

CONFIDENTIAL: THIS FORM, WHETHER COMPLETED OR BLANK, IS A CONFIDENTIAL DOCUMENT. IT IS TO BE DISTRIBUTED ONLY TO AUTHORIZED INDIVIDUALS WITHIN A DESIGNATED REFERRAL ORGANIZATION, AND NEVER TO BE GIVEN TO REFUGEES OR ASYLUM SEEKERS FOR SELF COMPLETION

Explanatory Note: This form was developed for referral from other NGOs to the HIAS Refugee Trust of Kenya, but could be easily adapted for referring cases in need of psychosocial or other assistance between other NGOs or between an NGO and UNHCR.

REFERRAL FORM FOR PSYCHOSOCIAL ASSISTANCE

Date: _____ Your Ref. No. _____

Name: _____ Nationality: _____

UNHCR/Ration card No. _____ No. of dependants: _____

Status Refugee Date of birth: _____

Asylum seeker

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

Contact details of the refugee/asylum seeker:

Particular psychosocial needs

Counseling

Psychiatric care

Possible family tracing

Psychosocial assessment

Mental state assessment

Referral Organization _____

Name of Officer: _____ Signature _____

Contact details: _____

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 10001, USA. Fax +1-212-760-1833.

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How and why 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. counseling, psychiatric care, education, housing, etc? (please specify) _____

Brief history of trauma _____

Refugee/ asylum seeker's presenting symptoms:

Referral Organization _____

Name of Officer: _____ Signature _____

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