1. **CASE INFORMATION**

|  |  |
| --- | --- |
| Date dd/mm/yyyy | Case Number ID |

1. **DETAILS OF ADULT THE CHILD WILL BE REUNIFIED WITH**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Relationship to the child - **please avoid editing drop down** | * Mother * Father * Previous caregiver * Brother | | | * Sister * Grandmother and/or Grandfather * Aunt and/or Uncle * Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| First name | | ***(Optional)*** *Middle name/ Father’s name* | | Last name/ Family name |
| Date of birth (DOB) of the caregiver  dd/mm/yyyy  Age, \_\_\_\_\_Is the age estimated?   * Yes * No | | Sex - **please avoid editing drop down**   * Male * Female * Non-binary * Other | 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 \_\_\_\_\_\_\_\_\_\_\_ |
| Nationality (create options for your context) | | | | |
| Does the caregiver have identification (ID card)   * Yes * No   If yes, specify type of identification and number:   |  | | --- | |  |   Type   |  | | --- | |  |   Number | | | Current address  *(Note down location, address, block, house or shelter number, etc.)*  Phone / contact details: | |
| Did the adult submit official documents that validate the identity of the child and establish their relationship with the child?  *(For example, family booklet, birth certificate, etc.)* | | | * Yes | * No |
| If yes, specify: |  |

1. **DETAILS OF REUNIFICATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of reunification  dd/mm/yyyy | | Type of reunification:   * National * International / cross border | | | Location of reunification: |
| Through which channels was the reunification established  *(Select as many as required) -*  **please avoid editing drop down** | * Government services, including consular services | | * Legal services | | |
| * Voluntary return with support of IOM | | * NGO providing reunification support | | |
| * Informal family reunification (community network, extended family, etc.) | | * Other, please specify: | | |
| Additional information on reunification  *(For example, is it temporary or permanent, is the family planning to travel or continue to be on the move, etc.)* | |  | | --- | |  | | | | | |
| Has the Adult Verification Form been completed? | * Yes | | | * No | |
| Has the Child Verification Form been completed? | * Yes | | | * No | |

1. **SUPPORT NEEDS**

|  |  |  |  |
| --- | --- | --- | --- |
| Is there a need for ongoing support following the reunification outside of the regularly planned post reunification visits? | * Yes | | * No |
| If yes, specify support needs | |  | | --- | |  | | | |
| Do the child and parent, caregiver or trusted adult with whom the child is reunified consent to follow-up visits | Child: | * Yes | * No |
| Adult: | * Yes | * No |
| Date next follow up | dd/mm/yyyy | | |

1. **AUTHORIZATION**

|  |  |
| --- | --- |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *[Parent or Guardian's Full Name]*, willingly agree to assume responsibility for the care and well-being of the child named \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *[Child's Full Name]*. I understand the duties involved, including providing for their basic needs, ensuring their safety, and fostering a supportive and nurturing environment. I commit to acting in the best interest of the child and will make decisions that prioritize their health, education, and overall wellbeing. This agreement is entered into willingly and without coercion, and I acknowledge the importance of maintaining open communication with any other caregivers  involved.  If, for whatever reason, there are any issues, and I am/we are unable to continue to care for the child, then I will immediately contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(name of case management agency)* for immediate assistance in ensuring the best interests of the child.  Signed on this \_\_\_\_\_ /\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_ *[Date]* at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *[Location]*. | |
| Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

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