**Form 2- IDENTIFICATION & INTAKE**

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

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| **1.Preliminary intake information** | | | |
| **Date of session** | | {DATE} | |
| **Location of Session** | | {location} | |
| **Who referred/identified the person** | | {check1} Referral from another organization  ☐ Family, neighbor or community member  ☐ Internal referral  ☐ Self-referral  ☐ Community volunteer/focal point  ☐ Other (specify): {{specify}} | |
| **Date of identification** | | {{date\_identification}} | |
| **2.Address Any barriers** | | | |
| **Do you need any support to take part in this meeting?** | | ☐ Yes  ☐ 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** | | ☐ Male  ☐ Female  ☐ Other | |
| **1. Do you have difficulty seeing, even if wearing glasses?** | | ☐ No, no difficulty  ☐ Yes, some difficulty  ☐ Yes, a lot of difficulty  ☐ Cannot do it at all  ☐ Refused | |
| **2. Do you have difficulty hearing, even if using a hearing aid?** | | ☐ No, no difficulty  ☐ Yes, some difficulty  ☐ Yes, a lot of difficulty  ☐ Cannot do it at all  ☐ Refused | |
| **3. Do you have difficulty walking or climbing steps?** | | ☐ No, no difficulty  ☐ Yes, some difficulty  ☐ Yes, a lot of difficulty  ☐ Cannot do it at all  ☐ Refused | |
| **4. Do you have difficulty remembering or concentrating?** | | ☐ No, no difficulty  ☐ Yes, some difficulty  ☐ Yes, a lot of difficulty  ☐ Cannot do it at all  ☐ Refused | |
| **5. Do you have difficulty (with self-care, such as) washing all over or dressing?** | | ☐ No, no difficulty  ☐ Yes, some difficulty  ☐ Yes, a lot of difficulty  ☐ Cannot do it at all  ☐ Refused | |
| **6. Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood?** | | ☐ No, no difficulty  ☐ Yes, some difficulty  ☐ Yes, a lot of difficulty  ☐ Cannot do it at all  ☐ 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) | | ☐ Yes  ☐ No | |
| **What is your citizenship/country of origin?** (Adapt as appropriate. Note here if the person claims to be stateless | | ☐ Syrian  ☐ Lebanese  ☐ PRS  ☐ PRL  ☐ Stateless[[1]](#footnote-1)  ☐ Other, specify | |
| **Displacement status:** | | ☐ IDP  ☐ Refugee  ☐ Host community  ☐ Other, specify | |
| **What is your civil/marital status?** | | ☐ Single  ☐ Married  ☐ Divorced/separated  ☐ Widowed | |
| **Are you registered with the UNHCR?**  If in refugee context and unregistered, unless there are security concerns refer for registration. | | ☐ Yes  ☐ No  Please specify the reasons: {{reasons}} | |
| **4. For people who require a caregiver** | | | |
| **Do you have caregiver/s?** | | ☐ Yes  ☐ 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?** | | ☐ Yes  Briefly explain the needs: {{needs}}  ☐ No | |
| **Do you feel safe within your community and/or the location you currently live?** | | Yes, feeling safe  No, feeling unsafe  Explain what makes you feel safe or unsafe: {{safe\_community\_explaination}} | |
| **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?)* | | Yes, feeling safe  No, feeling unsafe  Explain what makes you feel safe or unsafe: {{safe\_home\_explaination}} | |
| **Can you tell me about any people or groups that are particularly significant in your life?** | |  | |
| **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?** | | ☐ Yes  ☐ No  Explain: | |
| **Do you participate in and contribute to decisions that affect you in the home and community?** | | ☐ Yes  ☐ No  Explain: | |
| **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?** | | ☐ Yes  ☐ No  Explain: | |
| **Can you please summarize the key concerns that are worrying you the most at the moment and what**  **you need?** | |  | |
| **What steps have you taken to try to resolve some of these concerns?** | |  | |
| **What did you feel worked well and what did not work?** | |  | |
| **Do you or other members of the family have work or an income of any kind at the moment?** | | ☐ Yes  ☐ No  Explain: | |
| **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** | |
| **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* | | ☐ Torture  ☐ Other inhumane, cruel or degrading treatment or punishment  ☐ Physical and psychological violence, including assault, abuse or severe neglect | |
| **Deprivation of liberty** | | ☐ Arbitrary arrest, detention  ☐ Arbitrary restrictions on movement  ☐ Abduction and/or kidnapping  ☐ Enforced disappearance  ☐ Other | |
| **Exploitation** | | ☐ Extortion  ☐ Forced labor (slavery)  ☐ Trafficking in persons (forced prostitution, forced marriage, organ harvesting)/refer  ☐ Forced recruitment (adults)  ☐ Other | |
| **Forced/denied access to territory & asylum** | | ☐ Refoulement  ☐ Rejection at border/frontier  ☐ Denial of access to asylum procedures  ☐ Other | |
| **Denial of family life**  *Refer women and children for GBV* *and CP case management services* | | ☐ Denied a family or relationship  ☐ Denied or unable to exercise family unity  ☐ Forced Family separation  ☐ Other | |
| **Access to justice**  *Refer to legal* | | ☐ Denied access to judiciary/legal counsel/representation  ☐ Denied fair trial, effective remedy  ☐ Other | |
| **Denial of economic, social and cultural rights**  **(Discrimination and exclusion from access to humanitarian assistance)** | | ☐ Deprived access to basic needs and services (denial of food, medicine, assistive devices on the basis of age and disability)  ☐ Denial of the right to work  ☐ Forced eviction  ☐ Destruction/loss of property  ☐ Other | |
| **Right to nationality, civil status registration and documentation**  *Refer to legal* | | ☐ Denial of birth registration and/or certificate  ☐ Arbitrary deprivation of nationality  ☐ Denial of travel documents  ☐ Other | |
| **7.Vulnerability Profile** | | | |
| ☐ Person with Disability  ☐ Older person at-risk  ☐ Woman at-risk | | | |
| **8.Risk-Level determination** | | | |
| **☐ No Risk** | **☐ Low Risk** | **☐ Medium Risk** | **☐ 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. |

1. A Stateless person can be:

   A person born to a Lebanese father and whose birth has not been registered (Known as non-registered).

   A person born to a stateless father or unknown parents, either of Lebanese or non-Lebanese origins, but has been residing in Lebanon for a long period (Known as Maktoum al Qayd).

   A person of undetermined nationality that was given an “under-study” status by the General Directorate of General Security. A person with an under-study status was not accounted in the 1932 census, nor in any subsequent statistical initiatives in Lebanon. Such persons hold residency cards stating that the nationality of their holders is under study (Known as under-study). [↑](#footnote-ref-1)