#### REFERRAL FORM

The Foundation offers a range of support services for vulnerable individuals and families. **C**ore services include:

1. **Two Family Resource Centres (Ċentru Antida in Tarxien serving Tarxien, Paola, Fgura) and Ċentru Enrichetta in Birżebbuġa).** Services at these centres include:

* **Social Work:** home-visits, outreach work, advocacy, referral, information, emotional support.
* **Volunteer Handymen** in support of vulnerable and poor families (for SJAF service users only).
* **Learning Support Service** for vulnerable persons supported by Foundation Social Workers. Includes: *For Children*: weekly learning support for primary level students; *For adults:* non-formal learning opportunities such as self-esteem groups & literacy.
* **Befriending Service** for lonely, home-bound elderly persons
* **Bazaar in Tarxien** through which families can access low cost items.

1. **Lwien Service** - caring for family care givers: support for family care givers of persons with mental health problems. Includes family consultations with a Psychiatric Nurse, social work support, support groups, home-visits.
2. **Dar Esther** - for vulnerable young pregnant women and young mothers: accommodation, educational programme, mentoring. Commissioned by The President's Trust.
3. **Emotional Freedom Service** for persons wanting to be free from thier anger, fear or other emotional distress.
4. **SOAR Service** in support of victims and survivors of domestic violence. Includes preventive workshops for young persons on dating violence.

**PLEASE TICK APPROPRIATE BOX FOR SERVICE BEING REQUESTED**

|  |  |
| --- | --- |
|  | Ċentru Antida Family Resource Centre (Tarxien, Paola, Fgura) |
|  | Ċentru Enrichetta Family Resource Centre in Birżebbuġa |
|  | Lwien Service (support to family caregivers of mentally ill persons) |
|  | Emotional Freedom Service |
|  | SOAR Service for DV victims & survivors |
|  | Dar Esther |
|  | Non-formal education opportunities (groupwork in self-esteem, literacy, courses for parents) |

**Note:** Professionals referring a service user are kindly requested to provide a brief social report using the attached form. **Please complete all form and send this form to SJAF by post or email.**

## SOCIAL REPORT FOR PROFESSIONALS MAKING A REFERRAL

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date of Referral:** | Click here to enter a date. | | **Referring Agency:** | | Click here to enter text. | |
| **Service Unit:** | Click here to enter text. | | **Profession/ designation:** | | Click here to enter text. | |
|  | | | | | | |
| **Name of Referrer:** | | Click here to enter text. | | **Warrant No:** | | Click here to enter text. |
| **Direct Telephone/s Nos:** | | Click here to enter text. | | **E-mail address:** | | Click here to enter text. |

**Details of person/s being referred and family members**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Address** | **Relation** | **Telephone** | **ID No:** | **Age** | **Comment: employment; relationship; mental health; other** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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| **Description of service user’s present situation along with an eco-map.**  Click here to enter text. |
| **Eco-map** |

|  |
| --- |
| **Please justify your referral**  Click here to enter text. |
| **Give detailed information on interventions already carried out.**  Click here to enter text. |
| **Is there any other information which is essential to our social workers to know before phoning and carrying out home visits? Ex: special time, danger ect.**  Click here to enter text. |

**Details of significant others and their contact details (where relevant):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Address** | **Tel. No.** | **Relationship** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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**Details of other Professionals involved with the person being referred**

|  |  |  |
| --- | --- | --- |
| **Name & surname** | **Role** | **Tel. No.** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
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Signature of Referrer Date