and scope for the Child Protection Referral Pathway

The Child Protection Inter-Agency Referral Pathways for Slovakia have been developed to guide organizations working with children and families from Ukraine and other forced displaced children. The document describes guiding principles and procedures in response to child protection cases within Slovakia.

Child Protection in the framework of the Referral Pathways refers to the prevention and response to abuse, neglect and exploitation of children. All actors working within the scope of Child Protection acknowledge their familiarity with and application of the principles and rights outlined in the Convention on the Rights of the Child (CRC) and consider child's best interests in all actions or decisions that affect the child's life. The child's participation in the decision-making processes as well as their views shall be sought prior to any actions taken.

Under the CRC (1989), children have the right to be protected from harm, to be raised in safety and in an environment that allows them to develop positively. All children identified with a protection concern shall have the right to access of quality case management services (as listed in the referral pathways) and other support services as needed.

The referral pathways, therefore, focus on child protection case management services (social work type of services for individual children) as the core of working with children. Child protection case management is provided to children at risk of violence, abuse, neglect or exploitation who shall be followed up by one qualified case manager who is responsible for referring the child to additional services where necessary.

The Child Protection Referral Pathways reflect information of services as of January 2024. The pathway should be regularly updated by the Child Protection Sub-Working Group (CPsWG). Agencies are responsible to update their information and share any amendments with the CPsWG chairs to ensure proper coordination and timely dissemination of information.

An Inter-Agency referral form ([IARF](#)) is recommended to be used by all humanitarian organizations working in the refugee context in Slovakia when facilitating Inter-Agency case referrals and to document referrals in accordance with minimum standards. The use of the form is intended to ensure predictability and standardization in referrals by harmonizing information relevant to cases and recommended services.

Service mapping was initiated in January 2024, facilitated by the CPsWG. Acknowledging the dynamic nature of services provided in Slovakia, the referral pathways will be updated and revised periodically for ensuring up-to-date information provision on services.

2. Definitions and terms

People:

Child: a human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier¹.

Children at risk: children who are at heightened risk as a result of exposure to risks in the wider protection environment and/or risks resulting from individual circumstances. Children at risk include

¹ Child Right Convention Article 1

unaccompanied and separated children (UASC), as well as other children who are at risk of, or have experienced violence, exploitation, abuse or neglect. A non-exhaustive list of risk categories is included in paragraph (c) of the UNHCR Executive Committee (ExCom) Conclusions, No. 7 of 2007.²

Child with disabilities: a person with disabilities under the age of 18.

Persons with disabilities: persons who have long-term physical, mental, intellectual, or sensory impairments which in combination with various barriers may hinder their full and effective participation in society on an equal basis with others.

Survivor: a person who is, or has been, subject to harm³. The term 'survivor' implies strength, resilience, and the capacity to survive. The term 'victim' has protective implications, as it implies the victim of an injustice that we should seek to redress. People who have experienced harm may choose different terms to describe their experience.

Unaccompanied children: children separated from both parents and other relatives and not being cared for by an adult who, by law or custom, is responsible for doing so.

Separated children: children separated from both parents, or their previous legal or customary primary caregiver, but not necessarily from other relatives. These may, therefore, include children accompanied by other adult family members.⁴

- There are two other categories of children deprived of parental care who are not strictly speaking 'unaccompanied' or 'separated', but who are in need of additional protection, oversight and guarantees, as the latter. These are:
 - children from Ukrainian institutions, who often arrive in the EU in groups, being accompanied by a guardian appointed by the competent Ukrainian authorities, and
 - children who arrive on the territory of the EU accompanied by a guardian appointed by the competent Ukrainian authorities.

Guardian: an independent person who safeguards a child's best interests and general well-being and complements the limited legal capacity of the child⁵. The guardian is generally appointed by national jurisdiction, e.g., a court, and acts as a statutory representative of the child in all proceedings in the same way that a parent represents their child. Caregivers, where these are not parents, may or may not be formally appointed as guardians, depending on the national system.

² Detail described in UNHCR, ExCom Conclusions 107 para. (c), <https://www.unhcr.org/excom/exconc/4717625c2/conclusion-children-risk.html>

³ For definitions of *harm*, please see the section *Forms of Harm* below.

⁴ EU law does not contain a legal definition of 'separated' children, but the notion is defined in the UN General Comment No 6 of the Committee on the Rights of the Child, Treatment of Unaccompanied and Separated Children Outside their Country of Origin.

⁵ European Agency for Fundamental Rights, Guardianship for children deprived of parental care: A handbook to reinforce guardianship systems to cater for the specific needs of child victims of trafficking, June 2014, ISBN 978-92-9239-464-6, available at: <http://www.refworld.org/docid/53b14fd34.html>; UN Committee on the Rights of the Child (CRC), General Comment No. 6: Treatment of Unaccompanied and Separated Children Outside their Country of Origin, 2005, available at: <https://www.refworld.org/docid/51a84b5e4.html>

Caregiver: a person who provides the daily care, protection, and supervision of a child. This does not necessarily imply legal responsibility. Where possible, the child should have continuity in who provides their day-to-day care. A customary caregiver is someone that the community has accepted, either by tradition or common practice, to provide the daily care, protection, and supervision of a child.

Services and procedures:

Best interests determination (BID)⁶: A formal process with strict procedural safeguards and documentation requirements designed to determine the best interests of the child (BIC) for particularly important decisions affecting the child and which should facilitate adequate child participation without discrimination, involve decision-makers with relevant areas of expertise, and balance all relevant factors in order to assess the best option.

Best Interests assessment (BIA)⁷: An ongoing procedure undertaken in each individual case which evaluates and balances all elements necessary to make a decision in a specific situation for a specific child or group of children to ensure that such procedure gives a primary consideration to the best interests of the child (BIC).

Case management: a structured process for providing help to an individual who is at risk of harm or who has been harmed.

Case manager: a person who leads a case management process.

Child-friendly space: a safe space offering supervised activities, games, and informal education to help children affected by an emergency help children return to a normal routine.

Child protection: actions taken to prevent and respond to neglect, violence, exploitation, and abuse of children.

Confidentiality: an ethical principle that restricts access to and dissemination of information, maintained through sharing only what is necessary to those involved in the child's care with the survivor's permission

Informed consent: freely given and reversible agreement or permission based upon a clear appreciation and understanding of the facts, implications, and future consequences of an action. To provide informed consent, the individual must have the capacity and maturity to know about and understand the services being offered and be legally able to give their consent. Parents and caregivers are typically responsible for giving consent for their child to receive services until the child reaches the age of 18 (**see Table 1**). **In cases when mandatory reporting of violence cases applies, informed consent is not required by Slovak legislation.**

Informed assent: the expressed willingness to participate in an activity or receive services. For younger children who are too young to legally give informed consent, but old enough to understand and agree to participate in an activity or receive services, the child's "informed assent" is sought (**see Table 1**). **In cases when mandatory reporting of violence cases applies, informed assent is not required by Slovak legislation.**

⁶ [child's best interests determination \(BID\) - European Commission \(europa.eu\)](http://europa.eu)

⁷ [child's best interests assessment \(BIA\) - European Commission \(europa.eu\)](http://europa.eu)

Table 1. Guidance on informed consent and assent, by age

Age Group	Child	Caregiver	If no caregiver or not in the child's best interests	Means
0-5	-	Informed Consent	Other trusted adult's or case worker's informed consent	Written consent form
6-11	Informed assent	Informed consent	Other trusted adult's or case worker's informed consent	Oral assent and written consent
12-14	Informed assent	Informed consent	Other trusted adult's or child's informed assent. Sufficient level of maturity (of the child) can take due weight.	Written assent Written consent
15-18	Informed consent	Informed consent with permission of the child	Child's informed consent and sufficient level of maturity takes due weight	Written consent

Source: International Rescue Committee (IRC) and UNICEF, *Caring for Child Survivors of Sexual Abuse. Guidelines for health and psychosocial service providers in humanitarian settings*, 2012, available at: <https://www.unicef.org/media/73591/file/IRC-CSS-Guide-2012.pdf>

Family reunification, family tracing: the process of locating and reuniting separated family members.

Mental health: a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. Mental health is not just the absence of mental diseases or disorders, but a state of well-being in which an individual realizes their own abilities and can cope with the normal stresses of life and contribute to their community.

Psychosocial support: any type of non-specialized or specialized support that aims to protect or promote psychosocial well-being and prevent or treat mental disorders.

Referral: the process of directing a client to another service provider because s/he requires help that is beyond the expertise or scope of work of the current service provider.

Referral pathway: a mechanism that safely links people in need to supportive and competent services, such as medical care, mental health and psychosocial support, police assistance, legal support and other services.

Forms of harm:

Violence against children⁸: Violence against children includes all forms of violence against people under 18 years old, whether perpetrated by parents or other caregivers, peers, romantic partners, or strangers. Most violence against children involves at least one of six main types of interpersonal violence that tend to occur at different stages in a child's development.

- **Maltreatment (including violent punishment)** involves physical, sexual and psychological/emotional violence; and neglect of infants, children and adolescents by parents, caregivers and other authority figures, most often in the home but also in settings such as schools and orphanages.
- **Bullying (including cyber-bullying)** is unwanted aggressive behaviour by another child or group of children who are neither siblings nor in a romantic relationship with the victim. It involves repeated physical, psychological or social harm, and often takes place in schools and other settings where children gather, and online.
- **Youth violence** is concentrated among children and young adults aged 10–29 years, occurs most often in community settings between acquaintances and strangers, includes bullying and physical assault with or without weapons (such as guns and knives), and may involve gang violence.
- **Intimate partner violence** involves physical, sexual and emotional violence by an intimate partner or ex-partner. Although males can also be survivors, intimate partner violence disproportionately affects females. It commonly occurs against girls within child marriages and early/forced marriages. Among romantically involved but unmarried adolescents it is sometimes called “dating violence”.
- **Sexual violence** includes non-consensual completed or attempted sexual contact and acts of a sexual nature not involving contact (such as voyeurism or sexual harassment); acts of sexual trafficking committed against someone who is unable to consent or refuse; and online exploitation.
- **Emotional or psychological violence** includes restricting a child's movements, denigration, ridicule, threats and intimidation, discrimination, rejection and other non-physical forms of hostile treatment.

Child labor: work that deprives children of their childhood, their potential, and their dignity, and that is harmful to their physical and/or mental development. It refers to work that is mentally, or morally dangerous and harmful to children or interferes with their schooling.

Family separation: separation of family members from one another due to violent conflicts, climate-induced disasters and other crises.

Forced marriage: a marriage in which one or both parties have not personally expressed their full and free consent.

Gender-based violence (GBV): an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e. gender) differences between males and females.

⁸ Source: [Violence against children \(who.int\)](https://www.who.int/publications/m/item/violence-against-children). For more information consult the website: [INSPIRE-SevenStrategies.pdf \(unicef.org\)](https://www.unicef.org/inspire-seven-strategies)

It includes acts that inflict physical, sexual, or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private⁹.

Early marriage, including child marriage: Any marriage – whether under civil, religious, or customary law and with or without formal registration – in which either one or both spouses are children under the age of 18¹⁰.

Neglect: persistently failing to provide for, or secure for a child, their basic physical, developmental, or psychological needs, whether deliberately, or through carelessness or negligence.

Refoulement: the practice of forcibly returning a refugee or asylum seeker to a country where they are likely to face persecution.

Sexual exploitation and abuse (SEA): forms of gender-based violence that have been reported in humanitarian contexts, specifically alleged against humanitarian workers. Sexual exploitation is any actual or attempted abuse of a position of vulnerability, unequal power, or trust, for sexual purposes. Sexual abuse is actual or threatened physical intrusion of a sexual nature, whether by physical force or under conditions of inequality or coercion¹¹.

Trafficking in persons: recruiting, transporting, transferring, sheltering, or receiving any person for the purpose of exploitation, even if this does not involve violence, deception, or coercion.

Discrimination: The unjust or prejudicial treatment on the grounds of race, color, sex, language, religion, political or other opinions, national, ethnic or social origin, property, disability, birth or another status.

3. Guiding principles for inter-agency case referrals

Do no harm - ensure that actions and interventions designed to support the child (and their family) do not expose them to further harm.

Safety & Security - take actions to ensure the physical and emotional safety of individuals who have experienced or are at risk of violence, abuse, exploitation, or neglect. The physical safety of the individual should be prioritized above all other actions or referrals. Safety and security considerations should also be considered when presenting referral options to an individual, to the extent that frontline staff can reasonably be expected to be aware of relevant risks.

Confidentiality - protect and do not disclose personal information provided or collected concerning any individual and ensure that information is processed (recorded, stored, organized) and transferred to a third party (i.e. service providers) only with the individual's explicit consent to be taken after informing the

⁹ The definition of GBV can be found in the Inter-Agency Standing Committee (IASC) Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action, 2015 (p. 5), and in UNHCR's GBV Policy, 2020 (p. 5).

¹⁰ Although marriage is legalized and exceptionally approved by the court based on Slovak Law on the Family Article 11, for children between 16-18. Child marriage is still considered a type of protection and harm against children because of its consequences and negative impact on the child.

¹¹ United Nations, Secretary General's Bulletin on Special Measures for Protection from Sexual Exploitation and Sexual Abuse, ST/SGB/2003/13, 2003, available at: <https://digitallibrary.un.org/record/504355?ln=en>

individual on the reasons of process and he rights entitled. **In cases when mandatory reporting applies, confidentiality shall be breached.**

Non-discrimination - promote an inclusive and non-discriminatory approach to the persons, irrespective of their nationality, race or place of residence.

Child-centered approach - create a supportive environment and provide services in which the child's experiences, needs, rights, and best interests are at the center of a case management relationship that is a space for healing and empowerment.

4. Response to child protection cases and case management

The present referral pathways focus on child protection case management as the ore of working with children, addressing protection risks and ensuring access to required services through referrals.

Child protection case management includes social work type of services for individual children in response to exposure to or risk of violence (physical, sexual or emotional), abuse (verbal, sexual, emotional, physical), neglect or exploitation in the home, community or schools. This includes cases of child labour, child marriage, unaccompanied and separated children and children in conflict with the law, e.g., the child who is, or has been charged or convicted for an infringement of the law.

4.1. Identification of child protection risks

A child who needs protection and case management services may be identified through a variety of pathways:

- **Self-referral:** In some cases, the child him/herself or his/her family (or a trusted person) might present themselves directly to a Child Protection actor to seek help.
- **Community-based referral:** Community members, citizens with no professional links with child protection may identify a protection concern and reach out to a Child Protection actor for help
- **Referral by specialized child protection services providers:** Professionals specializing in child protection/staff of organization or agencies working on child protection might identify a child at risk at service provision locations or through other activities.
- **Referral by non-specialized service providers:** Identification of child protection concerns can also be done by a professional working in sectors other than Child Protection, such as Education, other Protection areas, WASH, Health, etc.. Such instances are essential and . professionals working in other sectors should refer cases to child protection providers for case management and further follow-up. Child protection cases that are subject to mandatory reporting in Slovakia shall be referred to Police as national child protection authorities as per established procedures (see below).

4.2. Child protection case management vulnerability criteria

Once the child meets the case management vulnerability criteria and the child, as well as his/her parent/guardian, gives informed consent/assent to accept services, the child shall start receiving case management services.

For the purposes of this referral pathway and in the context of humanitarian emergencies, the following groups of children are considered to be particularly vulnerable and in need of child protection case management services:

- Children exposed to or at risk of any forms of abuse, violence (including children survivors of ;sexual violence, neglect, and/or exploitation (including trafficking in human beings)
- Child Marriage/Early marriage cases/ teenage pregnancy /
- Children associated with armed forces or armed groups
- Children in conflict with the law
- Children engaged in child labor
- Children who experience emotional distress (including those with behavioral challenges, sexualized behaviors, etc)
- Children who were exposed to torture
- Children at risk of refoulement
- Children detained/held in county of asylum
- Unaccompanied children (children without any kind of caregiver/arrangement; child-headed households, a child in institutional care, child in foster care children forcibly separated from parents and placed at care centres/accommodation centres).
- Separated Children (those living with extended family members but are separated from parent/ primary caregivers by law or custom).
- Child carer (children who are taking responsibility to be providers of the household)
- Children at risk of separation, violence and other child Other children of complex situations¹² protection violations that can benefit from complex support to prevent further escalation

4.3. Immediate response to child protection risks

Once a **child protection risk** is identified (through any of the referral types) by CSOs and other humanitarian actors (during any stage of intervention), the **immediate response** includes:

- Provide a safe and caring environment that allows children to share their concerns in a trusted confidential and supportive setting.
- Respect the **mandatory reporting laws and regulations concerning child at risk** including unaccompanied and separated children (see the detailed guidance below). In case of immediate safety or security risk to the child, refer immediately to Police of the Slovak republic to determine urgent actions based on the child's best interests
- Respect the confidentiality and wishes of the child/caregiver unless otherwise seen not to be in the best interests of the child
- Provide comprehensive and accurate information to the child (and/or parent/guardian) on services including case management services available to the child ,. Ensure informed consent and/or assent is received, in line with the guidance provided in this document.
- Counsel the child and/or parent/guardian on available services and facilitate timely and safe referrals including obtaining consent/assent of the child and sharing information on limitations to confidentiality for cases that require mandatory reporting.

¹²Note: For additional complex cases, any child at risk can be referred to a OLSAF if uncertain if a child fits the vulnerability criteria.

Child protection actors shall follow the steps of case management while addressing the needs of vulnerable children. In essence, case management consists of six parts: identification, assessment, case planning, implementation, follow-up, and case closure:

Identification

- When a child at risk/in need of protection is identified (by any of the four ways indicated above), introduce yourself to the child and explain your organization briefly. If the case was referred to you by another organization that has previously assisted the child and there are case records, verify existing case records before proceeding.

Assessment

- If the case falls under your organization's mandate and your area of expertise, proceed to the assessment of the child's needs. If the case does not fall under your organization's mandate refer the case to the appropriate service. Before referral, ensure that the child and/or guardian consents to it (or assents, depending on the age), Note that in certain cases when mandatory reporting is required by Slovak Law, obtaining consent may not be necessary. Before the referral, contact the service provider and make sure the case fits their eligibility/intake criteria unless the specific type of referral is commonly undertaken with the service provider.
- During the initial assessment, identify the needs, resources, and strengths of the child/the family and determine the areas needing support. Ensure privacy of interviews and avoid stigmatization.

Case planning

- If the assessment suggests assistance, create a record for the case and prepare a case plan involving the steps, interventions, actors, and deadlines to reach the case goals.

Implementation

- Implement and follow up on the actions listed in the case plan consulting and informing the child (the parent/guardian as needed) in each step.

Follow-up

- If you observe any obstacles in reaching the case goals, reassess the case plan and consider referring the case to an organization that provides the needed services. Before the referral, seek the consent of the child/parent/guardian (or assent, depending in age) for referral providing information about available services and explaining the referral process. After obtaining necessary consent/assent share information on a need-to-know basis with the new service provider, respecting the information sharing restrictions the child/parent/guardian may request. Keep in mind that the child (or his/her parent/guardian) may prefer to contact the suggested organization directly. In this case, provide the service provider's contact details.

Case closure

- If the case plan is successfully implemented and the child does not need further support, proceed to case closure. Keep in mind that the new needs may be identified, and the child may need longer assistance than the predicted period in the case plan. In this case, update the case plan and assess supporting the child further.
- If the case is closed, evaluate the services provided to identify the lessons learned and best practices.

4.4. Mandatory reporting and referral mechanism for the cases of children at risk in Slovakia

The child protection actors shall comply with the mandatory reporting and referral mechanism for the cases of children at risk in Slovakia during their work with children. The section below explains the required action of child protection actors in response to four possible scenarios:

- **Scenario 1. Child identified without any parent or caregiver:** The police should be contacted immediately, who will in turn contact OLSAF for further follow up.
- **Scenario 2. Child is in danger or is suspected to be at risk. If a child is identified at direct threat to their life and health,** the police should be contacted immediately (Regular police phone number 158 or Integrated Rescue System phone number 112 to be used). **If a child is identified at risk of or with the suspicion of violence, neglect, exploitation, or abuse,** the OLSAF should be contacted immediately (See Annex 4 for the list of OLSAF offices and contact persons).
- **Scenario 3. Child identified with an adult relative or non-blood related adult caregiver without valid legal guardianship documents.** If the child is not at direct threat or at risk of endangerment of its favorable psychological/physical/social development, the adult should be advised to reach out to OLSAF for further guidance. If the child is at direct threat or at risk of endangerment of its favorable psychological/physical/social development, please proceed according to Scenario 2 (See Annex 4 for the list of OLSAF offices and contact persons).
- **Scenario 4. Child identified with an adult relative or unrelated (non-blood related) adult caregiver with valid legal guardianship documents:** There is no need to report this case to the OLSAF if the child is not at direct threat to his her life or health, or at risk of violence, neglect, exploitation, and abuse , or the risk of endangerment of its favorable psychological/physical/social development. If there are such risks, please proceed according to scenario 2. (See Annex 4 for the list of OLSAF offices and contact persons).

Referrals should be undertaken through an established procedure and/ or referral form by caseworkers (i.e. case coordinators) who maintain the overall responsibility for the case regardless of referrals.

4.5. Specific needs of children for other services

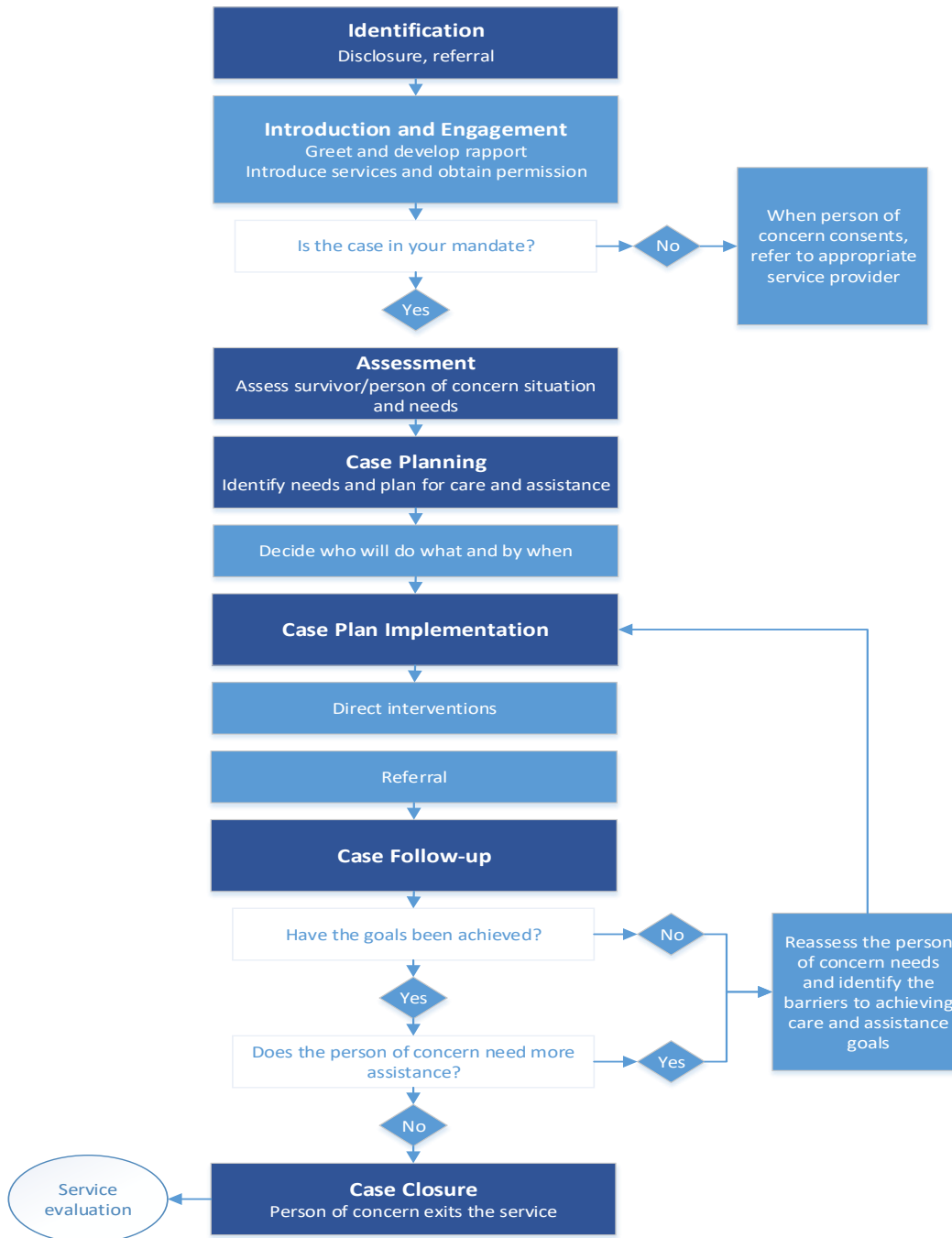
Following the initial assessment by the child protection service provider, not all children may be confirmed to be in need of child protection interventions, and they may not fulfill the vulnerability criteria defined above. Thus, they may not need further child protection case management services. However, the service provider may identify that children and their families have other needs including the need for health, mental health, education, legal assistance, cash assistance or other social services. If the assessment does not identify any child protection concerns but identifies any of the following specific needs and the service provider has no capacity/mandate of addressing these needs, the service provider shall refer the case to other service providers. The following includes the other needs which may trigger referral to other service providers:

- Child at risk of not attending school, dropping out or not being enrolled
- Child with special education needs
- Child with a disability or functional difficulty regardless of severity or type of disability. Including the identified support needs of the caregivers (peer support, emotional support, referral to services etc)d mental health provider while no protection elements are identified, and the caregiver is supportive.
- A child identified with Malnutrition (no neglect by caregivers is identified)
- A child with a chronic, critical, or other medical condition .

- Support to the family (accommodation, employment, parenting support, respite support, etc) contributing to the well-being of the child

5. Annexes:

- Annex 1: List of service providers – (attached as a separated document)
- Annex 2: Case management steps



Annex 3: Inter-Agency Referral Form

CONFIDENTIAL: Please restrict access to this document to only those who need to have access to information 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:
Location:	Email:

Person/case information	
Name:	Phone:
Address:	Age:
Gender:	Nationality:
Main or preferred language: Other language(s):	ID number/identification documents:

If the person/case is a child (under 18)	
Name of primary caregiver:	Relationship to child:
Contact information for caregiver:	Is child separated? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the child unaccompanied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the caregiver informed about the referral? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, explain)	

What is the reason for referral?

Please fill in the reasons: <i>(Suggested structure of the information: Describe the issue, the duration and frequency of the issue, the history/background of the issue, relevant services already provided / interventions undertaken, and any other relevant details for referral)</i>	Has the person/case been referred to any other organization or received any other services? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, explain below)
What are the services already provided?	

Services requested		
<input type="checkbox"/> Mental Health Services <input type="checkbox"/> Psychosocial Support <input type="checkbox"/> Social Services <input type="checkbox"/> Medical Care	<input type="checkbox"/> Protection Services <input type="checkbox"/> Legal Assistance <input type="checkbox"/> Education <input type="checkbox"/> Livelihood Support	<input type="checkbox"/> Shelter <input type="checkbox"/> Transportation <input type="checkbox"/> Cash/Material Assistance <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 the persons/case/ caregiver and answer any questions before s/he signs below. Sign on behalf of person/case/caregiver if consent is given verbally and survivor/caregiver cannot sign.)

I, _____ **(person/case 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. _____ **(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 (persons/case or caregiver if a child):

Date (DD/MM/YY):

**Assent to release information.
TO BE FILLED OUT IF PERSON/ CASE IS A CHILD OVER 14 (UNDER 18)**

(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/ case 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.

Additional notes for the organization referring the case, after the response from the other organization is known:

Is referral accepted by the relevant entity/service provider?:

Yes No

If referral was not accepted by the relevant entity/service provider, state reasons:

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- **Annex 4. List of OLSAF Offices and Contact Persons (attached as a separate document)**