

Explanatory Note: This form was developed by the HIAS Refugee Trust of Kenya for referrals by partner NGOs to HIAS for refugees in need of protection interventions, including resettlement. This form also could be easily adapted for UNHCR implementing partners to identify cases in need of protection interventions to UNHCR.

NGO REFERRAL FORM FOR ASSISTANCE

Date: _____ Your Ref. No. _____
Name: _____ Nationality: _____
UNHCR File/ Ration card Number: _____ No. of Dependants: _____
Status Refugee Gender Male Date of Birth: _____
Asylum seeker Female Marital Status _____

Does the refugee/asylum seeker speak English? If not, what language does he/she speak?

Contact details of refugee/asylum seeker: _____

Do you wish HIAS Refugee Trust of Kenya to disclose to the refugee/asylum seeker that your organization referred him/her to HIAS?

Yes

No

Particular Protection Needs(s)

- Legal/Physical Protection Needs
- Medical Needs
- Survivor of Violence or Torture
- Women-at-Risk
- Other (Specify)

Priority

- Emergency (few hours or days)
- Urgent (several weeks or months)
- Normal (year or more)

How and when did the refugee/asylum seeker first come into contact with your organization?

Is the refugee/asylum seeker receiving any assistance from your organization or (to your knowledge) any other organization e.g. medical, education, housing, etc.? (Please specify):

Referral Organization: _____
Name of Officer: _____ Signature: _____
Contact details: _____

Kindly advise the refugees/asylum seekers to bring all documents in their possession.

NB: HIAS Refugee Trust of Kenya does not charge any fee for any services rendered. Request for payment of any type is fraudulent and should immediately be reported to the Country Director at: P.O. Box 58129 00200 Nairobi, telephone 2720114, 725344, fax 2723546 or to HIAS Headquarters at: HIAS, Director of International Operations, 333 7th Avenue, 17th Floor, NY NY 10001, USA. Fax +1-212-760-1833.

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Has the refugee/asylum seeker been referred to UNHCR for any special attention? If so, when and with what result?

Nature of Refugee Claim:

Flight:

Stay in Country of Asylum:

Referral Organization: _____
Name of Officer: _____ Signature: _____
Contact details: _____

Kindly advise the refugees/asylum seekers to bring all documents in their possession.