1. **CASE INFORMATION**

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

1. **DETAILS OF THE ADULT IN VERIFICATION PROCES**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **REUNIFYIN ADULT** | Relationship to the child | * Mother * Father * Previous caregiver, specify \_\_\_\_\_ * Brother | | | * Sister * Grandmother and/or Grandfather * Aunt and/or Uncle * Other, specify \_\_\_\_\_\_\_ | |
| First name | | ***(Optional)*** *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 | Nationality status - **please avoid editing drop down**   * National * Other nationality * Stateless * Unknown | | Displacement status of the caregiver  **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, 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. **INFORMATION ABOUT THE CHILD *(to be asked to and provided by the adult being verified)***

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CHILD INFORMATION** | First name | ***(Optional)*** *Middle name/ Father’s name* | | | Last name/ Family name | | | | Other names or spelling the child is known by |
| Date of birth (DOB)  dd/mm/yyyy  Age, \_\_\_\_\_Is the age estimated?   * Yes * No | Sex **please avoid editing drop down**   * Male * Female * Non-binary * Other | | | Nationality (create options for your context) | | | | Birthplace of the child |
| Do you recognize the child from any of the photos (if available)?   * Yes * No * Don’t know | | | Distinguishing physical characteristics of the child | | | | Where did the child live before being separated from their previous caregiver? | |
| What other information do you have about the child’s life that would help to identify the child? | | | | | What important and unique events do you think the child may remember from her/his life?: | | | |
| Do you know if | | | | |  | | | |
| List the family composition of the child, include parents or caregivers and siblings  *( To fill out in case reunifying adult is not the mother or not the father)* | | | | | | | | | |
| Full name | | | Age | | | | Relationship to the Child | | |
|  | | |  | | | |  | | |
|  | | |  | | | |  | | |
|  | | |  | | | |  | | |

1. **CIRCUMSTANCES OF SEPARATION *(to be completed if relevant, depending on whom adult is and knowledge they are expected to have)***

|  |  |  |
| --- | --- | --- |
| Describe the circumstances of separation | | |
| Cause of separation **please avoid editing drop down** | * 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, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **ACCEPTANCE AND AGREEMENT OF TAKING CARE OF CHILD**

|  |  |  |
| --- | --- | --- |
| Does the adult wish to be reunified with the child: | * Yes | * No |
| Is the person willing to take care of the child: | * Yes | * No |
| I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(name of person*), agree to take this child into my home to live as part of my family. | Date | Signature |
| Does the caregiver have any disabilities, health issues or other characteristics which can affect care for the child and impact overall risk assessment? | * No * Yes   If yes, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Describe the care arrangement in case the child would be reunified with this person |  | |

1. **AUTHORIZATION**

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