**TOOL 3.2.4** SAMPLE CASE PLAN TEMPLATE

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| **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** | | | |

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| **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:** | | | |