



# INTER-AGENCY REFERRAL FORM

Priority	
<input type="checkbox"/> Emergency (within 24 hours)	<input type="checkbox"/> Urgent (within 72 hours) <input type="checkbox"/> Normal (within 2 weeks)
Bio-Data/General Information	
Name (or Case Code if confidential):	Date of birth:
Gender:	Disability (if applicable):
National ID:	UNHCR ID (if refugee):
Address 1 (Street/Neighborhood):	
Address 2 (Sub-Dist/Dist/Govt):	
Phone:	Household Size:
If client is a minor (under 18 years)	
Name of primary caregiver:	Relationship to child:
Contact info for caregiver:	Is child separated or unaccompanied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Caregiver is informed of referral? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, explain):	
Special Note/Specific Need:	
Reasons for Referral <i>(explain reasons for referring the case with any supporting notes if available. Use additional pages if necessary)</i>	
Services Requested	
<input type="checkbox"/> Psychosocial Support and Mental Health	<input type="checkbox"/> Core Relief (Non-Food) Items
<input type="checkbox"/> Child Support / Care Arrangement	<input type="checkbox"/> Cash Assistance
<input type="checkbox"/> Family Tracing / Reunification	<input type="checkbox"/> Health / Medical / Nutrition
<input type="checkbox"/> Women's Services	<input type="checkbox"/> Food Security
<input type="checkbox"/> Persons with Disabilities	<input type="checkbox"/> Shelter
<input type="checkbox"/> Legal Assistance	<input type="checkbox"/> Livelihoods / Education
<input type="checkbox"/> Physical Safety & Security, e.g. Safe Shelter	<input type="checkbox"/> Other
Please explain any requested services and any already provided:	
Consent to Release Information <i>(read with client/caregiver and answer any questions before s/he signs below)</i>	
I, _____ (concerned individual initials), understand that the purpose of the referral and of disclosing this information to _____ (referral agency) is to ensure the safety and continuity of care among service providers seeking to serve this family. The service provider, _____ (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.	
<b>Signature (or caregiver if a minor):</b>	<b>Date:</b>
Referred By:	Referred To:
Name:	Name:
Position / Agency:	Position / Agency:
Contact Info:	Contact Info:
Date of Referral:	Delivered via: <input type="checkbox"/> Phone (emergency only) <input type="checkbox"/> E-mail (encrypted) <input type="checkbox"/> In Person (sealed envelope)
Any contact or referral restrictions?	<input type="checkbox"/> No <input type="checkbox"/> Yes (specify any or all): _____

## GUIDANCE NOTE FOR INTER-AGENCY REFERRAL FORM<sup>1</sup>

### What is an inter-agency referral?

Members of conflict affected populations can face a wide range of issues beyond those that agencies they are directly in contact with can address. Organizations can identify issues at individual or community level that are not directly covered through their own programmes or mandate. Staff, frontline workers and community members are sources of information on services available and can help persons of concern to access the services they need. A referral is 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. A referral can be made to a variety of services, for example health, psychosocial activities, protection services, nutrition, education, shelter, material or financial assistance, physical rehabilitation, community centre and/ or a social service agency.

### Guiding principles for inter-agency referrals

In order for a referral not to create harm to the individual/community in need of assistance, the referral needs to respect at all times the following principles:

*Confidentiality:* The principle of confidentiality requires all staff, frontline workers, volunteers, and community members to protect information disclosed or gathered in relation to any individual and to ensure that information is made accessible to a third party (i.e. service providers) only with the individual's explicit permission. This includes ensuring that collecting, storing and sharing information on individual cases is conducted in a safe way and according to agreed-upon data protection policies. It is the right of the individual to decide if, how, when to whom, information on his/her case is disclosed. Staff should refrain from revealing names or any identifying information to anyone not directly involved in the provision of services, without explicit consent, and should, in no circumstance, discuss individual cases with family, friends and colleagues. Disrespecting the principle of confidentiality is a breach of the code of conduct applicable to each organisation.

*Consent:* Referrals should only take place once the individual has given their informed consent. The individual has the right to limit information s/he wishes to disclose and persons with whom information will be shared.

*Respect the individual:* Your role as staff, partner or volunteer is to provide information about services available, in order for them to make a free and informed choice. Under no circumstances should you give counselling or put pressure on the individual to access one or other services. Respect their dignity, decision-making capacities and preferences. You are not supposed to express your opinion, pass judgment or blame the individual.

*Do not make promises or create expectations:* Only share information if, based on service mapping, the services exist/are available. Staff or volunteers of the referring agency cannot guarantee access to the services or the results or quality of the service, and this needs to be explained to beneficiaries. However, it should also be explained that in case of any problem accessing the services, individuals requesting referrals can come back to inform referring agency staff or volunteers and can ask for additional support.

*Safety and security:* Organizations' staff must 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 that may be available. Safety and security considerations should also be taken into account when presenting referral options to an individual, to the extent that frontline staff can reasonably be expected to be aware of relevant risks.

### Who can use the referral form?

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<sup>1</sup> Extracts taken from Inter-Agency Standing Committee Reference Group for Mental Health and Psychosocial Support in Emergency Settings, Inter-Agency Referral Form and Guidance Note (2017)

The referral form is intended to be used by all humanitarian organisations working with conflict affected persons to facilitate inter-agency referrals, referral pathways and as a means to document referrals in accordance with minimum standards. The referral form and guide can be used by any service provider for example, by a Doctor working in a primary healthcare centre referring a child to a child friendly space or a nutrition feeding programme, or a Case Manager referring a client for physical rehabilitation. It can also be used by persons providing Psychological First Aid, depending on the person's role/ responsibilities, after a distressing event.

### **How can I make a referral?**

At its most basic, the steps required to make a successful referral are:

- ✓ Identify the problem- what does the client need?
- ✓ Identify which organization or agency can best meet this need. Identify and map other service providers who may be able to assist the client and/ or the caregiver with her/his needs. Information about other services in your geographical areas can be obtained from service guides, 4Ws mapping reports or coordination meetings.
- ✓ Contact the service provider to confirm eligibility. Contact the other service providers in advance to find out more about their services and eligibility criteria, unless the specific type of referral is commonly done with the service provider. Requested information should include what their referral protocol entails and whether or not they will be able to assist the client.
- ✓ Explain referral to the client. Provide information about available services and explain the referral to the client and/ or caregivers (e.g. What services are provided? Where is the service provider located? How can the client get there and receive services? Why do you recommend the referral?). Keep in mind that the client can choose to not be referred.
- ✓ Document consent. If the client agrees to the referral, obtain consent before the client's information is shared with others and agree with the client, which information can be shared. Parental/ care giver consent should be obtained if the client is a minor.
- ✓ Make the referral by filling out the inter-agency referral form and follow up with the client and the receiving agency to ensure the referral was successful and exchange information, where client consent allows for this. Areas for follow up include: did the client receive the planned services? What was the outcome? Was the client and/ or the caregiver satisfied with the referral process, and the services received?
- ✓ Storage of information and confidentiality. All referrals forms and case files should be stored in secure (locked) cabinets to ensure the implementation of safe and ethical data collection, management and storage of information.

### **How can I work together with different agencies to coordinate referrals?**

The successful implementation of an inter-agency referral system includes participating agencies to (1) endorse uniform referral documentation, (2) agree on specific referral pathways, procedures and standards for making referrals, (3) train relevant staff on the use of documentation, standards and procedures, and (4) participate in coordination activities such as a 4Ws service mapping, coordination meetings and referral workshops. These steps should be coordinated through existing mechanisms, such as inter-agency coordination groups or through relevant clusters/ working groups.

### **Monitoring and evaluating referrals and functioning referral systems**

The success of an inter-agency referral system could be tracked using a variety of indicators, depending on the agencies' data and reporting needs. For example, at a basic level, agencies could report an increase in inter-agency collaboration through agreeing on a referral form to be used by all coordinating agencies, citing the number of agencies who have endorsed the form and committed to training their staff on its use. At a higher level, agencies could track an increase in their staff capacity to make successful referrals via pre-, post-, and delayed-post tests or the number of successful referrals documented through inter-agency quality and tracking measurements.