

**Referral Form
Intersectoral Standard Operating
Procedures for Child Protection and Family
Welfare**

This is a form of the Ghana Inter-sectoral Standard Operating Procedures in Child Protection. It is used by Ghanaian government caseworkers and authorities, licensed non-governmental agencies and Traditional Authorities authorized under the policy for children, their families and caregivers to get the support they are entitled to by law.

Date of submission:.....

Referral or Beneficiary Case Number:.....

Not Applicable, do not have one (if organization, agency has these)

Name of person being referred: Name of child and parent/guardian.....

.....

A standard identification number: (identify) of the person being referred.....

Contact information of person/family being referred

Complete address (or block/location if no formal address) Phone number (specifically whose number, parent/guardian/child)

How is this referral being made (check box)?

a. Hand delivered by agency b. Hand delivered by beneficiary c. Hand delivered by parent/guardian of child d. By post/courier service e. By Telephone (only through secure, confidential process) f. Email (through secure, confidential network)

Referral being submitted by: (which institution, authority is making the referral)

Name

(The Director or Chief of the department, agency or organization providing the service)

Department/Agency/Unit/Organization/.....

Position.....

.....

Address.....

.....

Phone.....

.....

Email:.....

Referral to:

Department/Agency/Unit or Organization.....

Name if available.....

Address

Is this a follow-up to an earlier request for help in person, over the phone or texting or letter?

No Yes, if yes...

▶ Was this for an urgent situation and this referral is as a follow-up to document the request for assistance? No Yes

▶ When did this occur? (date and approximate time)
.....

▶ Was this a request for a non-urgent situation and this referral is as a follow-up to document the request for assistance? No Yes

▶ When did this occur? (date and approximate time).....

How the referral entity (sender) learned about the need of this family?

a. Home visit Self Reporting Contacted us by phone/text

b. Is a regular beneficiary of our services (i.e. LEAP, NGO, special program)

c. Others: explain:

Main Reason(s) for Referral (tick as appropriate)

- a) Probation
- b) Petty Crime
- c) Assault/physical abuse
- d) Sexual harassment/abuse
- e) Adolescent Pregnancy, specify below
- f) Child Marriage, specify below
- g) Suspicious/inappropriate visitors around household
- h) Abduction (under 18, including elopement)
- i) Neglect: Children left alone home, not safe
- j) Neglect of children, other specify below
- k) Alcohol or drug abuse
- l) Non Maintenance (Child)
- m) Custody of child
- n) Malnutrition Other serious health issues, specify
- o) Serious sanitation issue specify below
- p) Lack of Birth Certificate
- q) Lack of Health Insurance
- r) Lack of another document (specify below

- s) Parent/Guardian sick, non-available, child at risk of orphan-hood, child-headed household, specify
 - t) Child in harmful labour
 - u) Child not going to school
 - v) Child on the street
 - w) Mental health issues, specify below
 - x) Cyber Abuse
 - y) Disability Needs, specify below
 - z) Child not seen recently Need for Shelter
- Other,
specify:.....
.....

Specify, provide additional information about this situation:

(only “need to know” details, provide only the information necessary for the beneficiary to start receiving assistance, not sensitive details that are not relevant to the assistance needed, e.g. for how long the situation has been going on, and possibly what caused it).

This referral needs to be followed up, latest by?

One week Two weeks one month

Reason(s) for timeline:
.....
.....

Please complete and return the attached Referral Response Form and return it to us in the means specified at the end of the Referral Response Form

Sincerely,

Signature Name

Supervisory Approval

Name of Supervisor of Referring Organization/Institution and Title