1. **CASE INFORMATION**

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| --- | --- | --- | --- | --- | --- |
| Date case was identified dd/mm/yyyy | Date cases was registered dd/mm/yyyy | | | | Data case was re-opened: dd/mm/yyyy  ***(if case is re-opened update Registration Form sheet with relevant information)*** |
| Case ID | | Caseworker ID | Agency | | |
| How was the child identified  **please avoid editing dropdown** | * Self-referral child (him/herself) * Family member * Community member * Media * Other service provider, specify sector \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | * UN/INGO/NGO, specify sector: * Education * Food security * Health * Livelihoods * Nutrition * Protection * Child Protection * GBV * Shelter * Camp Cord and Camp Mgmt * Water, sanitation, and hygiene (WASH) * Other \_\_\_\_\_\_\_\_\_\_\_\_ | |

1. **CHILD PERSONAL DETAILS**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | First name | | **(*Optional****) Middle name / Father's name* | | Last name/ Family name | | | | Other names or spelling the child is known by | |
| **CHILD** | Date of birth (DOB)  dd/mm/yyy  Age \_\_\_\_\_\_, Is the age estimated?   * Yes * No | | | Sex **- please avoid editing drop down**   * Male * Female * Non-binary * Other | | | | Birth registration -  **please avoid editing dropdown**   * Birth registered * Birth not registered * Birth registration process started but not completed | | |
| Does the child have identification (ID card)   * Yes * No   If yes, specify type of identification and number:  Type  Number | | | | | Nationality status – **please avoid editing drop down**   * National * Other nationality * Stateless * Unknown | | | | Displacement status - **please avoid editing dropdown**   * Host Community * Asylum seeker or refugee * Internally displaced person * Returnee * Migrant * Other, specify   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Nationality (create options for your context) | | | | | | | | | |
| Disability status - **please avoid editing drop down** | * No disabilities | | | | | * Child with disabilities (*mark below if possible*) * Mental impairments * Sensory impairments * Physical impairments * Intellectual impairment * Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| The child is  - **please avoid editing drop down** | | | * Not married * Planning to get married | | | | * Marries * Divorced * Widowed | | |  |
| ***(Optional)*** *Child’s ethnic affiliation* (create options for your context) | | | ***(Optional)*** *Child’s religion* (create options for your context) | | | | Languages spoken by the child (create options for your context) | | |  |

1. **CHILD CURRENT CARE ARRANGEMENT/ LIVING ARRANGEMENTS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Type of care  arrangement  - **please avoid editing drop down** | * Child in parental care * Child without care / no care arrangement * Child Carer * Child in Child Headed Household * Child in institutional or residential care | | | * Child in alternative care * Child in foster care * Child in kinship care/customary care * Child in other forms of family based care (such as Kafala); * Child in a supported independent living arrangement * Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Describe the child's current care arrangement (*For example, include information about the relationship with their caregiver, the ability of the caregiver to meet the needs of the child, etc. Note: if the child is in an alternative care arrangement, include information on how this arrangement was made, if it is permanent or temporary, etc.)* | | | | | |
| Current address  *(Note down location, address, block, house or shelter number, etc.)* | | ***(Optional)*** Area of living- **please avoid editing drop down**   * Urban – non camp * Rural – non camp * Camp/Settlement * Other | How can the child be contacted? If not directly, specify through who. | | If available, include phone number *(indicate If this is WhatsApp, Viber etc.)* |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **If the child is not being cared for by one or both parents, provide personal details of the current caregiver** | | | | | | | |
| **CAREGIVER** | First name | Middle name/ Father’s name | | | Last name/ Family name | | |
| Date of birth (DOB) of the caregiver  \_\_\_\_ /\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_  Age \_\_\_\_\_\_, Is the age estimated?   * Yes * No | | | Sex of the caregiver - **please avoid editing drop down**   * Male * Female * Non-binary * Other | | | |
| Does the caregiver have identification (ID card)   * Yes * No   If yes, specify type of identification and number:  Type  Number | | | Nationality status - **please avoid editing drop down**   * National * Other nationality * Stateless * Unknown | | | Displacement status -**please avoid editing drop down**   * Host Community * Asylum seeker or refugee * Internally displaced person * Returnee * Migrant * Other, specify   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Does the caregiver have any disabilities, health issues or other characteristics which can affect care for the child and therefore impact overall risk assessment? | | | * No * Yes   If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Is the caregiver related to the child?   * Yes * No | | Relationship to the child? | | | If not related does the caregiver know the family of the child?   * Yes * No | |
| When did this care arrangement start?  \_\_\_\_ /\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Is caregiver willing to continue taking care of the child?   * Yes * No   If not why? | | | Is the caregiver also the legal guardian?   * Yes * No | |
| Caregiver’s phone / contact details: | | | | | | |

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| --- | --- | --- |
| **Members of the household with whom the child is living with** | | |
| Full name | Age | Relationship to the child |
|  |  |  |
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|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Size of the household | |  |  | | --- | --- | |  | of adults | | | |  |  | | --- | --- | |  | of children | |
| Is the age of the main caregiver under 18 | * Yes | * No | |

1. **CHILD PROTECTION RISKS**

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| --- | --- | --- | --- |
| Briefly describe the child’s situation and document additional observations which can support risk assessment? (this can include care arrangements, health,….) | | | |
|  | | | |
| **\*If this is a case of rape or sexual assault, make sure to address urgent needs that require an immediate response and check in with your supervisor for support** | | | |
| **Child protection risks identified** (select all that apply) - **please avoid editing drop down, avoid adding any category which may be similar or part of these drop down categories** | | | |
| **Incidents**   * Physical violence or abuse against a child * Psychological violence or abuse against a child * Sexual violence or abuse against a child \* * Neglect of the child * Exploitation: * Economic exploitation * Harmful or hazardous labour * Sexual exploitation * Child in conflict with the law or detained * Recruitment and use by armed forces and groups | **Vulnerabilities**   * Unaccompanied Child * Separated Child * Child marriage * Psychological distress (moderate to severe) | **Status in relation to the justice system**   * No contact with the justice system * Child in contact with the justice system * The child is victim of an offence * The child is witness of an offence * The child is in conflict with the law * Child detained |

1. **FAMILY DETAILS**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | First name | Middle name/Father’s name | | | | | Last name/ Family name | | |
| **MOTHER** | Is the mother alive?   * Yes * No * Don’t know | ***(Optional)*** *If the mother is deceased it is optional to note when and how she passed.* | | | | Nationality status - **please avoid editing drop down**   * National * Other nationality * Stateless * Unknown | | | Displacement status - **please avoid editing drop down**   * Host Community * Asylum seeker or refugee * Internally displaced person * Returnee * Migrant * Other, specify   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Does the MOTHER have any disabilities, health issues or other characteristics which can affect care for the child and therefore impact overall risk assessment? | | | | * No * Yes   If yes, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| If the mother is not living with the child, is the child in contact with the mother   * Yes * No | | | | How can the mother be contacted? If not directly, specify through who | | | | |
| Date of birth (DOB)  dd/mm/yyyy  Age \_\_\_\_\_\_, Is the age estimated?   * Yes * No | | Does the mother have identification (ID card)   * Yes * No   If yes, specify type of identification and number:  Type  Number | | | | | | |
| **FATHER** | First name | Middle name/Father’s name | | | | | Last name/ Family name | | |
| Is the father alive?   * Yes * No * Don’t know | ***(Optional)*** *If the father is deceased it is optional to note when and how he passed*: | | Nationality - **please avoid editing drop down**   * National * Other nationality * Stateless * Unknown | | | | Displacement status - **please avoid editing drop down**   * National (not displaced) * Stateless * Asylum seeker or refugee * Internally displaced person * Returnee * Migrant * Other, please specify: | |
| Does the FATHER have any disabilities, health issues or other characteristics which can affect care for the child and therefore impact overall risk assessment? | | | | | * No * Yes   If yes, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| If the father is not living with the child, is the child in contact with the mother?   * Yes * No | How can the father be contacted?  If not directly, specify through who | | | | | | | |
| Date of birth (DOB)  \_\_\_\_ /\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_  Age \_\_\_\_\_\_, Is the age estimated?   * Yes * No | Does the father have identification (ID card)?   * Yes * No   If yes, specify type of identification and number:  Type  Number | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Members of the immediate family (brothers, sisters, stepmother, stepfather, etc.)** | | | |
| Full name | Age | Relationship to the child | Address or their current whereabouts |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **URGENT NEEDS**

|  |  |  |  |
| --- | --- | --- | --- |
| Are there any urgent needs that require an immediate response (as soon as possible) within 24 – 48 hours) from the caseworker and/or other service providers *(for example immediate safety, safety within care arrangement, urgent mental health needs, physical, sexual and reproductive health needs, basic needs essential for survival, documentation, care arrangement).* | | * Yes | * No |
| Does the child need Family Tracing? | * Yes | | |

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| --- | --- | --- | --- |
| **IMEMDIATED NEEDS TO BE ADRESSED** (only fill out what is relevant) | | | |
| Tick all that apply | Immediated needs | Sumary Reasons | Immediate Action (to be) Taken |
|  | Health |  |  |
|  | Safety |  |  |
|  | Care |  |  |
|  | Other, specify |  |  |
|  | No immediate needs |  |  |

1. **RISK LEVEL**

|  |  |  |  |
| --- | --- | --- | --- |
| **RISK LEVEL - please avoid**  **editing drop downs** | * **High** | * **Medium** | * **Low** |
| Summary of reasons for risk level | | | |

1. **AUTHORIZATION**

|  |  |  |
| --- | --- | --- |
| Caseworker name | Date dd/mm/yyyy | Signature |