1. **CASE INFORMATION**

|  |  |
| --- | --- |
| Date of UASC assessment dd/mm/yyyy | Case ID number |
| Caseworker ID number | Agency |
| Separation status of the child - **please avoid editing dropdown**   * Unaccompanied * Separated | Description of care arrangement of the child prior to separation |

1. **ADDITIONAL INFORMATION ON THE CHILD**

|  |  |  |
| --- | --- | --- |
| Birth address/location (please be as specific as possible): | | Distinguishing physical characteristics *(birthmarks, scars, colour hair, colour eyes, teeth, etc)* |
| Location prior to separation from parents/ primary caregiver? | | |
| Is the child with other siblings who are also unaccompanied or separated?   * Yes * No | Please list Name and Case ID Number   |  |  | | --- | --- | |  |  | |  |  | |  |  | | |

1. **PREVIOUS CAREGIVER(S)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Mark who the previous primary caregiver was before separation:   * Father * Mother | | | | | * Caregiver recorded on registration forms * Other, if other please fill out section below 3.b | | |
| **PREVIOUS CAREGIVER (1)** | | | | | | | |
| First name | | ***(Optional)*** Middle Name/ Father’s Name | | | | Last Name/ Family Name | |
| Date of birth dd/mm/yyyy  Age \_\_\_\_\_\_, Is the age estimated?   * Yes * No | | | | | Sex of the caregiver   * Female * Male * Non-binary * Other | | |
| Relationship to the Child | Is the caregiver alive?   * Yes * No * Don’t Know | | | ***(Optional)***  *If the caregiver is deceased, it is optional to note when and how they passed:* | | | |
| **PREVIOUS CAREGIVER (2)** | | | | | | | |
| First name | | ***(Optional)*** Middle Name/ Father’s Name | | | | Last Name/ Family Name | |
| Date of birth dd/mm/yyyy  Age \_\_\_\_\_\_, Is the age estimated?   * Yes * No | | | | | Sex of the caregiver   * Female * Male * Non-binary * Other | | |
| Relationship to the Child | Is the caregiver alive?   * Yes * No * Don’t Know | | | ***(Optional)***  *If the caregiver is deceased, it is optional to note when and how they passed:* | | | |
| **OTHER FAMILY MEMBERS THE CHILD IS SEPARATED FROM** | | | | | | | |
| Full Name | | | Age | | | | Relationship to the Child |
|  | | |  | | | |  |
|  | | |  | | | |  |

1. **COMMUNICATION HISTORY**

|  |  |  |  |
| --- | --- | --- | --- |
| Is the child in direct contact with parents or PREVIOUS caregivers?   * Yes * No | | If yes, please specify the frequency and method of contact: | |
| If no, does the child have a plan or knowledge on how to initiate contact with parents or caregivers? | When was the child's last or most recent contact with parents or caregivers? | | |
| Is the child aware of the current whereabouts of parents or caregivers? | * Yes | | * No |
| * If yes specify where: | | |
| Has the child maintained direct contact with any other relatives or extended family members?   * Yes * No | | If yes, please specify the name of the persons, relationship to the child, frequency and method of contact: | |

1. **HISTORY OF SEPARATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of separation dd/mm/yyyy |  | Place of separation | |
| * Was the separation accidental or deliberate? * - **please avoid editing drop down** | * Accidental separation | | * Deliberate separation |
| Cause of separation *(select as applicable)*  *(Note: these should note read out loud but dilled out based on comments from child and caregivers as applicable.)* - **please avoid editing dropdown** | * Abandoned * Recruitment into armed forces or armed groups * Separation due to natural disaster * Separation for better economic, educational or other opportunities | | * Human trafficking or smuggling * Separation during movement due to conflict or war * Separation due to fleeing specific safety threat * Other, please specify: |
| Describe the circumstances of separation that maybe have not emerged or be reflected above | |  | | --- | |  | | | |
| If the child has been on the move, describe details about their journey between place of separation and their current location | |  | | --- | |  | | | |
| Any additional relevant information on the separation or how the child was found | |  | | --- | |  | | | |

1. **CHILD WISHES**

|  |  |  |  |
| --- | --- | --- | --- |
| If the child is not in contact with their parents or caregivers, does the child wish to start up family tracing? | * Yes | | * No |
| * Doesn’t know | |  |
| Does the child wish to start up family reunification? *(\*If yes, make sure to inform the child about the possibilities, the procedures and their chances of being successful to ensure realistic expectations)* | * Yes | | * No |
| * Doesn’t know | |  |
| ***(Sensitive)*** If yes, please specify with whom they wish to be reunified. Include name and relationship to the child. Note: it can be more than one person) | Name | |  | | --- | |  | | |
| Relationship with the child | |  | | --- | |  | | |
| If yes, provide contact details and last known address or location of this person | |  | | --- | |  | | | |
| Describe the child's wishes and any possible reasons behind their choice | |  | | --- | |  | | | |

1. **AUTHORIZATION**

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