



EXPANDED CHURCH RESPONSE (ECR) TO HIV/AIDS TRUST

Responding to HIV/AIDS through the Churches in Zambia

OVC REFERRAL FORM

Name of Faith Based Organization (FBO): _____

Facility Phone number and Address: _____

Date: _____

OVC Particulars: _____
(M/F) **Name:** First Last **D.O.B** (dd/mm/yyyy) **Gender**

This person is being referred from:

This person is being referred to (name of organization/person): _____

Dear colleague,

Kindly attend to this OVC who has received service in our organization. We are referring him/her for the following reason:

Service	Detail description
1. Food and Nutrition Support <input type="checkbox"/>	
2. Education support <input type="checkbox"/>	
Specific education support Fees <input type="checkbox"/> Uniform <input type="checkbox"/> Skills training <input type="checkbox"/> Other (<i>specify</i>) <input type="checkbox"/>	
3. Home Based Care and Health support <input type="checkbox"/>	
4. Psychological Support <input type="checkbox"/>	
5. Legal support <input type="checkbox"/>	
6. Other Service <input type="checkbox"/>	

Name & signature of person referring OVC

Designation

Please cut off this section and store it carefully until it is collected by the health facility/organization that referred this client. This is extremely important as it will allow the referring organization to know whether persons utilize the services for which they were referred.

Date: _____ Name of organization : _____

OVC Particulars: _____
Name: **First** **Last** **D.O.B** (dd/mm/yyyy) **Gender (M/F)**

Service/s OVC referred for: _____

Service/s OVC received: _____

Follow-up required: _____

Name & signature of person who delivered service

Designation