
Figure A.1: Elements of empathy

NAME	ID	PLACE OF RETURN (region, city or village)
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1. SUMMARY OF RETURNEE'S PLAN

ECONOMIC:

SOCIAL:

PSYCHOSOCIAL:

2. TYPE OF REINTEGRATION ASSISTANCE TO BE PROVIDED

IMMEDIATE ASSISTANCE

? CASH ASSISTANCE

? BASIC NEEDS (FOOD, CLOTHES, AND SO ON)

? ACCOMMODATION

? MEDICAL

? OTHER

LONGER TERM ASSISTANCE

? CASH FOR WORK

Does it need a referral?

ECONOMIC

? INCOME-GENERATING ACTIVITY (CREATION OR STRENGTHENING)

? INDIVIDUAL MICROBUSINESS

? COLLECTIVE PROJECT

? COMMUNITY PROJECT

? OTHER

Does it need a referral?

If yes, please specify

? JOB PLACEMENT

Does it need a referral?

? VOCATIONAL TRAINING

Does it need a referral?

SOCIAL

? HOUSING SUPPORT

Does it need a referral?

? MEDICAL SUPPORT

? RETURNEE

? FAMILY

Please specify

Does it need a referral?

? EDUCATIONAL SUPPORT

Does it need a referral?

? SKILLS DEVELOPMENT

Does it need a referral?

? LEGAL SERVICES

Does it need a referral?

? SOCIAL PROTECTION SCHEMES

Does it need a referral?

? CHILD CARE

Does it need a referral?

? SPECIAL SECURITY MEASURES

Does it need a referral?

PSYCHOSOCIAL

? INDIVIDUAL AND FAMILY LEVEL ACTIVITIES

Does it need a referral?

? COMMUNITY LEVEL ACTIVITIES

Does it need a referral?

? OTHER (PLEASE DETAIL):

Does it need a referral?

3. INDICATIVE LIST OF THE GOODS, EQUIPMENT AND SERVICES TO BE PURCHASED WITH THE REINTEGRATION GRANT AND CORRESPONDING ESTIMATED VALUE

GOODS, EQUIPMENT, SERVICES

ESTIMATED COST

TOTAL

4. LIST OF REFERRALS TO BE MADE

AGENCY

ASSISTANCE TO BE PROVIDED

5. EXPECTED IMPROVEMENT OF THE RETURNEE'S PSYCHOLOGICAL, SOCIAL AND ECONOMIC WELL-BEING AFTER THE ASSISTANCE IS PROVIDED

BASELINE REINTEGRATION SCORE

Economic: Social: Psychosocial: Composite:

6. IN THE EVENT THAT THE PROJECT IS ENVISAGED AT COMMUNITY LEVEL (SUCH AS A GROUP OF RETURNEES AND LOCAL COMMUNITY MEMBERS), INDICATE THE NAME OF EACH RETURNEE AND COMMUNITY MEMBER INVOLVED AND, IF ALREADY DEFINED, THEIR RESPECTIVE ROLES IN THE PROJECT

NAME

ROLE

DONE ON [DATE] IN [LOCATION]:

APPROVED BY [RETURNEE'S NAME AND SIGNATURE]:

APPROVED BY STAFF OR REFERRAL PARTNER'S NAME AND SIGNATURE: