MFA/SS/IRF

SOCIAL SERVICES DIVISION

EARLY RISK DETECTION IN CHILDREN

INTERVENTION REFERRAL FORM

Instructions: This referral form is to be used by all partner agencies for further assessment request or for referrals to specialists outside of their organization.

All Intervention Referral Forms should be submitted to the Office of the Director Social Services through or cc to the Interagency Focal Person or liaison person.

Please note: Children will go through situations that require professional attention that does not normally constitute any risk. If in any doubt on whether there is a risk or the level of risk, referral to social services should be made for further assessment.

Addressed to: **Referral source :** **Date and time of request/referral**	*Tick appropriate box* Unborn child 0-3mths 3mths-3yrs 3-5yrs	Age group 6-8yrs 9-14yrs 15-18yrs
Name of client: **DOB:** **SEX:** **NIN:** | | | | - | | | | | - | | - | | - | | | **Address:**	**Name of parent/guardian:** **Address:** **Contact information:**	
Family details: **No of children living in the household** **No of adults living in the household**	**No of working adults in the household** **No of persons on social security**	
Nature of risk ***Tick level of risk*** **High** | **Medium** | **Low**		
Summary Referral Information:		

SOCIAL SERVICES EARLY RISK DETECTION FORM

Actions taken by referrer: include contacts/referrals made with other agencies
Other agencies working with the client
Action requested by referrer
<u>Consent regarding information recording & sharing</u>: ***I ……..... consent to the gathering of information & to the best of my knowledge allow it to be shared with relevant professionals as and when required.*** **Signed _____ Date_____** **Parent or guardian not available** ☐ **Parent or guardian refused consent** ☐

Name of referrer: **Post title/Organisation:** **Contact details:** **Date and time of submission to interagency focal person for referral** **.....** **Signature of referrer:**	**Name of interagency focal person** **Post title/ organization** **Contact details** **Date and time of submission to referral agency** **.....** **Signature of interagency focal person:**