

## Referral message

Thank you so much for reaching out to WAAPO safe house and you are more than welcome!!

WAAPO safe house provides **emergence safe shelter** to women and children in crises - complaining about all forms of SGBV and child abuses who feel unsafe and seeking temporary accommodation.

They can be accessed safely and security, beds, foods, and counseling services.

WAAPO has a strict admission safe-house policy that pertains to the referral agencies which includes: -

1. Submission of the Safe house referral form – Sign and stamp (Find attached below)
2. Indicate the duration of the stay in the referral form.
3. Ensure to maintain mandatory services pertaining in the referral form.
4. Indicate the contact focal person of the individual referral case (Assigned caseworker from the referral agency).
5. Submission of the medical check-up's certificates.
6. Refuges certificate (if the survivor is refugees).
7. Narrative info about the nature of the case.

When you fill in the attached referral form along with the attached require documents, you will be received a notification email from our safe house Officer.

Any additional suggestions or support, please do not hesitate to contact us.

Sincerely,  
WAAPO Safe House Focal Person. “



# SAFE HOUSE REFERRAL FORM

Date:

1: Administrative Information.	
Name of the Referral agency:	
Name of the referral agency focal person:	
Contacts of the referral agency focal person.	

2. Survivors Information			
Name:		Sex:	female
Age:		Marital status:	Divorce
Country of origin		Displacement status:	Refugee

3. Details of the Incident			
Type of the incident:		Location of the incident:	
Time of the incident:		First contact of report:	

4. Direct Service delivery Information	
<p><u>Type of the Service:</u></p> <p>N.B. Please note that, we provide Safety and security, accommodation, PSS and three time a meal. (Please tick as per below check list)</p> <p><input type="checkbox"/> Safety and security      <input type="checkbox"/> Accommodation</p> <p><input type="checkbox"/> Meals      <input type="checkbox"/> Counselling.</p>	<p><u>Duration of the Safe house Service:</u></p> <p>N.B. Please note that the length of stay is only limited Three Months period. And will be determined on a case-by-case basis.</p> <p><input type="checkbox"/> Weeks      <input type="checkbox"/> 1- Month      <input type="checkbox"/> 2-Month      <input type="checkbox"/> 3-Month</p> <p>If you require more than three-months justify:</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p><u>Mandatory medical check-up checklists:</u> (Please, attaché the certificate)</p> <p><input type="checkbox"/> HIV &amp; STIs Test      <input type="checkbox"/> Covid-19 Test.</p>	<p><u>Mandatory services from the referral agency</u>(Please tick to which services)</p> <p><input type="checkbox"/> Medical services      <input type="checkbox"/> Legal / Police services</p> <p><input type="checkbox"/> Personal hygiene items &amp; clothes      <input type="checkbox"/> Transportation service.</p>

**Case Study:** Please narrate the nature of the case including to whom referred to you and your linkage with the security actors, law enforcement and line ministers” \_\_\_\_\_

Referral Organization  
Signature & Stamp\_

Received Organization  
Signature & Stamp:

\_\_\_\_\_

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