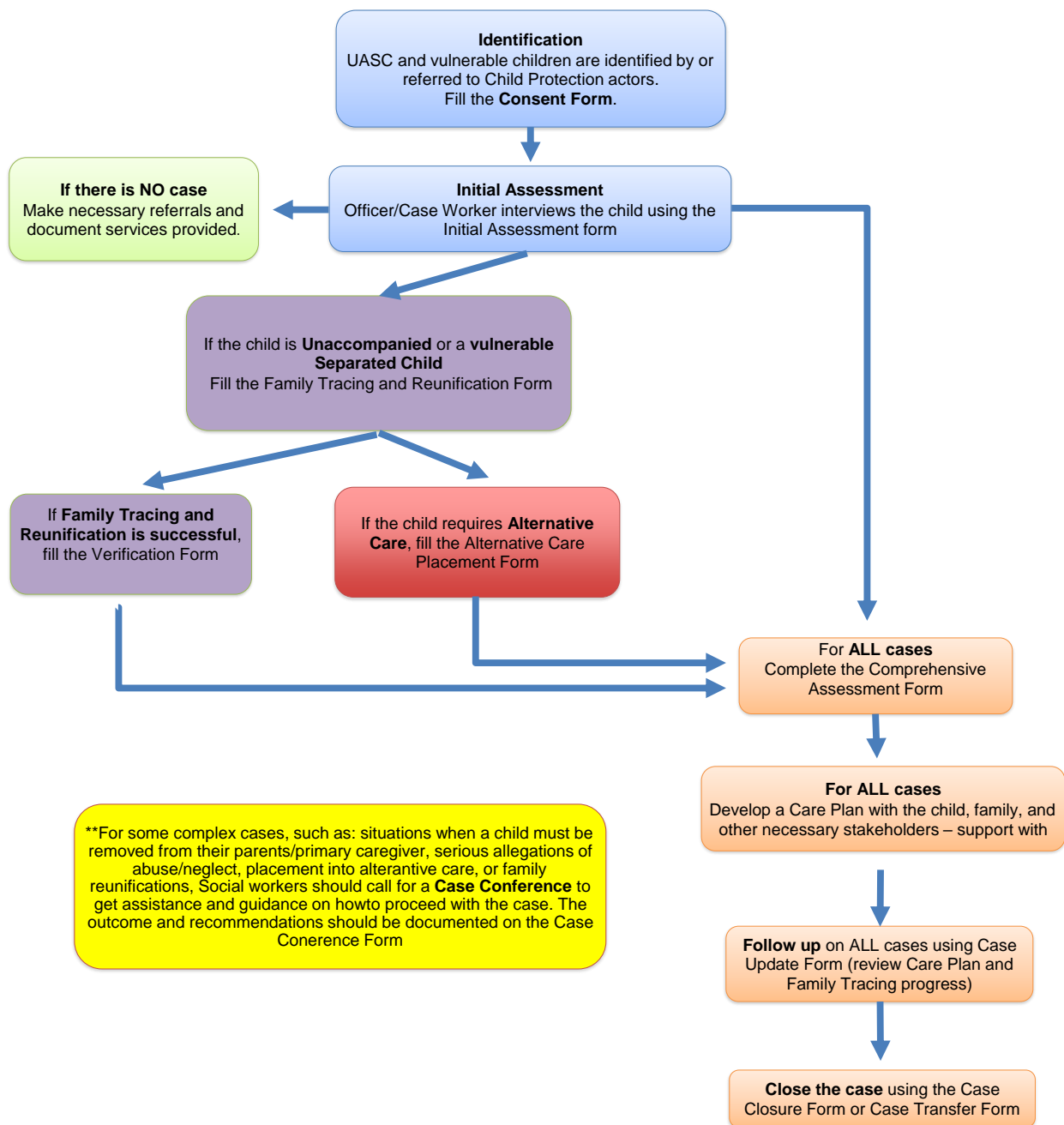


Case Management and Family Tracing and Reunification Flowchart



NIGERIA INTERAGENCY CASE MANAGEMENT FORMS

CONSENT/ASSENT FORM FOR SHARING AND STORING INFORMATION (Form 1)

This form should be read to the child and the caregiver in their own language and should be clearly explained so that she/he/they fully understand. For any services that you wish to refer the child to, if the child/caregiver wishes to withhold any information from any service provider this should be clearly documented below.

A. NARRATIVE TO READ TO CLIENT

Hello, my name is _____ and I work for _____. We work to support children and their families. I'd like to ask you some questions about your situation so that I can understand the challenges that you are facing. Is it ok if I ask you some questions? I will take some notes to help me to remember what you said. In order for me to fully help you, I will likely need to share information in my notes with other organizations working here, including the Ministry of Women Affairs and Social Development/Ministry of Youth Sports, Social, and Community Development, so that they can support you. Is it ok with you if I share these notes with other organizations working here if they need that information? You can let me know if you would like to keep anything that you tell me confidential from anyone else and you can stop the interview at any time or take a break.

B. AUTHORIZATION TO BE MARKED BY EITHER PARENT/CAREGIVER OR THE CHILD

(see standard guidance on when a child can consent for themselves)

Who is providing consent? (Circle all that are applicable)

Child

Parent

I, _____, give my permission for _____ (name of agency) to:

A) Store my personal details and/or that of the child under my care in their case management system (paper and electronic).

☐ **Yes**

☐ **No**

B) I give _____ (name of agency) permission to intervene in/manage my case.

☐ **Yes**

☐ **No**

C) It has been explained to me that _____ (name of agency) will only share information about my case with a service provider I have consented to them sharing information with. (This will be discussed as part of the case action planning process in the assessment). Information can be withheld in all or part.*

☐ **Yes**

☐ **No**

D) I understand that some information about my situation that cannot identify me in any way may be shared as part of a report.

☐ **Yes**

☐ **No**

E) If the client wants to withhold all/part of the information they have given from individuals/agencies make note of which information should be withheld from which agencies/person(s) here and make a note of this in the Initial Assessment and any referral forms.

C. FORM COMPLETED BY

Caregiver Name

Date of Consent
(DD/MM/YY)*

dd

mm

yy

Caregiver Signature/
Thumb Print

Child Name

Date of Consent
(DD/MM/YY)*

dd

mm

yy

Child Signature/
Thumb Print

Caseworker Name

Caseworker Signature

NIGERIA INTERAGENCY CASE MANAGEMENT FORMS

INITIAL ASSESSMENT/REGISTRATION (FORM 2)

Instruction: This form should be completed for all children with identified and/or reported child protection concerns. This includes all unaccompanied and separated children. While all children with protection concerns will be assessed, ONLY vulnerable children with substantiated protection issues will receive case management.

Summary of Initial Assessment (to be completed at end of assessment)

PRIORITY LEVEL	<input type="checkbox"/> Level (1) 24 hour	<input type="checkbox"/> Level (2) 1 week	<input type="checkbox"/> Level (3) 2 weeks	<input type="checkbox"/> Level (4) No Response Needed	CP IMS Number	
Child's Care Status	<input type="checkbox"/> With Parents/ Customary Caregiver		<input type="checkbox"/> Unaccompanied	<input type="checkbox"/> Separated	Does the Child require FTR?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Outcome of Assessment	<input type="checkbox"/> Child is not at significant risk - Case Management Not Required			Primary Protection Concern (if applicable)		
	<input type="checkbox"/> Child is at risk and requires Ongoing Case Management					

A. SOURCE IDENTIFICATION & CONSENT FOR INFORMATION SHARING

Source of Identification				<i>Self-Referral, Identification by CP Community Worker/Volunteer, case worker, CFS animators, NGO, UN Agency, Health Providers, Education Provider, Gov't Social Worker, Police, Community Leaders, Other Agency, Other - specify)</i>		
Date of Identification/Referral (DD/MM/YY)	dd	mm	yy			
Has there been a case opened for this child previously?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, which organization/institution registered the child?			
If yes, note any information given on the provider and services they gave (<i>case management, education, food, health, non-food items, financial, etc...</i>)						
Have you completed the Consent Form with the child/caregiver? <i>If no, please complete the consent for before continuing.</i>				<input type="checkbox"/> Yes	<input type="checkbox"/> No	

B. CHILD'S PERSONAL DETAILS (If the child doesn't know their name and /or address, go to section C)

Explain to the child and/or caregiver "I am now going to ask you some basic information about yourself/your child"

Child's Name	Name	Family name	Nickname/Alias	Father name	Grandfather name		
Sex*	<input type="checkbox"/> Male	Age given by child/caregiver	Date of Birth (if known)	dd	mm	yy	Ethnic Group
	<input type="checkbox"/> Female	Age estimated by case worker					Religion

C. CURRENT CARE ARRANGEMENT

Explain to the child and/or caregiver "I am now going to ask you some basic information about who is caring for you/who is responsible for caring for the child."

Does the child currently have a caregiver? <i>*If no, skip to Child's Current Address</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Caregiver's relationship to child <i>(i.e. Parent, Grandparent, Uncle/Aunt, Adult Sibling, Other Biological Relative, Community Member, Community Leader, Foster Parent)</i>			
Name of Current Caregiver	Name	Family name	Nickname/Alias	Father name	Grandfather name	
Caregiver's Telephone number			Name of Village Head			
Child's Current Address*	Street Name and Landmark			City / Village/ Camp		Ward
	LGA			State		Country

Interview child, caregiver, and other relevant parties. Use this section to document any important details, observations, and concerns about the child's current care arrangement & living environment. (This may include information regarding the quality of the relationship between the child/caregiver, the caregiver's willingness and ability to care for the child, vulnerabilities of the child/caregiver, other people living in the home, safety threats within the living environment, etc.)

NIGERIA INTERAGENCY CASE MANAGEMENT FORMS

Child's Care Status	<input type="checkbox"/> With Parents/Customary caregiver*	<input type="checkbox"/> Unaccompanied**	<input type="checkbox"/> Separated***
<small>* A customary caregiver is someone who the community has accepted (either by tradition or common practice) to provide daily care, protection and supervision of a child. unaccompanied child is a child who has been separated from both parents and other relatives and is not being cared for by an adult who, by law or custom, is responsible for doing so. separated child is a child who has been separated from both parents, or from their previous legal or customary primary care-giver, but not necessarily from other relatives.</small>			
Does the child meet the criteria for Family Tracing and Reunification? 1. The child is unaccompanied, or; 2. The child is a separated child who is highly vulnerable in their current care arrangement. (i.e. caregiver unwilling or unable to meet their needs)		<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the child wish/consent to be referred for family tracing services? Prior to checking this box, please explain FTR process to child/ caregiver
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<small>*Note: If FTR is required, please complete the Family Tracing Form after completing assessment.</small>			
D. PRESENTING PROTECTION CONCERNS			
Has the child experienced (or at HIGH risk of experiencing) any of the following protection issues? Please select all that apply. If none apply, please leave this section blank. If there is more than one protection concern present, for reporting purposes, designate one protection concerns from the list below as your "primary" protection concern.			
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Abduction/Child Trafficking</div> <div style="width: 33%;"><input type="checkbox"/> Harmful Child Labor</div> <div style="width: 33%;"><input type="checkbox"/> Mental Health Needs (acute psychosocial distress, emotional abuse)</div> <div style="width: 33%;"><input type="checkbox"/> CAAFAG</div> <div style="width: 33%;"><input type="checkbox"/> Child exposed to Domestic Violence</div> <div style="width: 33%;"><input type="checkbox"/> Nutritional Needs (Malnourished; > 6 months - Not exclusively breastfed)</div> <div style="width: 33%;"><input type="checkbox"/> Child Headed Household</div> <div style="width: 33%;"><input type="checkbox"/> Early/Forced Marriage (at risk of)</div> <div style="width: 33%;"><input type="checkbox"/> Sexual Violence (rape, sexual assault, defilement, sexual exploitation)</div> <div style="width: 33%;"><input type="checkbox"/> Child Pregnancy/caring for infant</div> <div style="width: 33%;"><input type="checkbox"/> Child in Detention/Recently released</div> <div style="width: 33%;"><input type="checkbox"/> Child w/ Special Needs (disability, acute/chronic health)</div> <div style="width: 33%;"><input type="checkbox"/> Harmful Traditional Practices</div> <div style="width: 33%;"><input type="checkbox"/> Neglect (abandonment, denial of resources)</div> <div style="width: 33%;"><input type="checkbox"/> Vulnerable Caregiver (elderly, disabilities, chronic health needs, etc.)</div> <div style="width: 33%;"><input type="checkbox"/> Physical Violence (abuse, assault)</div> <div style="width: 33%;"><input type="checkbox"/> Childs parent(s) killed (as a result of insurgency)</div> </div>			
			Not applicable/No Protection Concerns
Primary Protection Concern		Other (specify):	
Other additional factors to consider when determining the need for case management and the corresponding priority level: Does the child have a protective caregiver who can keep them safe/address needs? Is the child afraid to go home? Do persons causing harm have access to the child? Is the child highly vulnerable (infant, toddler with life threatening health/nutrition needs, etc.)? Are there concerns that the child/family may flee/relocate? Will the child be safe if I leave them here today? What is the likelihood it will happen again? Are there any urgent time-sensitive issues that I need to respond to?			
E. SUMMARY OF INITIAL ASSESSMENT			
Summary: Briefly detail, if relevant, the pressing protection concerns and safety threats, incident(s) leading to referral, psychosocial distress signs/ symptoms, overview of care arrangement and care needs, caregivers willingness and ability to meet child's needs, referrals that may be needed, and other relevant information.			
Summary and Recommendations of Supervisor: ** Ensure that the summary highlights whether or not case management is required. If case management is required detail factors influencing the priority of follow up.			
<small>***Once finished, please complete the first section at the top of the page labelled "Summary of Initial Assessment".*** Note: This section must match/respond to the information provided throughout the document.</small>			
E. Form Completed by/Approved by			
Completed By: Caseworker Name		Date of Interview (DD/MM/YY)	<div style="display: flex; border: 1px solid black;"> <div style="width: 20%; text-align: center;">dd</div> <div style="width: 20%; text-align: center;">mm</div> <div style="width: 20%; text-align: center;">yy</div> </div>
Approved By: Supervisor Name		Date of Review / Approval by Supervisor (DD/MM/YY)	<div style="display: flex; border: 1px solid black;"> <div style="width: 20%; text-align: center;">dd</div> <div style="width: 20%; text-align: center;">mm</div> <div style="width: 20%; text-align: center;">yy</div> </div>
Signature of Approving Supervisor		Institution/ Organization	

NIGERIA INTERAGENCY CASE MANAGEMENT FORMS

FAMILY TRACING (FORM 3)

Note: The FTR Registration form should be completed by interviewing the child and caregiver. Additional information about the family can be collected in follow-up interviews with relatives, community leaders, etc.

Reason FTR is Required	CP IMS Number
<input type="checkbox"/> Unaccompanied Child	
<input type="checkbox"/> Separated child who is highly vulnerable in their current care arrangement <i>(i.e. caregiver unwilling or unable to meet their needs)</i>	

A. CHILD'S PERSONAL DETAILS & CURRENT CARE ARRANGEMENT

Explain to the child and/or caregiver "I am now going to ask you some basic information about yourself/your child"

Child's Name	Name	Family name	Nickname/Alias	Father name	Grandfather name
Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male	Age of child Age estimated by case worker <i>(if age unknown)</i>		Ethnic group Religion	
Current Caregiver	Name	Family name	Nickname/Alias	Caregiver's Relationship to Child	
Current Address	Street Name and Landmark		City / Village/ Camp		Ward
	LGA		State		Country
Address Prior to Displacement	Street Name and Landmark		Village / City		Ward
	LGA		State		Country
Name of Village Head in Child's Community			Languages Spoken by Child	1	2
Distinguishing Physical Characteristics <i>(i.e. birthmarks, tribal marks, scars, etc.)</i>					

B. FAMILY DETAILS

Name of Father	Name	Family name	Nickname/Alias	Father name	Grandfather name
Is the father alive?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	If father deceased, what was the cause of death?			
Last Known Address of Father	Street Name and Landmark		City / Village/ Camp		Ward
	LGA		State		Country
Phone number(s)			Occupation of Father		
Name of Village Head in Father's Community					
Name of Mother	Name	Family name	Nickname/Alias	Father name	Grandfather name
Is the mother alive?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	If mother deceased, what was the cause of death?			
Last Known Address of Mother	Street Name and Landmark		City / Village/ Camp		Ward
	LGA		State		Country
Phone number(s)			Occupation of Mother		
Name of Village Head in Mother's Community					

C. SIBLINGS LIVING WITH CHILD - IF APPLICABLE

Sibling 1 Name	Name	Family Name	Nickname/Alias	Age	Sex
Sibling 2 Name	Name	Family Name	Nickname/Alias	Age	Sex
Sibling 3 Name	Name	Family Name	Nickname/Alias	Age	Sex

**Note: Each child should be assessed/registered separately. CPIMS Specialist should link cases of siblings in CPIMS. See accompanying guide for directions.*

NIGERIA INTERAGENCY CASE MANAGEMENT FORMS

D. HISTORY AND CAUSE OF SEPARATION FROM PARENTS/PREVIOUS CAREGIVER													
Cause of Separation	<input type="checkbox"/> Abandonment		<input type="checkbox"/> Death / sickness of caregiver		<input type="checkbox"/> Entrusted into the care of an individual		<input type="checkbox"/> Sent ahead of parents						
	<input type="checkbox"/> Abduction		<input type="checkbox"/> Fled for safety		<input type="checkbox"/> Forced recruitment		<input type="checkbox"/> Separated during the flight						
	<input type="checkbox"/> Arrest/detention		<input type="checkbox"/> Family violence/abuse		<input type="checkbox"/> Lack of access to services		<input type="checkbox"/> To work						
	<input type="checkbox"/> To avoid recruitment		<input type="checkbox"/> Fear of sexual violence		<input type="checkbox"/> Reunification w/ family member		<input type="checkbox"/> Unknown						
<input type="checkbox"/> Other (specify)													
Date of Separation	dd	mm	yy	Or, if date of separation is unknown, and child is under 5			Date Child Found	dd	mm	yy			
Location where child separated from their parents/customary caregiver? <small>If unknown, put exact location where child was found?</small>	Street Name and Landmark			City / Village/ Camp			Ward						
	LGA			State			Country						
Briefly describe details of separation. <i>If the child cannot tell their story (under 5), and there is no information on separation, describe details of how and where the child was found.</i>													
E. WISHES OF THE CHILD													
Does the Child wish to be reunified with their family?				<input type="checkbox"/> Yes		<input type="checkbox"/> Yes, but later		<input type="checkbox"/> No					
If "No" or "Yes, but Later", briefly explain why.													
If possible, who Does the child wish to be reunified with? <small>(Select all that apply)</small>				<input type="checkbox"/> Mother		<input type="checkbox"/> Father		<input type="checkbox"/> Other Perferred Relative *					
Relative's Name*	Name		Family name		Nickname/Alias		Telephone Number						
Last Known Address of Relative	Street Name and Landmark			City / Village/ Camp			Ward						
	LGA			State			Country						
Name of the Village Head in Relative's Community						Relationship to Child <small>(Grandparent, Aunt/Uncle, Sibling, other relative)</small>							
Has the child had contact with their parents or preferred relative since separation?				<input type="checkbox"/> Yes <input type="checkbox"/> No		Does the child know whereabouts of parents or preferred relatives? <small>(if so, ensure their address/contact information are correct).</small>				<input type="checkbox"/> Yes <input type="checkbox"/> No			
F. ADDITIONAL INFORMATION													
Give any other information of relevance that may assist with tracing for the child. <i>i.e. Contact information of other family members or community members who could assist, where child thinks parents/family may be, identifying markers such as tribal marks, jewellery, attire, etc.</i>													
List details of any documents carried by the child:													
Has the child's photo been taken and stored for FTR?				<input type="checkbox"/> Yes		<input type="checkbox"/> No							
G. CONSENT FOR TRACING AND DATA SHARING													
Does the child provide consent for Family Tracing which includes the sharing of personal information with authorities and organizations within the FTR network?						<input type="checkbox"/> Yes		<input type="checkbox"/> No					
Does the child agree to the public disclosure (on posters, radio, internet, etc.) of:						A. Their name and photo?			<input type="checkbox"/> Yes <input type="checkbox"/> No				
						B. The names of their relatives being traced?			<input type="checkbox"/> Yes <input type="checkbox"/> No				
Indicate if there is any information collected which cannot be shared with the authorities or other organizations:													
H. FORM COMPLETED BY													
Completed By: Caseworker Name							Institution/ Organization						
Place of Interview:							Date of Interview (DD/MM/YY)*				dd	mm	yy

COMPREHENSIVE ASSESSMENT OF THE CHILD'S CURRENT SITUATION (FORM 4)

If you need more space to record all the information, please write on blank papers and staple it to the registration form

Instruction: This form should be completed for ALL child protection cases including unaccompanied children and separated children with protection concerns. For each of the below sections, Information should be collected from the child, primary caregiver(s), close family members, community leaders, etc. as well as your own observations. Some questions, as specified, are specific to the Child or Caregiver, and are to be asked in privacy to the designated person.

Child's Name

CP I MS Number*:

A. SAFETY, SHELTER, & SUPERVISION

A1. What is the child's current care arrangement?

- ☐ With parents ☐ With Family member ☐ In Spontaneous Care Arrangement w/ Community Member
☐ Formal Foster Care ☐ Supervised Independent living ☐ With Other Children/Child Headed Household
☐ No Care Arrangement ☐ Other (specify) _____

A2. Caregiver's relationship to child

(i.e. Parent, Grandparent, Uncle/Aunt, Adult Sibling, Other Biological Relative, Community Member, Community Leader, Foster Parent)

A3. If the child is not with their parents, has the living arrangement/ placement been formalized?

If no, consider formalizing placement

☐ Yes

☐ No

A4 Who supervises you during the day and night? *If the child does not have a caregiver or there are concerns surrounding supervision, please describe. If the child is non-verbal, please collect this information from their caregiver.*

A5. Do you feel safe in your current living environment? *If no, please detail why.*

If the child does not have a caregiver please jump to Section A7

A6. When you do something that makes your caregiver upset, what happens?

A8. Are any referrals/actions needed:

A7. Does the child have access to safe and appropriate shelter?
(Observation)

☐ Yes

☐ No

- ☐ Alternative Care ☐ Assess/Formalize Current Care Arrangement ☐ Psychoeducation (Parenting/Development)
☐ Safety Planning ☐ Shelter/NFI Referral ☐ Monitoring from Community Volunteer
☐ Other _____

B. HEALTH & NUTRITION

Describe and list any immediate medical needs or long-term health concerns?

Has the child received treatment for the above concerns? If no, why?

From observation and conversation with relevant adults, are there any physical, or developmental impairments in the child's functionality?

Are there severe and/or life threatening issues related to food security?
(Observation)

☐ Yes

☐ No

Are any referrals/actions needed:

- ☐ Medical Treatment ☐ Nutritional Screening (Malnourished; > 6months not exclusively breastfed)
☐ Psychoeducation ☐ Safety Planning ☐ Specialized Service (disability - physical/developmental)
☐ Monitoring from Community Volunteer ☐ Other _____

C. EMOTIONAL & PSYCHOSOCIAL WELLBEING

Tell me two things that worry you the most *(Follow up with open-ended probing statements/questions)*

NIGERIA INTERAGENCY CASE MANAGEMENT FORMS

How do you deal with your worries? Who do you go to for help or when you have a problem? *(Are there any adults in the community that you trust and have a close relationship with?)*

Is the Child engaged in CFS/PSS activities? <i>(Question/Observation)</i>	<input type="checkbox"/> Yes	Are any referrals/actions needed:	
	<input type="checkbox"/> No	<input type="checkbox"/> Individual Counseling <input type="checkbox"/> Mentoring/Support/Supervision from Community Volunteer <input type="checkbox"/> Mental Health Evaluation <input type="checkbox"/> Psychoeducation <input type="checkbox"/> Child Friendly Spaces/Recreational Activities <input type="checkbox"/> Parenting Education <input type="checkbox"/> Other	

D. EDUCATION & SOCIAL ACTIVITIES

Describe the child's educational history. *Please detail the child's current/highest grade level, type of school (formal, non-formal, vocational, koranic) attended/attending.*

If the child is not attending school, explain why. *Probing questions - How long they have been out of school? What are the barriers preventing the child to attend school? Would s/he like to go to school? Are the parents supportive of the child attending school?*

Apart from school, how do you spend your time and with whom?

Does the Child Currently work? <i>(Question/Observation)</i>	<input type="checkbox"/> Yes	If yes, how many hours per day?		Does the child's work interfere with school?	<input type="checkbox"/> Yes	Are any referrals/actions needed:	
	<input type="checkbox"/> No				<input type="checkbox"/> No	<input type="checkbox"/> Formal Education <input type="checkbox"/> Non-Formal Education/Life-skills <input type="checkbox"/> Vocation/Livelihoods <input type="checkbox"/> Psychoeducation - child/parent <input type="checkbox"/> Other	

E. SOCIAL & ECONOMIC REINTEGRATION

Is the child and/or family facing difficulty reintegrating into their community due to stigmatization and/or an actual/perceived association with an armed group? *(Questions and observations).*

☐ Yes ☐ No *If the child does not have a caregiver please jump to Section F*

Briefly describe what is causing the stigmatization and /or barriers to reintegration?

Does the child require specialized service to support social and or economic reintegraton? <i>(Question/Observation)</i>	<input type="checkbox"/> Yes	Are any referrals/actions needed:	
	<input type="checkbox"/> No	<input type="checkbox"/> Individual/Family Counseling <input type="checkbox"/> Religious Counseling <i>(Individual/Family/Community)</i> <input type="checkbox"/> Community/Family Dialogue <input type="checkbox"/> Family Tracing <input type="checkbox"/> Education <i>(see above)</i> <input type="checkbox"/> Skills/Vocational Training <input type="checkbox"/> Other	

F. WISHES/VIEWS/OPINIONS OF THE CHILD

What type of supports do you feel that you need the most? *If child having difficulty, you may speak to them about concerns that you have, and the different forms of support available.*

Is there anything else that you would like to tell me today? *Probing statement - I want to remind you that I am here because I want to make sure you are safe. I want you to feel comfortable sharing anything with me or asking me for help .*

G. QUESTIONS FOR THE CAREGIVER

When your child does something that makes you upset, how do you discipline them?

Are you willing and able to continue to care for the child? *If the child's caregiver is unwilling or unable to care for the child please detail why (consider influencing factors such as vulnerability/health of caregiver, lack of resources, relationship with child, etc.)*

NIGERIA INTERAGENCY CASE MANAGEMENT FORMS

Does the child display any behaviors or emotions that you are concerned about? <i>If yes, what are they? i.e. sadness, anger, fear, defiance, fighting, sexualized behavior, etc.</i>			
Has the child witnessed or experienced anything traumatic that you are concerned about? <i>If yes, what did they witness or experience?</i>			
H. WISHES/VIEWS/OPINIONS OF THE CAREGIVER(S)			
What type of supports do you feel that you and your child(ren) need the most? <i>If caregiver having difficulty, you may speak to them about concerns that you have, and the different forms of support available.</i>			
Is there anything else that you would like to tell me today? <i>Probing statement - I want to remind you that I am here to be a support to you and I want you to feel comfortable sharing anything with me or asking me for help.</i>			
I. ADDITIONAL INFORMATION			
ADDITIONAL INFORMATION FROM KEY INFORMANTS - Document any other important information that was gathered during the assessment/investigations. This may include information (concerns, statements, recommendations) from primary caregiver(s), close family members, community leaders, service providers, camp officials, law enforcement, etc. Please include the name of the person interview followed by information provided.			
SUPPORTING EVIDENCE- Briefly summarize any reports (i.e. incident reports, police reports, medical reports, etc.) that may support the need/type of intervention)			
J. SUMMARY OF PROTECTION CONCERNS & IDENTIFIED REFERRALS/ACTIONS NEEDED			
Please detail/summarize the main protection issues/concerns observed and/or reported by the child, caregiver, and other key informants.			
Summary of recommended areas of interventions (Referrals & Actions) identified in sections A, B, C, D, & E taking into consideration the views and wishes of the child and caregiver.			
<i>*Note: The above documented interventions should be used to guide development of the CARE PLAN for the child. The care plan should be developed within 2 weeks of the comprehensive assessment in collaboration with the child and primary caregiver (whenever possible). If referrals/actions are urgently needed, the social worker may make referrals before the completion of the care plan.</i>			
K. FORM COMPLETED BY / APPROVED BY			
Completed By: Caseworker Name		Institution/ Organization	
Approved By: Supervisor Name		Date of Assessment (DD/MM/YY)*	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>

NIGERIA INTERAGENCY CASE MANAGEMENT FORMS

CARE PLAN (FORM 5)

Child's Name	CP IMS Number*:
--------------	-----------------

****See accompanying guide for samples of the most commonly used goals, actions, and overall guidance on how to create and review Care Plan.*

SMART GOALS <i>*Select a maximum of three goals.</i>	Agreed Actions/Activities/Referrals Needed to Address Needs/Accomplish Goals <i>*Select up to 3 per goals.</i>	Person/Agency Responsible <i>*Include responsibilities of child/caregiver</i>	Review of Care Plan <i>*To be completed within 2 months of completion of initial assessment.</i>
Goal 1			
Goal 2			
Goal 3			

Were the child and caregiver consulted in the creation of the care plan?	<input type="checkbox"/> Yes	If the child and/or caregiver were not consulted, or, if the child/caregiver were in disagreement with actions/activities in the care plan, please specify.	Due date for Review of Care Plan (dd/mm/yy)	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> No		Actual Date of Care Plan Review (dd/mm/yy)	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of Caseworker assigned	<input type="text"/>	Frequency of Home Visits/Monitoring <--	<input type="text"/>
Name of Community Volunteer/Mentor Assigned	<input type="text"/>	Frequency of Home Visits/Monitoring <--	<input type="text"/>

FORM COMPLETED BY				CARE PLAN REVIEW <i>*Completed after 2 months</i>			
Completed By:	<input type="text"/>	Institution/Organization	<input type="text"/>	Completed By:	<input type="text"/>		
Caseworker Name		Date Care Plan Created (DD/MM/YY)*	<input type="text"/> dd <input type="text"/> mm <input type="text"/> yy	Caseworker Name			
Review & Approved by:	<input type="text"/>			Review & Approved by:	<input type="text"/>		
Supervisor Name				Supervisor Name			

NIGERIA INTERAGENCY CASE MANAGEMENT FORMS

INTERAGENCY REFERRAL (FORM 6)					
A. PRIORITY LEVEL					
Priority of Referral	<input type="checkbox"/> Urgent (<i>within 24 hours</i>)	<input type="checkbox"/> High Priority (<i>within 1 to 2 weeks</i>)	<input type="checkbox"/> Non-Urgent (<i>As quickly as possible</i>)		
B. CHILD'S PERSONAL DETAILS					
Child's Name			CP IMS Number*:		
Name of Caregiver			Caregiver's Telephone number		
Child's Current Address	Street Name and Landmark		City / Village / Camp		Ward
	LGA		State		Country
C. REASONS FOR REFERRAL OF CHILD					
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Child Protection Issue (<i>Case Management</i>) <input type="checkbox"/> CAAFAG Specific Services (<i>Reintegration Support</i>) <input type="checkbox"/> Family Tracing <input type="checkbox"/> Formal Education <input type="checkbox"/> Food Items/Cash Transfer <input type="checkbox"/> Life Skills/Non-Formal Education <input type="checkbox"/> Livelihood Services <input type="checkbox"/> Mediation (<i>Family conflict</i>) <input type="checkbox"/> Medical Treatment </div> <div style="width: 50%;"> <input type="checkbox"/> Non Food Items (<i>NFIs</i>) <input type="checkbox"/> Nutritional Screening (<i>Malnourished; > 6months not exclusively breastfed</i>) <input type="checkbox"/> Provision of /Support to Care Arrangement <input type="checkbox"/> Psychoeducation (<i>Parenting/Child Development</i>) <input type="checkbox"/> Psychosocial Support/Counseling/Mental Health Evaluation <input type="checkbox"/> Shelter <input type="checkbox"/> Skills/Vocational Training <input type="checkbox"/> SGBV Specific Services <input type="checkbox"/> Specialized Service for Child with Disability/Special Needs </div> </div> <div style="display: flex; justify-content: flex-end; margin-top: 10px;"> <input type="checkbox"/> Other <div style="border: 1px solid black; width: 200px; height: 20px; margin-left: 5px;"></div> </div>					
Please outline the reasons for why the referral is needed. Include any important information required for the receiving organization to accept the referral. Leave out confidential/sensitive information.					
D. DETAILS OF AGENCY MAKING REFERRAL					
Referring Organization					
Person making Referral			Telephone Number		
E. DETAILS OF AGENCY RECEIVING THE REFERRAL					
Name of Person Receiving Referral			Position/Title		
Receiving Organization			Date Referral Received (DD/MM/YY)	dd	mm yy

NIGERIA INTERAGENCY CASE MANAGEMENT FORMS

ALTERNATIVE CARE PLACEMENT (FORM 7)

A. CHILD'S PERSONAL DETAILS

Child's Name

CP IMS Number*:

B. IDENTITY OF THE ADULT(S) WITH WHOM THE CHILD WAS PLACED

Adult Caregiver 1	Name	Family Name	Nickname/Alias	Father Name	Grandfather Name
Adult Caregiver 2 (if applicable)	Name	Family Name	Nickname/Alias	Father Name	Grandfather Name

Caregiver's Telephone number

Address of Adult's with
whom child was placed
(Child's New Address)

Street Name and Landmark

City / Village/ Camp

Ward

LGA

State

Country

Relationship of child to Caregiver

Parent, Grandparent, Uncle/Aunt, Adult Sibling, Other Biological
Relative, Foster Parents, Community Member, Community Leader, etc.

C. DETAILS OF CARE ARRANGEMENT

Is this an initial placement or a change to a previous placement?

☐ Initial Placement☐ Change of Placement

What type of care arrangement has the child been placed into? (Please check appropriate boxes)

☐ Kinship Care☐ Spontaneous Care Arrangement☐ Foster Care Placement☐ Supported/Supervised Independent Living☐ Other (please Specify):

Is the care arrangement formalized by a social worker with the legal authority?

*If yes, please ensure signature/date from MWASD/MYSSCD

☐ Yes☐ No

If no, give the details of organization responsible for placement of the child below:

Name of Organization

Telephone Number:

Name of Organizational Focal Point

*Supervisor/Manager

D. SUPERVISION REQUIREMENTS

Is there a need for follow-up? (If the child has an open case check Yes)

☐ Yes☐ NoFrequency of monitoring home visits required?
(According to priority level)Daily, 2 or 3 times per week, Weekly,
Every two weeks, MonthlyIf applicable, name of community volunteer or mentor assigned to
support/monitor child?

Detail/summarize any immediate or on-going support/assistance that the child/caregiver may need.

E. FORM COMPLETED BY / APPROVED BY

Completed By: Caseworker Name

Institution/ Organization

Approved By: Supervisor Name

Date of Placement (DD/MM/YY)

dd

mm

yy

*Authorized By: Name/Organization of
Government Authority*Date Placement formalized by
government authority (DD/MM/YY)

dd

mm

yy

NIGERIA INTERAGENCY CASE MANAGEMENT FORMS

CASE CONFERENCING (FORM 8)

A. CHILD/CASE DETAILS

Child's Name

CP IMS Number*:

B. REASON FOR CASE CONFERENCE

Reason for
Case Conference

- ☐ Removal of a child from their primary/customary caregiver
- ☐ Placement of a child into alternative care
- ☐ Complex child protection situation requiring intervention
- ☐ Family Reunification
- ☐ The child has/or will be relocating - Case Transfer
- ☐ Other, specify

C. PARTICIPANTS

Name of Participant	Role/Relationship to Child	Organization	Email/Telephone	Initials
1				
2				
3				
4				
5				

D. CURRENT SITUATION

Brief summary of the child's situation *(Highlight all major protection issues, the child's current care arrangement and an overview of the reasons for the case conference):*

E. OUTCOME/RECOMMENDATIONS OF THE PANEL

Outcome/Recommendations of the Panel *(Briefly summarize the justifications for the decisions made and below recommendations):*

Status of the case

- ☐ The case will remain open
- ☐ The case will be closed (if checked, please complete case closure form)
- ☐ The case will be transferred (If checked, please completed case transfer form)

Is Alternative Care required?

*If yes, complete
Alternative Care Placement
Form*

☐ Yes

☐ No

Follow up actions/referrals/services required and the persons responsible *(Ensure that the child/caregiver are informed of the outcome of the case conference as well as all recommendations and actions required.)*

1	
2	
3	
4	

E. FORM COMPLETED BY

Form Completed By:

Date of Case Conference (DD/MM/YY)

dd

mm

yy

NIGERIA INTERAGENCY CASE MANAGEMENT FORMS

CASE CLOSURE/TRANSFER (FORM 9)					
A. CHILD'S PERSONAL DETAILS					
Child's Name		CP IMS Number*:			
B. CLOSURE/TRANSFER DETAILS					
Reason for Closure	<input type="checkbox"/> The child is no longer at risk; <i>No further action needed.</i>				
	<input type="checkbox"/> Significant progress has been made on care plan, and a safety plan is in place to minimize future risk to the child; <i>No further action needed.</i>				
	<input type="checkbox"/> The child has left the camp/community <i>(the child's whereabouts have been unknown for more than one month)</i>				
	<input type="checkbox"/> The child and/or family are no longer willing to participate <i>(No imminent protection concerns)</i>				
	<input type="checkbox"/> The child has turned 18 <i>(Ensure that the transition plan is in place, and that the child knows how to access services/support.</i>				
	<input type="checkbox"/> The child has died <i>(Assess reason of death and ensure that all other children/siblings in the household are safe)</i>				
	<input type="checkbox"/> Other:				
OR					
Reason for Transfer	<input type="checkbox"/> The child is moving to a new location.				
	<input type="checkbox"/> The child is being relocated due to protection concerns in their family/community				
	<input type="checkbox"/> The child has turned 18 and the case is being transferred to a protection authority providing services to people 18 or above as the child has a physical or mental disability and requires ongoing protection				
	<input type="checkbox"/> Other:				
Address of the location where the child has or is moving*	Street Name and Landmark	City / Village / Camp		Ward	
	LGA	State		Country	
Receiving Organization					
Focal Point of Receiving Organization			Telephone Number		
C. SUMMARY					
Brief explanation for closing/transferring the child's case. Please include summary of how the child is doing as well as any actions taken and services provided.					
**Note: If the child has any siblings whose cases will also be closed or transferred, the case closure/transfer form must be completed for each child.					
D. COMMUNICATION WITH THE CHILD/ADULT AND HIS/HER FAMILY					
The child/caregiver and her/his family know who to contact in case of further problems?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
The child/adult and his/her family have been informed that the case will be closed?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
E. REVIEW OF THE CASE FILE					
Are all IA forms and case related documents in the case file?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Completed By: Caseworker Name			Date case closed (DD/MM/YY)	dd	mm
Signature of Approving Supervisor			Institution/ Organization		

NIGERIA INTERAGENCY CASE MANAGEMENT FORMS

CASE UPDATE (FORM 10)						
A. Child's Personal Details						
Child's Name		CP IMS Number*:				
CASE UPDATE						
<div style="background-color: #d3d3d3; text-align: center; padding: 2px;">Date (DD/MM/YY)</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center; padding: 2px;">dd</td> <td style="width: 33%; text-align: center; padding: 2px;">mm</td> <td style="width: 33%; text-align: center; padding: 2px;">yy</td> </tr> </table>	dd	mm	yy	Action Taken	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Home Visit <input type="checkbox"/> Meeting/Contact <input type="checkbox"/> Service Provided <input type="checkbox"/> Other: </div> <div style="width: 50%;"> <input type="checkbox"/> Referral Made <input type="checkbox"/> Update/New Information Received <input type="checkbox"/> Tracing Update </div> </div>	
dd	mm	yy				
Briefly describe any actions taken and updates regarding the child and her/his situation. (Include who did you meet/speak with, what happened, what did you learn)						
Recommendations/Further actions needed:						
Name of Person documenting case update						

<div style="background-color: #d3d3d3; text-align: center; padding: 2px;">Date (DD/MM/YY)</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center; padding: 2px;">dd</td> <td style="width: 33%; text-align: center; padding: 2px;">mm</td> <td style="width: 33%; text-align: center; padding: 2px;">yy</td> </tr> </table>	dd	mm	yy	Action Taken	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Home Visit <input type="checkbox"/> Meeting/Contact <input type="checkbox"/> Service Provided <input type="checkbox"/> Other: </div> <div style="width: 50%;"> <input type="checkbox"/> Referral Made <input type="checkbox"/> Update/New Information Received <input type="checkbox"/> Tracing Update </div> </div>	
dd	mm	yy				
Briefly describe any actions taken and updates regarding the child and her/his situation. (Include who did you meet/speak with, what happened, what did you learn)						
Recommendations/Further actions needed:						
Name of Person documenting case update						

NIGERIA INTERAGENCY CASE MANAGEMENT FORMS

ADULT VERIFICATION (FORM 11)									
A. INFORMATION ABOUT THE ADULT SEEKING TO TAKE CUSTODY OF THE CHILD									
Name	Name		Family name		Nickname/Alias		Father name		Grandfather name
Sex*	<input type="checkbox"/> Female	<input type="checkbox"/> Male	Age		Relationship to Child (Father, Mother, Sister, Brother, Uncle, Grandmother, Other)				
Current Address*	Street Name and Landmark				City / Village/ Camp		Ward		
	LGA				State		Country		
B. PERSONAL DETAILS (Ask the adult the following questions and record the answers)									
Child's Name *	Name		Family name		Nickname/Alias		Father name		Grandfather name
Sex*	<input type="checkbox"/> Female	<input type="checkbox"/> Male	Age		Do you recognise the child from this photograph? (if available)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Where did the child live prior to be separation?	Street Name and Landmark				City / Village/ Camp		Ward		
	LGA				State		Country		
Who is the child's father?	Name		Family Name		Nickname/Alias		Father Name		Grandfather Name
Is the Father alive?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Do not know	If father deceased, what was the cause of death?					
Current/Last Known Address of Father	Street Name and Landmark				City / Village/ Camp		Ward		
	LGA				State		Country		
Who is the child's mother?	Name		Family Name		Nickname/Alias		Father Name		Grandfather Name
Is the Mother alive?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Do not know	If mother deceased, what was the cause of death?					
Current/Last Known Address of Mother	Street Name and Landmark				City / Village/ Camp		Ward		
	LGA				State		Country		
What information do you have about the child's life that would help to identify the child? (i.e. favourite activities, friends, pets, special relationships, neighbours, name of last school attended).									
<i>*Note for children under 5 you may also want to ask: places that the child would have mentioned (for example the name of a refugee camp, of a village, a school, a market or a lake, etc.); names and nicknames the child would have mentioned; significant words and sentences the child would say (any stories, songs, words most often repeated by the child. specific fruits, vegetables or animals the child used to talk about or like); particular behaviour or play activities.</i>									
What important and unique events do you think the child might remember?									
C. CIRCUMSTANCES OF SEPARATION									

NIGERIA INTERAGENCY CASE MANAGEMENT FORMS

Ask the adult to provide any information how/why the child lost contact or was separated from their parents/family.

D. ACCEPTANCE TO TAKE CARE OF THE CHILD

Do you want the child to come and live with you?	<input type="checkbox"/> Yes	If not, is there another family member who is willing and able to take care of the child?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No		<input type="checkbox"/> No
Address of the adult whom the child will be reunified	Street Name and Landmark	City / Village/ Camp	Ward
	LGA	State	Country

E. FORM COMPLETED BY

Completed By: Caseworker Name		Institution/ Organization			
Place of Interview:		Date of Verification (DD/MM/YY)	dd	mm	yy

NIGERIA INTERAGENCY CASE MANAGEMENT FORMS

CHILD VERIFICATION (FORM 12)

A. CHILD'S PERSONAL DETAILS

Child's Name	Name	Family name	Nickname/Alias	Father name	Grandfather name
Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male	Age		CP IMS No:	
Father's name	Name	Family Name	Nickname/Alias	Father Name	Grandfather Name
Mother's Name	Name	Family Name	Nickname/Alias	Father Name	Grandfather Name
Address of child before separation	Street/Landmark	Village	Ward		
	LGA	State	Country		

B. VERIFICATION

Cross-check details from the Adult Verification Form

Does the information on the Adult Verification Form match the information on the child's file?

☐ Yes

☐ No

If not, describe discrepancies between the adult verification form and the child's personal information. *(A followup interview with the adult may be required to clarify discrepancies or inaccurate information)*

C. WISHES OF THE CHILD

Does the child know the adult requesting verification?

☐ Yes

☐ No

Does the child wish to be reunified with that person?

☐ Yes

☐ No

If the answer is no, for either or both questions above, please detail the reason(s).

Is there any information that the child wishes to know about the family s/he is being reunified with before the reunification takes place?

D. RECOMMENDATION

Do you recommend reunification?

☐ Yes

☐ No

If yes, outline the reasons for why you recommend reunification. If no, outline the reasons why reunification is not in the best interests of the child, and provide alternative recommendations *(i.e. further tracing for another suitable relative, long term alternative care or supervised independent living, reunification with enhanced support, etc.)*

E. FORM COMPLETED BY

Completed By: Caseworker Name

Institution/ Organization

Place of Interview:

Date of Child Verification (DD/MM/YY)

dd

mm

yy

NIGERIA INTERAGENCY CASE MANAGEMENT FORMS

FAMILY REUNIFICATION (FORM 13)

A. CHILD'S PERSONAL DETAILS*

Child's Name	Name	Family name	Nickname/Alias	Father name	Grandfather name
	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Age	CP IMS No*:		

**If the reunification involves multiple siblings, complete a reunification form for each child*

B. INFORMATION OF THE PRIMARY CAREGIVER WITH WHOM THE CHILD IS BEING REUNIFIED WITH

Name	Name	Family name	Nickname/Alias	Father name	Grandfather name
Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Age	Relationship to Child (Father, Mother, Sister, Brother, Uncle, Grandmother, other)			
Current Address	Street Name and Landmark		City / Village / Camp	Ward	
	LGA		State	Country	
Caregiver's Telephone number					

C. DETAILS OF THE REUNIFICATION**

*** In some cases the child and adult may reunify spontaneously (prior to verification of the adult/child relationship and without oversight of the government authority. In such cases, the social worker should verify the adult/child relationship and formalize the reunification using this form.*

Have the Adult and Child Verification forms been completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No*	<i>*If no, complete both the adult and child verification forms before reunifying the child.</i>
Through analysis of the verification forms, is the relationship between the adult and child verified?	<input type="checkbox"/> Yes <input type="checkbox"/> No**	
<i>**If no, further information is needed to verify relationship before reunification can occur.</i>		

Additional information about the reunification (Outline any other relevant information regarding this case)

Is there a need for ongoing followup or support? ☐ Yes ☐ No*

Briefly detail any follow-up or support needed to support reunification or ensure the safety of the child? (i.e. reintegration support, monitoring, referrals, etc.)

D. AGREEMENT TO TAKE THE CHILD

The following is to be read by the reunification social worker to the child and parent/family member(s).

I/We..... agree to take custody of the child,, and welcome her/him into our family.

I /We agree to respect her/his rights, and allow them to live in the family without discrimination. I/We will ensure that the child has equal access to family/community resources (food, water, shelter, clothing, medication, education, etc.), and to the best of my/our ability, protect the child from violence, abuse, neglect, and exploitation.

If, for whatever reason, a major problem arises, and I am/we are unable to continue to caring for the child, then I/we will immediately contact the Ministry of Women Affairs and Social Development (Borno, Adamawa, Gombe) or the Ministry of Youth, Sports, Social and Community Development (Yobe) for immediate assistance in ensuring the Best Interests of the Child.

SIGNATURE/ THUMBPRINT OF CHILD		SIGNATURE/ THUMBPRINT OF PARENT/FAMILY MEMBER		SIGNATURE/ THUMBPRINT OF VILLAGE HEAD/WITNESS	
-----------------------------------	--	--	--	--	--

Is the reunification sanctioned by a social worker with the legal authority? <i>**Signature of an authority of the MWASD/MYSSCD is required for the reunification</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No**
--	--

E. FORM COMPLETED BY / APPROVED BY

NIGERIA INTERAGENCY CASE MANAGEMENT FORMS

Completed By: Caseworker Name		Institution/Organization			
Approved By: Supervisor Name					
**Authorized By: Name of MWASD/MYSSCD Social Worker		**Date reunification formalized by MWASD/MYSSCD (DD/MM/YY)	dd	mm	yy

NIGERIA INTERAGENCY CASE MANAGEMENT FORMS

INQUIRER FORM FOR MISSING CHILD (FORM 14)

A: DETAILS OF THE ADULT SEEKING A CHILD

Name	Name	Family name	Nickname/Alias	Father name	Grandfather name
Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male	Age of Adult		Relationship to Child	
Current Address*	Street Name and Landmark		City / Village/ Camp		Ward
	LGA		State		Country
Ethnic Group			Telephone Number		

Does the inquirer have a message for the child? *Please detail message:*

--

B. DETAILS OF THE CHILD SOUGHT

Child's Name	Name	Family name	Nickname/Alias	Father name	Grandfather name
Sex	<input type="checkbox"/> Female	Age of child Age estimated by caseworker (if unknown)		Ethnic group Religion	
	<input type="checkbox"/> Male				
Name of last school Attended <i>(Include high level of completion)</i>					

List any distinguishing characteristics of the child:

--

C. FAMILY DETAILS

Father's Name	Name	Family Name	Nickname/Alias	Father Name	Grandfather Name
Is the Father alive?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	If father deceased, what was the cause of death?			
Father's permanent address before separation	Street Name and Landmark		City / Village/ Camp		Ward
	LGA		State		Country
Current/Last Known Address of Father	Street Name and Landmark		City / Village/ Camp		Ward
	LGA		State		Country
Name of Village Head in Father's Community			Phone number(s)		
Mother's Name	Name	Family Name	Nickname/Alias	Father Name	Grandfather Name
Is the Mother alive?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	If mother deceased, what was the cause of death?			
Mother's permanent address before separation	Street Name and Landmark		City / Village/ Camp		Ward
	LGA		State		Country
Current/Last Known Address of Mother	Street Name and Landmark		City / Village/ Camp		Ward
	LGA		State		Country
Name of Village Head in Mother's Community			Phone number(s)		

Other Family Members for Whom the child is separated from

--

NIGERIA INTERAGENCY CASE MANAGEMENT FORMS

Name	Relationship to Child	Sex	Age	Place Last Seen	Date of Separation (dd/mm/yy)

D. HISTORY AND CAUSE OF SEPARATION FROM PARENTS/PREVIOUS CAREGIVER

Cause of Separation	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Death / sickness of caregiver	<input type="checkbox"/> Fled for safety	<input type="checkbox"/> Sent ahead of parents
	<input type="checkbox"/> Abduction	<input type="checkbox"/> Entrusted into the care of an individual	<input type="checkbox"/> Forced recruitment	<input type="checkbox"/> Separated during the flight
	<input type="checkbox"/> Arrest/detention	<input type="checkbox"/> Family violence/abuse	<input type="checkbox"/> Lack of access to services	<input type="checkbox"/> To work
	<input type="checkbox"/> To avoid recruitment	<input type="checkbox"/> Fear of sexual violence	<input type="checkbox"/> Reunification with a family member/ primary caregiver	
	<input type="checkbox"/> Other (specify)			

Date of Separation (Month/Year)	dd	mm	yy
--	----	----	----

Location where child was separated from their parents/primary caregiver?	Street Name and Landmark	City / Village/ Camp	Ward
	LGA	State	Country

Briefly describe details of separation.

E. POSSIBLE LOCATION OF THE CHILD

Give any other information of relevance that may assist with tracing of the child (i.e. Contact information of other family members or community members who could assist, last known whereabouts of child, where child thinks parents/family may be etc.)

F. REFERRALS

Referral made to ICRC/Nigerian Red Cross/Police/Other, specify?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date of Referral Made (DD/MM/YY)	dd	mm	yy
Specify to which Agency						

G. FORMS COMPLETED BY

Completed By: Caseworker Name		Institution/ Organization	
Place of Interview:		Date of Interview (DD/MM/YY)	dd mm yy

CHILDREN ASSOCIATED WITH ARMED FORCES

A. CHILD'S PERSONAL DETAILS

Child's Name		CP IMS Number:	
--------------	--	----------------	--

B. DETAILS OF THE CHILD'S ASSOCIATION

Which armed force or group is the child currently or previously associated with?

- ☐ JAS
- ☐ Civilian Joint Task Force

Type of Role(s)/ Association

- ☐ Active Combatant* ☐ Supporting Role

*If the child was used in active or supporting role(s), please select the different way(s) in which the child was used: *(Select all that apply)*

- ☐ Cook ☐ Porter
- ☐ Combatant/Fighting ☐ Placement/Displacement
- ☐ Messenger ☐ Recruiting
- ☐ Other

*If the child was used in active or supporting role(s), where did the recruitment take place?

Street Name and Landmark

LGA

*What are the reasons given by the child for joining?

A. Forced Recruitment

Or

B. Voluntary Recruitment

☐ Abduction

- ☐ Feeling of duty towards family
- ☐ Glamorization of war
- ☐ Group Comradarie

How long has the child been associated with the armed group:

If the child had no role in the conflict, but has an actual/perceived relationship with an armed group, what is the relationship:

- ☐ Wife
- ☐ Son/Daughter

If applicable, how did the child leave the Armed Forces/Group? <i>*Check all that apply</i>	<input type="checkbox"/> Captured <input type="checkbox"/> Rescued <input type="checkbox"/> Escaped <input type="checkbox"/> Surrendered
---	---

If the child was deprived of liberty:	A. Location in which child was deprived of liberty
	B. Approximate date child was deprived of liberty
	C. Approximate date child was released/handed over

Details of release and handover of child deprived of liberty	<input type="checkbox"/> Child released to transit Center/MWASD <input type="checkbox"/> Child handed over to IDP camp authorities
---	---

Child's Care Status	<input type="checkbox"/> With Parents/ Customary Caregiver	<input type="checkbox"/> Unaccompanied
Any additional vulnerability (GBV survivor, abusive situation etc)	A. Yes, B. No	If it is Yes, kindly describe

Does the child have any injuries/health needs/disabilities because of the conflict or a injuries/health impairments/disabilities of the child, and any treatment which the child needs

Was the child born out of conflict-related sexual violence, or did the child give birth as a Has the child been the victim of a grave violation? <i>*If yes, document violation using date collection tool or make a referral to the UNICEF MRM point.</i>
--

C. FORM COMPLETE

Completed By: Case Worker Name / Code	
Signature of Approving Supervisor	

ES/ARMED GROUPS FORM			
TAILS			
	Age		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
TION/SITUATION			
<input type="checkbox"/> Military			
<input type="checkbox"/> Other			
ole* <input type="checkbox"/> No Role in Conflict - Actual or perceived association			
<input type="checkbox"/> Scouting			
posal of IED, UXO <input type="checkbox"/> Spy/Information Gathering			
<input type="checkbox"/> Sexual Purposes			
Village / town/city		Ward/IDP Camp	
State		Country	
<input type="checkbox"/> Coercion			
<input type="checkbox"/> Lack of education/livelihoods <input type="checkbox"/> Protection			
<input type="checkbox"/> Peer pressure		<input type="checkbox"/> Social/Cultural pressures	
<input type="checkbox"/> Poverty		<input type="checkbox"/> Other	
<input type="checkbox"/> From area under or previously under control of armed group			
<input type="checkbox"/> Other Relative		<input type="checkbox"/> Other	

☐ Deprived of liberty (arrested and detained)

☐ Released

☐ Other

☐ Child handed over to Governor/LGA Chairman - relocated to LGA

☐ Other

☐ Separated

Association with armed forces or groups? *Briefly describe any or has had.*

Is this a result of rape or forced/early marriage?

☐ Yes

☐ No

focal

☐ Yes

☐ No

BY

Date of Interview (DD/MM/YY)

dd

mm

yy

Institution/ Organization Code

