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| --- | --- | --- | --- | --- | --- |
| **Part A - Consent to release information (read with person of concern before s/he signs)** | | | | | |
| person of concern name or caregiver), give my permission for DRC to share the specific case information from my report with DRC relevant staff members in charge of the provision of specific assistance, so that I can receive help with my identified needs. I understand that shared information will be treated with confidentiality and respect and shared as needed to provide assistance I request. I understand that releasing information means that a person from the agency or service below may come to talk to me. I also understand that my information (name) will be shared with a third party (FSP) in order for me to be able to collect the assistance. At any point, I have the right to change my mind about the information with the designated agency/focal point. By signing this form, I authorize this exchange of information.  Signature of Responsible Party:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Person of Concern or Caregiver if a minor) Date: \_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **Part B – Basic Bio Data (Head of Household or main person interviewed) or ONLY survivor code if GBV case** | | | | | |
| **Full Name (or survivor code):** | | | | | |
| **UNHCR Registration No (if applicable):** | | | Sex:  Male  Female | | |
| Date of Birth (dd/mm/yyyy) | | | Place of Birth: | | |
| Identity Document in place (specify): | | | Risk Level: | | |
| Present Address: | | | | Phone number:  Do you share this number with others:  Yes  No | |
| **Part C – Protection Risk/Emergency situation briefing, purpose of CfP and justification for recommended action/assistance** | | | | | |
| {{response\_1}} | | | | | |
| ***Cash Panel:***  *Is the protection risk clearly articulated? Is there good reason to assume it is a one-time emergency rather than a recurrent, chronic issue?*  {{response\_2}}   |  |  | | --- | --- | | **Protection Risk** | | | Legal and Physical safety-related risks | Yes No | | Risk of unlawful/  forced eviction | Yes No | | Risk of physical assault or abuse | Yes No | | Risk of psychological or emotional abuse | Yes No | | Risk of lack of access to justice or assistance (child in conflict with the law, legal assistance) | Yes No | | Risk of denial of resources, opportunities, services | Yes No | | Risk of confiscation of documents or property | Yes No | | Child Labour, including Worst Forms of Child Labour | Yes No | | Sexual Harassment, Exploitation or Abuse | Yes No | | Sexual and Gender-Based Violence | Yes No | | Risk of Family Separation | Yes No | | Other (specify) | Yes No | | | | | | |
| **D – Expected Protection Outcome** | | | | | |
| ***Requestor:*** *Describe how cash assistance can solve or mitigate the protection risk: What is the expected protection outcome? What specific output will cash provide? How does that output contribute to the expected protection outcome? What measures are or will be in place to ensure the protection risk doesn’t reappear once the cash assistance ends?*  *{{response\_3}}* | | | | | |
| *Cash Panel: Has the panel weighed risks vs. benefits of the assistance? What will the impact be on the individual? Household? Community? Has enough consideration been given to the impact of cash on the specific needs, age and gender of the PoC? How will the protection outcome be achieved through case management?*  {{response\_4}}  ☐ Stop/mitigate/reduce impact of violence, coercion, deprivation, abuse, or neglect  ☐ Restore dignity after the occurrence of violence, coercion, deprivation, abuse, or neglect  ☐ Mitigate/prevent reliance on harmful and dangerous coping mechanisms  ☐ Address/mitigate social exclusion/structural discrimination faced by specific groups  ☐ Respond to urgent lifesaving need or critical risk to basic human rights (incl. high risk of eviction) | | | | | |
| **Part E – Cash Needs and Plan** | | | | | |
| ***Requestor:*** *What costs does the PoC need to cover to resolve/mitigate the protection risk? Have they or are they currently benefitting from any other form of cash or in-kind assistance? Has this been verified by cross-checking the PoC on RAIS or other relevant databases? What other forms of income does the household have access to? If they are receiving other forms of assistance, how does that factor into their current cash needs? Based on the analysis of costs vs. income/assistance, how much cash is needed? For what duration? What cash delivery modality is appropriate in terms of access and safety?*  *What other specialized services is the PoC receiving or being referred to?*   |  |  |  |  | | --- | --- | --- | --- | | **Service** | **Already Receiving** | **Referred** | **Referred To** | | Case management | Yes No | Yes No |  | | PCAP | Yes No | Yes No |  | | Basic assistance | Yes No | Yes No |  | | MCAP | Yes No | Yes No |  | | Health/medical | Yes No | Yes No |  | | Cash-for-Rent | Yes No | Yes No |  | | Education | Yes No | Yes No |  | | Shelter | Yes No | Yes No |  | | Wash | Yes No | Yes No |  | | Legal | Yes No | Yes No |  | | Psychosocial support | Yes No | Yes No |  | | Livelihoods | Yes No | Yes No |  | | RST | Yes No | Yes No |  | | Other: \_\_\_\_\_\_\_\_\_\_\_ | Yes No | Yes No |  | | | | | | |
| ***Cash Panel:*** *Have all the capacities of the household been considered adequately? Is the cash plan realistic and does it address the cash needs of the PoC? Is there a clear exit plan to ensure that no dependency is create?* | | | | | |
| **Panel Decision** | | | | | |
| **Risk level**  *Priority is determined by assessing: the impact of the protection risk on the life, safety and wellbeing of the PoC (risk level + vulnerability), the capacities of the PoC (other cash and other assistance, other sources of income etc.) and the degree to which the cash will resolve/mitigate the risk (feasibility of the cash plan).*  High  Medium  Low  *\* Cases identified as high risk should be prioritized for CfP and cash-in-envelope delivery. Medium to low-risk cases should be approved based on availability of funds and competing cases.* | | | | | |
| **Decision**  Approved Rejected | | | | | |
| **Justification:**  *The reason should be described in terms of the above criteria: the protection risk is unclear/unlikely to occur/low risk | the PoC has the capacity to address the risk through other means/other services | the cash will not resolve/mitigate the risk.* | | | | | |
| **Cash Plan** | | | | | |
| *The Panel reviews the cash plan with the case worker to determine whether it is feasible, will contribute to the expected protection outcome and will cover the needed costs.*  **Amount**  90 USD  \_\_\_ USD  \_\_\_ LBP (if provided in LBP, should correspond to the USD amount at the parallel market rate)  **Duration**  One off  2 months  3 months  ˃ 3 months (specify # months: \_\_\_\_\_\_\_\_)  **Intended use of cash (select all that apply)**  Transportation  Alternative shelter  Urgent medical treatment/care  Material items/Emergency NFI  Legal Documentation  Alternative Care Arrangement  Emergency Food  Rent  Relocation  Legal Proceedings  Material items (clothing, assistive devices, specialized care items)  Specialized services )repair sewing machine )  Other: \_\_\_\_\_\_\_  **Delivery Mechanism**  *Considering: access – can the PoC access the financial service provider (FSP)? Will they be exposed to harm by trying to access the FSPP? Would delivering the cash directly to the PoC expose them to stigma? Create tensions within the household? Within the community? When is the cash needed? How long does each modality take?*  Cash-over-the-counter  Cash-in-envelope | | | | | |
| **Authorization** | | | | | |
|  | **Requestor** | **Protection Team Leader** | | | **Protection Manager** |
| Name | *Mahmoud Trablsi* |  | | |  |
| Signature |  |  | | |  |
| Date |  |  | | |  |