**TOOL 3.2.4** SAMPLE CASE PLAN TEMPLATE

|  |
| --- |
| **Case management code (OR name):** |
| **Confidentiality has been explained** [ ]  **1** Yes [ ]  **2** No**Informed Consent has been explained** [ ]  **1** Yes [ ]  **2** No**Consent has been given** [ ]  **1** Yes [ ]  **2** No |
| **PERSONAL INFORMATION** |
| **Date of initial contact** |  | [ ]  **1** Male [ ]  **2** Female [ ]  3 Other |
| **Date of Birth** |  | [ ]  **1** IDP [ ]  **2** Returnee [ ]  **3** Host Community [ ]  **4** Other |
| **Current Address** |  |  |
| **Date of Arrival (if applicable)** |  |  |
| **Date of return (if applicable)** |  |  |
| **Number of family members/dependents in individual’s household** |  | **Unaccompanied minor** | [ ]  **1** Yes [ ]  **2** No[ ]  **1** Male [ ]  **2** Female [ ]  3 Other |
| **Separated Child** | [ ]  **1** Yes [ ]  **2** No[ ]  **1** Male [ ]  **2** Female[ ]  3 Other |
| **Type of Case**[ ]  1 Single headed household without support[ ]  2 Single elderly without support (60+)[ ]  3 Person with physical disability[ ]  4 Person with mental disability[ ]  5 Serious/chronic medical condition[ ]  6 High number of dependents (4+ dependents, excluding head of household)[ ]  7 Domestic Violence survivor[ ]  8 Sexual abuse survivor[ ]  10 Sexual assault survivor[ ]  11 Child marriage[ ]  12 Forced marriage[ ]  13 Survivor of torture, inhuman, degrading treatment[ ]  14 Victim of human trafficking[ ]  15 Landmine victim[ ]  16 New displacement[ ]  17 Lack of displacement[ ]  18 Other, please specify:\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Immediate needs****(Do not use personal names or other identifiable information here)****Type of Need**[ ]  Housing (shelter, new displacement) [ ]  Medical (access to health care, lack of medicine)[ ]  Education (access to education, support of education material)[ ]  Income/Livelihoods[ ]  Mental health services[ ]  PSS Service[ ]  Other (eg. access to legal support, RFL, police reporting), please specify\_\_\_\_\_\_\_\_\_\_\_\_**Do you or your family members need help with any urgent or pressing problems right now? Please specify below:** |
| **Earlier Provided Assistance** |
| **Type of Assistance Required** |
| **Referrals offered immediately** |

|  |
| --- |
| **CASE MANAGEMENT PLAN** |
| **Type of Assistance/Activity** | **When ? Date** | **Who is responsible?** | **Where? – specify location** |
| Finalising referral / intake |  |  |  |
| Discussing referral service and next steps with person of concern |  |  |  |
| Required follow-up (Need 1) |  |  |  |
| Required follow-up (Need 2) |  |  |  |
| Required follow-up (Need 3) |  |  |  |
| Filing of other necessary forms |  |  |  |
| Discussion with relevant stakeholders (service providers/partner organisations/camp management) |  |  |  |
| Follow-up (after two weeks) |  |  |  |
| Follow-up (after one month) |  |  |  |
| Review (Protection, Gender and Inclusion Volunteer) |  |  |  |
| Review (Protection, Gender and Inclusion staff) |  |  |  |
| Review (Protection, Gender and Inclusion Manager/Coordinator) |  |  |  |
| **Risk Level of Case** |
| **High: Reason:****Medium: Reason:****Low: Reason:** |