

Case ID: 1e64218

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Date	27-Dec-2024 12:58
Service	Specialized MHPSS care
Agency	
Location	location
Recipient	vishu
Notes	Notes

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Approvals

Txt Field	
Txt Field	

Assessment

Was a home visit conducted as part of the assessment?	<input type="radio"/> Yes <input type="radio"/> No
If no, please provide details:	
Was the child seen individually / alone?	<input type="radio"/> Yes <input type="radio"/> No
If no, please provide details:	
Views and Wishes of the child and caregiver(s)	
Child's Views	
Caregiver(s) Views	
Assessment of Needs	
Physical wellbeing and health	
Emotional wellbeing, knowledge, and skills	
Social relationships with peers, family and community	
Education, work, free-time and interests	
Documentation	
Living Environment and Family	
Living environment and Family	

Care Arrangement	
Care arrangement	
Community	
Community, safety and security, integration and support	

Assessment Status

Approved by Manager	<input type="checkbox"/> Yes
Date	
Manager Comments	
Approval Status	
ASSESSMENT FORM	
Assessment start date	
Assessment completed on	
Date Case Plan Due	

Child's Details

Case ID	fe64218
Previous Case Code	Id_cp1
Marked for mobile?	<input type="checkbox"/> Yes
Case Status	Open
Case Reopened?	<input type="checkbox"/> Yes
Reason for Reopening	
Full Name	Steve Corner
Nickname	
Other Name	
Date of Registration	10-Dec-2024
Date Case Identified / Reported	10-Dec-2024
Date Assessment Due	
Sex	Male
Age	31
Date of Birth	01-Jan-1993
Is the age estimated?	<input type="checkbox"/> Yes

National ID Number	
UNHCR Registration Group Number	
UNHCR Individual ID	
Type of other relevant ID document	
Number of other relevant ID	
Nationality	
Ethnicity/Clan/Tribe	
Sub Ethnicity 1	
Sub Ethnicity 2	
Languages spoken by child	
Religion	
Population Group	
If Other, please specify	
Special communication needs	
Child's telephone / other contact details	
test radio button	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown

BID Status

Is a formal Best Interests Determination (BID) required?	<input type="radio"/> Yes <input type="radio"/> No
If yes, please select the direction of the BID	
Provide details	

Care Arrangements

Child's Current Address	
Current Address	
Current Location	
If the child is planning to move, what is the future address?	
What is the future location?	
What is the future telephone?	
Current Care Arrangement	
Name of Current Caregiver	
What are the child's current care arrangements?	
When did this care arrangement start?	

Caregiver Feedback

Date form completed	
Consent and Assent	
Caregiver's relationship to child:	
If Other, please specify	
Caregiver's sex	
Caregiver's Date of Birth	
Permission has been given by the caregiver to collect his/her feedback on the case management process.	<input type="checkbox"/> Yes
Date of Consent / Assent	
Questions: Part I	
How did you find out about [insert agency name]'s case management services?	
If Other, please specify	
Before you started working with the caseworker, were you asked whether your child wanted to be helped in this way?	
Please provide details	

What type of support were you expecting from [insert case management agency name]?	
If Other, please specify	
Did your child (and you and your family – where applicable) get the support you were expecting to receive?	
Please provide details	
Did the caseworker make a plan [case plan] together with you and your child to get you the support that s/he needed?	
Please provide details	
Did the caseworker connect your child (and you and your family – where applicable) to services that were able to help you?	
Please provide details	
Whenever the caseworker shared information about your child (and you and your family – where applicable) with others, were you asked whether you agreed to share that information about you and your situation with those others?	
Please provide details	

Did you (and your child where appropriate) make the decision to stop [insert agency name]'s case management services together with the caseworker?	
Please provide details	
Questions: Part II	
The caseworker explained things in a way that was difficult to understand for me.	
Please provide details	
The caseworker always asked for and listened to my views, opinions and feelings.	
Please provide details	
I often felt pressured by the caseworker to make a decision or to do something I did not wish to do.	
Please provide details	
The caseworker followed-up and did the things s/he said s/he would do.	
Please provide details	
The caseworker only visited me and my child rarely.	
Please provide details	

The support the caseworker provided to my child (and me and my family – where applicable) was useful.	
Please provide details	
Since I have been working with the caseworker my child's situation has improved.	
Please provide details	
Overall, I am very satisfied with the support provided by the caseworker.	
Please provide details	
Do you have any other feedback or concerns you would like to share?	
Please provide details	

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Change Log

Child Feedback

Date form completed	
Consent and Assent	
Consent / Assent Obtained From	
If Other, please specify	
Permission has been given by the child to collect his/her feedback on the case management process.	<input type="checkbox"/> Yes
Permission has been given by the caregiver to collect feedback on the case management process from his/her child.	<input type="checkbox"/> Yes
Date of Consent / Assent	
Questions: Part I	
How did you find out about [insert case management agency name]'s case management services?	
If Other, please specify	
Before you started working with the caseworker, were you asked whether you wanted to be helped in this way?	
Please provide details	

What type of support were you expecting from [insert case management agency name]?	
If Other, please specify	
Did you get the support you were expecting to receive?	
Please provide details	
Did the caseworker make a plan [case plan] together with you to get you the support that you needed?	
Please provide details	
Did the caseworker connect you to services that were able to help you?	
Please provide details	
Whenever the caseworker shared information about you with others, were you asked whether you agreed to share that information about you and your situation with those others?	
Please provide details	
Did you make the decision to stop [insert agency name]'s case management services together with the caseworker?	
Please provide details	

Questions: Part II	
The caseworker explained things in a way that was difficult to understand for me.	
Please provide details	
The caseworker always asked for and listened to my views, opinions and feelings.	
Please provide details	
I often felt pressured by the caseworker to make a decision or to do something I did not wish to do.	
Please provide details	
The caseworker followed-up and did the things s/he said s/he would do.	
Please provide details	
The caseworker only visited me rarely.	
Please provide details	
The support the caseworker provided to me and my family was useful.	
Please provide details	
Since I have been working with the caseworker my situation has improved.	

Please provide details	
Overall, I am very satisfied with the support provided by the caseworker.	
Please provide details	
Do you have any other feedback or concerns you would like to share?	
Please provide details	

Child's Wishes

Does child want to trace family members?	<input type="radio"/> Yes <input type="radio"/> No
If the child does NOT want family tracing , explain why	
Does the child want family reunification?	
If 'No', 'Not sure', or 'Yes, but later', explain why	
Has the child heard from/been in contact with any relatives?	<input type="radio"/> Yes <input type="radio"/> No
Please Give Details	
Does the child wish to continue in the current care arrangement?	<input type="radio"/> Yes <input type="radio"/> No
If the child does NOT want to stay in the current care arrangement, explain why	
Type of care arrangement child wishes to have	
If type of care arrangement child wishes to have is Other, specify	
Where does the child wish/plan to live?	
Street where does the child wish/plan to live?	
Landmarks where does the child wish/plan to live?	

Closure

Approved by Manager	<input type="checkbox"/> Yes
Date	
Manager Comments	
Approval Status	
Approved by Child	<input type="checkbox"/> Yes
Approved by Caregiver	<input type="checkbox"/> Yes
Please provide details	
Case Status	Open
Date of Closure	
Primary reason for case closure	
If other, please specify	
Provide further details on reason for case closure	
Situation of child at case closure	
How long has this case been opened	
Brief summary on current situation of case	

If child is moving to a new location	
New address / location where the child is living	
Telephone / other contact details	
Care arrangement at closure	
Child's current care / living arrangement	
If other, please specify	
Is this the permanent care arrangement	<input type="radio"/> Yes <input type="radio"/> No
If no, please specify why	
Primary caregiver details	
Caregiver Name	
Relationship to child	
Caregiver Address	
Caregiver Location	
Caregiver's telephone / other contact details	
Arrangements made to support successful closure of the case	
Describe the case closure process	
Has the case closure been discussed and agreed with the child?	<input type="radio"/> Yes <input type="radio"/> No

If no, please specify why	
Has the case closure been discussed and agreed with the caregiver(s)?	<input type="radio"/> Yes <input type="radio"/> No
If no, please specify why	
Has feedback on case management process been gathered from child using 'child feedback form'?	<input type="radio"/> Yes <input type="radio"/> No
If no, please specify why	
Has feedback on case management process been gathered from caregiver using 'caregiver feedback form'?	<input type="radio"/> Yes <input type="radio"/> No
If no, please specify why	
Has a final follow-up meeting in 3 months' time been planned with the child and/or caregiver(s) to ensure the situation remains stable?	<input type="radio"/> Yes <input type="radio"/> No
If no, please specify why	
Is the child's case file complete and up-to-date with all relevant documents included?	<input type="radio"/> Yes <input type="radio"/> No
If no, please specify why	
How will the case file be stored?	
Until what date will the child's case file be stored?	

Has the child been told who to contact if s/he has questions, concerns or to access support if required?	<input type="radio"/> Yes <input type="radio"/> No
If no, please specify why	
Who has the child been told to contact if s/he has questions, concerns or to access support if required?	

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Case Conference Details

Case Plan

Approved by Manager	<input type="checkbox"/> Yes
Date	
Manager Comments	
Approval Status	
Case Plan	
Date Case Plan Initiated	
Date Case Plan Agreed	
Protection Concerns	
If Other, please specify	
Overall goal of the case plan	
Overall goal	
Intervention Plans and Services to be Provided	
Approval & agreements	
Names and relation to child of persons involved in making the plan	
Details of anyone who disagrees with parts of the plan and why	

Was the child involved in developing the case plan?	<input type="radio"/> Yes <input type="radio"/> No
If not, why?	
Was the caregiver involved in developing the case plan?	<input type="radio"/> Yes <input type="radio"/> No
If not, why?	

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BID Report

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Family Details

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Notes

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Follow Up

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Immediate Concerns

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Incidents

Interview Details

Interview Date	
Interviewer Name	
Interviewer Position	
Interviewer Agency	
Interview Address	
Interview Landmark	
Interview Location	
Information Obtained From	
If information obtained from Other, please specify.	
Has the child been interviewed by another organization?	<input type="radio"/> Yes <input type="radio"/> No
Reference No. given to child by other organization	
Case meets eligibility criteria?	<input type="radio"/> Yes <input type="radio"/> No
Source of identification/referral	
Consent and Assent form completed?	<input type="radio"/> Yes <input type="radio"/> No

Other Documents

Other Document	
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Photos and Audio

Photos	
Recorded Audio	

Protection Concerns

Risk Level	
Population Group	
If Other, please specify	
Protection Concerns	
If Other, please specify	

Referral Details

Case ID	fe64218
Full Name	Steve Corner
Nickname	
Other Name	
Age	31
Is the age estimated?	<input type="checkbox"/> Yes
Date of Birth	01-Jan-1993
Sex	Male
Previous Case Code	Id_cp1
National ID Number	
UNHCR Individual ID	
Type of other relevant ID document	
Number of other relevant ID	
Languages spoken by child	
Special communication needs	
Child's Current Address	

Current Address	
Current Location	
Child's telephone / other contact details	
Consent and Assent	
Consent has been given for the child to participate in the case management process	<input checked="" type="checkbox"/> Yes
The individual providing consent agrees to share information about this case with other service providers according to the details described below.	<input checked="" type="checkbox"/> Yes
The individual providing consent agrees to share information about this case with UNHCR for the purposes of refugee protection case management.	<input type="checkbox"/> Yes
Protection Concerns	
Protection Concerns	
If Other, please specify	
Primary caregiver details	
Is the caregiver informed about the referral?	<input type="radio"/> Yes <input checked="" type="radio"/> No
If no, explain why	

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Referral

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Reunification Details

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Case Review

Services

Services

Type of Response	Service provision
Type of Service	Alternative care
If other, please specify	
Notes	
Expected outcome of the service requested	
Type of referral	
Referral Date	10-Dec-2024 13:02
Service Request from External System	
Service request from an external system?	<input type="checkbox"/> Yes
Service Requester Title	
Service Requester Agency	
Service Requester Phone Number	
Service Requester Email Address	
Service Start Date	
Internal Referral Details	

Implementing Agency	
Service delivery location	
Service provider name	
Referred?	<input type="checkbox"/> Yes
Is this a referral to an external system / user?	<input type="checkbox"/> Yes
External referral details	
Service Provider	
Implementing Agency	
Service Location	
Implementation Details	
Service implemented	Not Implemented
Service completed	
Notes on the referral from provider	
Details of / comments on service provided	
Recommendations for follow-up	
Contact, Feedback and Follow Up Arrangements	

How can contact with the case be initiated and how can feedback on the service provided be given?	
How will the caseworker follow-up on the referral?	
If other, please specify	
Accountability	
Child's level of satisfaction with service provided	
Child's suggestions for improvement	
Caregiver's level of satisfaction with service provided	
Caregiver's suggestions for improvement	

Services

Type of Response	Service provision
Type of Service	Alternative care
If other, please specify	
Notes	
Expected outcome of the service requested	

Type of referral	
Referral Date	10-Dec-2024 13:02
Service Request from External System	
Service request from an external system?	<input type="checkbox"/> Yes
Service Requester Title	
Service Requester Agency	
Service Requester Phone Number	
Service Requester Email Address	
Service Start Date	
Internal Referral Details	
Implementing Agency	
Service delivery location	
Service provider name	
Referred?	<input type="checkbox"/> Yes
Is this a referral to an external system / user?	<input type="checkbox"/> Yes
External referral details	
Service Provider	
Implementing Agency	

Service Location	
Implementation Details	
Service implemented	Not Implemented
Service completed	
Notes on the referral from provider	
Details of / comments on service provided	
Recommendations for follow-up	
Contact, Feedback and Follow Up Arrangements	
How can contact with the case be initiated and how can feedback on the service provided be given?	
How will the caseworker follow-up on the referral?	
If other, please specify	
Accountability	
Child's level of satisfaction with service provided	
Child's suggestions for improvement	

Caregiver's level of satisfaction with service provided	
Caregiver's suggestions for improvement	

Services

Type of Response	Service provision
Type of Service	Alternative care
If other, please specify	
Notes	
Expected outcome of the service requested	
Type of referral	
Referral Date	10-Dec-2024 13:02
Service Request from External System	
Service request from an external system?	<input type="checkbox"/> Yes
Service Requester Title	
Service Requester Agency	
Service Requester Phone Number	
Service Requester Email Address	
Service Start Date	

Internal Referral Details	
Implementing Agency	
Service delivery location	
Service provider name	
Referred?	<input type="checkbox"/> Yes
Is this a referral to an external system / user?	<input type="checkbox"/> Yes
External referral details	
Service Provider	
Implementing Agency	
Service Location	
Implementation Details	
Service implemented	Not Implemented
Service completed	
Notes on the referral from provider	
Details of / comments on service provided	
Recommendations for follow-up	
Contact, Feedback and Follow Up Arrangements	

How can contact with the case be initiated and how can feedback on the service provided be given?	
How will the caseworker follow-up on the referral?	
If other, please specify	
Accountability	
Child's level of satisfaction with service provided	
Child's suggestions for improvement	
Caregiver's level of satisfaction with service provided	
Caregiver's suggestions for improvement	

Summary and Conclusions

Summary	
Protection Concerns	
If Other, please specify	
Risk Level	
Summary of reasons for risk level	

Tracing

Matched Tracing Request ID	
Separation History	
Tracing Status	
Date of Separation	
What was the main cause of separation?	
If Other, please specify	
If applicable, what were other causes of separation?	
Circumstances of Separation (please provide details)	
Describe additional movements between place of separation and current location	
Did the child face or witness any type of violence, threat or harm during his/her journey?	<input type="radio"/> Yes <input type="radio"/> No
Details about what the child faced / witnessed	
Separation Address (Place)	
Separation Location	
Additional info that could help in tracing?	

Has child been evacuated?	<input type="radio"/> Yes <input type="radio"/> No
If yes, through which organization?	
Evacuated From	
Evacuation Date	
Evacuated To	
Arrival Date	

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Summary

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Verification

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Family Record