social development

Department:
Social Development
REPUBLIC OF SOUTH AFRICA

CW 04B: EXTERNAL REFERRAL FORM

CONFIDENTIAL

To be completed in all instances where a client is referred to an external service provider. Provide Client with original copy of referral and keep copy of referral either on client's file or on Referral file

Case referred from			
Service Point		**Tel**	

Case referred to			
Organization name		**E-mail**	
Physical Address		**Tel**	

Referral of client	
Dear Sir/ Madam The below named consulted our offices on _____. You are requested to assist him / her with services linked to the following (*mark X where applicable)*	
Social Welfare Services (Focus areas)	
☐ Poverty alleviation ☐ Social integration ☐ Family preservation ☐ Social Crime Prevention ☐ Victim Empowerment ☐ Care and protection of Vulnerable Groups - Children	☐ Care and protection of Vulnerable Groups – Persons with Disabilities ☐ Care and protection of Vulnerable Groups – Older Persons ☐ Prevention, Care and Support of Substance abuse ☐ Prevention, Care and Support of HIV and Aids ☐ Mental Health/Psychosocial ☐ Other (specify) _____
Other services	
☐ Grants ☐ Food and nutrition ☐ Education ☐ Health ☐ Other (specify) _____	☐ Shelter for victims of violence ☐ Police ☐ Legal assistance ☐ HIV services

Details of the client			
Client name**		**Contact number/s**	
DSD Reference Number		**Identity no**	
Gender	☐ Male ☐ Female	**If foreign national, complete section below**	
Date of Birth		**Type of identification**	
Address, including district		**Country of origin**	
		Language spoken	
If child, add parent/caregiver name **			

*** For confidentiality purposes, social service practitioner may complete only the preferred first name that the client/caregiver wishes to be used. If there are concerns for safety or confidential information included below, do not complete identifying details such as name, and ID/DSD reference number*

Risk Level **Response required within**	☐ Emergency 24 hours – 48 hours	☐ High 1 week	☐ Mild 3 weeks

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Consent and information sharing		
Describe preferred way to contact the client and any restrictions on contacting the client		
Has the client consented to share information with the service provider?	☐ Yes ☐ No	If yes, add signature

Briefly describe service required and any relevant information that client has consented to share with service provider. *Ensure sufficient information is provided for service provider to provide relevant service; avoid sharing details not required for the provision of that specific service.*

Feedback required from service provider	**Date Feedback required**
☐ Yes ☐ No	

SW/SAW Name and Surname	**Signature**	**SACSSP Number**	**Date**