1. **CHILD INFORMATION**

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

1. **VERIFICATION QUESTIONS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Does the information on the Adult Verification Form match with the information in the child’s case file? | * Yes | * Partially | | * No |
| If no or only partially, describe differences or discrepancies:   |  | | --- | |  | | | | | |
| Did the adult submit trustworthy documents that validate the identity of the child and establish their relationship with the child?   * Yes * No   Specify   |  | | --- | |  | | | | Did the child mention this person during their registration, the assessment or at any other point in the case management process?   * Yes * No | |

1. **CHILD WISHES**

|  |  |  |  |
| --- | --- | --- | --- |
| Does the child wish to be reunified with this person | * Yes | * Not sure | * No |
| Child's comment on possible reunification with this person: | | | |

1. **CASE WORKER VERIFICATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you consider the relationship of the adult with the child as proven? | | * Yes | * No | |
| Do you recommend reunification of the child with this person? | | * Yes | * No | |
| Specify why yes or why not:   |  | | --- | |  | | | | | |
| Recommended action | * Immediate reunification * Reunification after support is provided to the adult/family and concerns have been addressed | | | * Long-term alternative care * Further tracing * Other, specify \_\_\_\_\_\_\_\_\_ |
| Describe, if relevant, specific conditions or procedures that might impact the reunification process: *(For example national legal procedures, need for documentation, travel permit, etc.)*   |  | | --- | |  | | | | | |
| Please provide summary on what are the next steps, who is responsible and when they could take place (add specifics to implementation plan)   |  | | --- | |  | | | | | |

1. **AUTHORIZATION**

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