**Form 2- IDENTIFICATION & INTAKE**

**Individual Protection Case Management for Persons with Specific Needs**

|  |  |  |  |
| --- | --- | --- | --- |
| 1.Preliminary intake information | | | |
| Date of session | | {{date\_session}} | |
| Location of Session | | {{location}} | |
| Who referred/identified the person | | {{Check\_1}} Referral from another organization  {{Check\_2}} Family, neighbor or community member {{Check\_3}} Internal referral  {{Check\_4}} Self-referral  {{Check\_5}} Community volunteer/focal point  {{Check\_6}} Other (specify): {{specify\_id}} | |
| Date of identification | | {{date\_id}} | |
| 2.Address Any barriers | | | |
| Do you need any support to take part in this meeting? | | {{Check\_7}} Yes {{Check\_8}} No | |
| Note down support required and what has been put in place: | | {{support\_details}} | |
| 3.Case Data | | | |
| Case Code | | {{case\_code}} | |
| Date of Birth | | {{date\_of\_birth}} | |
| Gender | | {{Check\_9}} Male {{Check\_10}} Female {{Check\_11}} Other | |
| 1. Do you have difficulty seeing, even if wearing glasses? | | {{Check\_12}} No, no difficulty {{Check\_13}} Yes, some difficulty {{Check\_14}} Yes, a lot of difficulty {{Check\_15}} Cannot do it at all {{Check\_16}} Refused | |
| 2. Do you have difficulty hearing, even if using a hearing aid? | | {{Check\_17}} No, no difficulty {{Check\_18}} Yes, some difficulty {{Check\_19}} Yes, a lot of difficulty {{Check\_20}} Cannot do it at all {{Check\_21}} Refused | |
| 3. Do you have difficulty walking or climbing steps? | | {{Check\_22}} No, no difficulty {{Check\_23}} Yes, some difficulty {{Check\_24}} Yes, a lot of difficulty {{Check\_25}} Cannot do it at all {{Check\_26}} Refused | |
| 4. Do you have difficulty remembering or concentrating? | | {{Check\_27}} No, no difficulty {{Check\_28}} Yes, some difficulty {{Check\_29}} Yes, a lot of difficulty {{Check\_30}} Cannot do it at all {{Check\_31}} Refused | |
| 5. Do you have difficulty (with self-care, such as) washing all over or dressing? | | {{Check\_32}} No, no difficulty {{Check\_33}} Yes, some difficulty {{Check\_34}} Yes, a lot of difficulty {{Check\_35}} Cannot do it at all {{Check\_36}} Refused | |
| 6. Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood? | | {{Check\_37}} No, no difficulty {{Check\_38}} Yes, some difficulty {{Check\_39}} Yes, a lot of difficulty {{Check\_40}} Cannot do it at all {{Check\_41}} Refused | |
| Disability status (case worker only): Yes/No (Cut off: Yes = one or more questions where the PoC has responded: Yes, a lot of difficulty/cannot do it at all) | | {{Check\_42}} Yes {{Check\_43}} No | |
| What is your citizenship/country of origin? (Adapt as appropriate. Note here if the person claims to be stateless | | {{Check\_44}} Syrian {{Check\_45}} Lebanese {{Check\_46}} PRS {{Check\_47}} PRL {{Check\_48}} Stateless {{Check\_49}} Other, specify | |
| Displacement status: | | {{Check\_50}} IDP {{Check\_51}} Refugee {{Check\_52}} Host community {{Check\_53}} Other, specify | |
| What is your civil/marital status? | | {{Check\_54}} Single {{Check\_55}} Married {{Check\_56}} Divorced/separated {{Check\_57}} Widowed | |
| Are you registered with the UNHCR? If in refugee context and unregistered, unless there are security concerns refer for registration. | | {{Check\_58}} Yes {{Check\_59}} No Please specify the reasons: {{reasons}} | |
| 4. For people who require a caregiver | | | |
| Do you have caregiver/s? | | {{Check\_60}} Yes {{Check\_61}} No | |
| What is the name of the caregiver/s? | | {{caregiver\_name}} | |
| What is your relationship to them? | | {{caregiver\_relationship}} | |
| 5.Intake Practice active listening skills and healing statements. Ask probing questions if needed to better understand the situation. | | | |
| Can you tell me what brought you here today? | | Notes: {{reason\_of\_coming}} | |
| Can you explain whether you have any immediate medical, physical or emotional needs? | | {{Check\_62}} Yes Briefly explain the needs: {{needs}} {{Check\_63}} No | |
| Do you feel safe within your community and/or the location you currently live? | | {{Check\_64}} Yes, feeling safe {{Check\_65}} No, feeling unsafe Explain what makes you feel safe or unsafe: {{explain\_1}} | |
| Do you feel safe in your home?   (Are you comfortable with the people you live with? Do you have enough privacy? Is the home safely located? What makes you feel unsafe?) | | {{Check\_66}} Yes, feeling safe {{Check\_67}} No, feeling unsafe Explain what makes you feel safe or unsafe: {{explain\_2}} | |
| Can you tell me about any people or groups that are particularly significant in your life? | | {{significant\_people}} | |
| Do you feel that some of these people or groups are able to support you/have supported you in the past if you have had a concern or problem? If so, how did they support you? | | {{Check\_68}} Yes {{Check\_69}} No Explain: {{explain\_3}} | |
| Do you participate in and contribute to decisions that affect you in the home and community? | | {{Check\_70}} Yes {{Check\_71}} No Explain: {{explain\_4}} | |
| Can you tell me whether you are able to move freely and safely within and outside of your community? | |  | |
| Do you have access to available services on an equal basis with other people in your family or in your community? Can you describe your access to those services for me? | | {{Check\_72}} Yes {{Check\_73}} No Explain: {{explain\_5}} | |
| Can you please summarize the key concerns that are worrying you the most at the moment and what you need? | | {{key\_concerns}} | |
| What steps have you taken to try to resolve some of these concerns? | | {{resolve\_concerns}} | |
| What did you feel worked well and what did not work? | | {{what\_worked\_and\_not}} | |
| Do you or other members of the family have work or an income of any kind at the moment? | | {{Check\_74}} Yes {{Check\_75}} No Explain: {{explain\_6}} | |
| 6.CASE WORKER ONLY: Violation/incident type Based on your conversation with the individual, are they at risk of any specific rights violations? | | | |
| Type of violation | | In the form of {{violation\_type}} | |
| Torture, inhumane, cruel or degrading treatment or punishment (including physical and psychological violence)  Note: All cases of rape, sexual assault, physical assault or abuse, forced marriage, denial of resources, opportunities or services, psychological and/or emotional abuse for women, girls and boys, should be referred for GBV or child protection case management | | {{Check\_76}} Torture {{Check\_77}} Other inhumane, cruel or degrading treatment or punishment  {{Check\_78}} Physical and psychological violence, including assault, abuse or severe neglect | |
| Deprivation of liberty | | {{Check\_79}} Arbitrary arrest, detention  {{Check\_80}} Arbitrary restrictions on movement  {{Check\_81}} Abduction and/or kidnapping  {{Check\_82}} Enforced disappearance  {{Check\_83}} Other | |
| Exploitation | | {{Check\_84}} Extortion {{Check\_85}} Forced labor (slavery) {{Check\_86}} Trafficking in persons (forced prostitution, forced marriage, organ harvesting)/refer {{Check\_87}} Forced recruitment (adults) {{Check\_88}} Other | |
| Forced/denied access to territory & asylum | | {{Check\_89}} Refoulement  {{Check\_90}} Rejection at border/frontier  {{Check\_91}} Denial of access to asylum procedures  {{Check\_92}} Other | |
| Denial of family life Refer women and children for GBV and CP case management services | | {{Check\_93}} Denied a family or relationship  {{Check\_94}} Denied or unable to exercise family unity  {{Check\_95}} Forced Family separation  {{Check\_96}} Other | |
| Access to justice Refer to legal | | {{Check\_97}} Denied access to judiciary/legal counsel/representation {{Check\_98}} Denied fair trial, effective remedy  {{Check\_99}} Other | |
| Denial of economic, social and cultural rights (Discrimination and exclusion from access to humanitarian assistance) | | {{Check\_100}} Deprived access to basic needs and services (denial of food, medicine, assistive devices on the basis of age and disability) {{Check\_101}} Denial of the right to work  {{Check\_102}} Forced eviction  {{Check\_103}} Destruction/loss of property  {{Check\_104}} Other | |
| Right to nationality, civil status registration and documentation Refer to legal | | {{Check\_105}} Denial of birth registration and/or certificate  {{Check\_106}} Arbitrary deprivation of nationality  {{Check\_107}} Denial of travel documents  {{Check\_108}} Other | |
| 7.Vulnerability Profile | | | |
| {{Check\_109}} Person with Disability {{Check\_110}} Older person at-risk {{Check\_111}} Woman at-risk | | | |
| 8.Risk-Level determination | | | |
| {{Check\_112}} No Risk | {{Check\_113}} Low Risk | {{Check\_114}} Medium Risk | {{Check\_115}} High Risk |
| No observed need for protection case management services at this time. | Probability of a serious risk to individual safety is low, however a short intervention to respond to individual specific needs can be required to reduce vulnerability. | Probability of a serious risk to individual safety requiring intervention within a week. Bi-weekly follow-up required by phone and visit. The number of follow-ups will decrease according to the needs. | Serious and imminent risk to individual safety requiring immediate action in a maximum of 48 hours. Depending on situation, weekly follow-up is required by phone and visit. The number of follow-ups will decrease according to the clients' needs. |