



Handbook for Children in Difficult Circumstances

Nazhoen Lamtoen

2022

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Background

A child, because of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before and after birth. Understanding this, the United Nations Convention on the Rights of the Child (*hereinafter,* "UNCRC") serves as a legally binding international document to ensure necessary child protection and assistance so that they can fully assume their responsibilities within the community. The Constitution of Bhutan also recognizes and ensures child care and protection in the spirit of the ideals of the UNCRC. Specifically, Article 9 section 18 explicitly requires the State to "protect children against discrimination and exploitation, including trafficking, prostitution, abuse, violence, degrading treatment, and economic exploitation."

With Bhutan's ratification of the UNCRC and by the mandate of the Constitution, the Child Care and Protection Act, 2011 (*hereinafter, "*CCPA*"*) was enacted as the national legislation concerning the child protection system in Bhutan. CCPA mandates the assurance of the "best interest of the child" as the primary consideration concerning any action taken for the child.

"Child in Difficult Circumstances" (*hereinafter "*CIDCs*"*) is one of the vulnerable categories of children recognized by the CCPA who need special care and protection. Such children are often destitute, living in unacceptable circumstances of upbringing, exposed to violence, or often victims at the hands of individuals, families, or the community. Moreover, CIDCs are at higher risk of becoming Child in Conflict with the Law. Acknowledging this concern, Nazhoen Lamtoen identifies the CIDCs in our country and endeavors to ensure the care, protection, assistance, education, and treatment of the CIDCs.

This handbook is a reference for Nazhoen Lamtoen to deal with CIDCs in terms of identification, assessment, case planning, and implementation. It primarily focuses on case management and service delivery to CIDCs who need care and protection. This handbook is not to be used in isolation but in line with the CCPA and other relevant laws dealing with children.

CHAPTER 1: PRELIMINARY

Purpose

1. This handbook aims to provide Nazhoen Lamtoen with a proper case management procedure to deal with CIDCs while ensuring their support in consultation with the competent authority and other relevant stakeholders.

Guiding principles

2. Upholding the child's best interest as the primary consideration in any dealings with CIDCs, this handbook shall be guided by the following principles:

    a. **The Dignity of the Child:** A child must be treated with dignity and respect at all times.
    b. **Child Participation:** A child's views and opinions must be considered in all matters relating to them.
    c. **Non-stigmatization and Non-discrimination:** A child must be treated equally irrespective of sex, gender, age, race, religion, caste, physical and emotional state, or family background. A child must be protected from any form of stigmatization.
    d. **Privacy and Confidentiality:** Any information on the child and his or her family/guardians must be kept private and confidential.
    e. **Family as First Priority:** Considering the family as the best environment for a child's physical, mental and emotional development and upbringing, priority must always be given to situations that will allow a child to stay with their family. Institutionalization of a child should always be the last resort.
    f. **Ethical Standard and Professionalism:** A person dealing with the child must uphold the highest standard of morals, ethics, and professionalism in any matters relating to a child's welfare.
    g. **Informed Consent:** A child and his or her family/guardian must be provided with sufficient information regarding matters requiring consent.
    h. **Quality Service Delivery**: Programs and services for a child shall be prompt, adequate, and appropriate. Services provided shall be culturally appropriate; promote their health and self-respect; foster their sense of responsibility; and encourage attitudes and development of skills that will help them develop their potential as members of society.[1]

[1] NCWC, Standard Operating Procedures On Case Management For Women and Children In Difficult Circumstances (hereinafter referred as "SOP"), § 6.f

Objectives

3. The objectives of this handbook are as follows:
    a. To enhance the well-being of the CIDCs;
    b. To protect the basic rights of the CIDCs;
    c. To take necessary measures to ensure all CIDCs are treated equally and fairly;
    d. To ensure a standardized process to deal with CIDCs;
    e. To enhance the effectiveness and efficiency of existing child protection services;
    f. To create better outreach services for CIDCs; and
    g. To enhance rehabilitation and reintegration of CIDCs through appropriate guidance and support.

CHAPTER 2: CHILD IN DIFFICULT CIRCUMSTANCES

Child in Difficult Circumstances

4. This handbook must adopt the definition of CIDCs as per Section 59 of the CCPA, which defines CIDCs as a child who:
    a. Is found without having any home or settled place of abode and without any ostensible means of subsistence and is destitute;
    b. Has a parent or guardian unable or unfit to exercise proper care and control over the child;
    c. It is found to associate with any person who leads an immoral, drunken, or depraved life;
    d. Is being or likely to be abused or exploited for immoral or illegal purposes, or
    e. Is a frequent victim at the hands of individuals, families, or the community.

5. This handbook may consider the following as a CIDCs:
    a. A child who resides with a person who has killed, abused, neglected, or exploited some other child or children, and there is a reasonable likelihood of the child in question being killed, abused, exploited, or neglected by that person;[2]
    b. A pregnant child who has no one for support or look after or has parents or guardians unable or unwilling to take care of them;
    c. A child who is disabled or suffering from a terminal or incurable disease, having no one to support or look after, or having parents or guardians unfit or unable to take care of them;[3]
    d. A child from an economically disadvantaged family who cannot meet their basic needs;
    e. A victim of any armed conflict, civil unrest, or natural calamity;[4] or

[2] SOP § 7.9.c, g.
[3] SOP § 7.9.h.
[4] SOP §7.9.k.

f. A child who is found to be living in unacceptable circumstances of upbringing or any other degrading treatment which seriously endangers his/her physical, psychological, emotional, educational, or moral development.

CHAPTER 3: CASE MANAGEMENT

Case Management

6. A case management process involves identifying the child and ensuring that comprehensive quality care is provided to them from identification until closure. It is an interactive, dynamic, and structured process. To ensure the safety and development needs of the child are met, it includes ongoing analysis, decision-making, and record-keeping. As part of this process, an exit strategy must be developed, which involves preparing and supporting the child's transition out of the case management system.

7. Informed consent must be sought from the child and the family/guardian at the initial stage of the case and as and when required, as per Annexure I. If there is any objection from the child or parents/guardians, Nazhoen Lamtoen shall uphold the child's best interest in consultation with the competent authority.

Case Management Stages

I. Report and Identification

8. As per Section 8 of the Standard Operating Procedures on Case Management for Women and Children in Difficult Circumstances, developed by NCWC, if a person thinks a child is a CIDCs as mentioned in Section 4 and 5 of this handbook, such person may refer or report to the protection officer. Such cases may also be reported to police, front liners identified by Nazhoen Lamtoen, or directly to Nazhoen Lamtoen's office, who must then inform the protection officers within 24 hours of receiving a report of a possible case of a CIDCs.

9. Upon informing the protection officer, Nazhoen Lamtoen may also determine the risk level of the referred/reported case as per Annexure II.

10. The assessment of the risk would be categorized on three levels in accordance with Annexure III.

Intake

11. This is the entry point for any CIDCs directly reported to Nazhoen Lamtoen or referred to by the competent authority or the police. At the first contact with the child, the caseworker should establish a rapport with the child and consider the child's immediate safety and basic needs.

12. The caseworker should categorize the case, open a case file and record all the information concerning the case in a case file.

- **Identification/Intake Checklist**

  At the identification stage, the following key considerations should be examined:

  a. What is the concern/issue at hand?
  b. What is the condition and behavior of the child?
  c. Is the child safe?
  d. What level of risk is the child in?
  e. Can the child, parent, or primary caregiver be identified and located?
  f. What is the situation of the family?
  g. Is the nature of the case established?
  h. Can the motive of the informant be discerned?

II. Assessment

13. Assessment is establishing the challenges, needs, and rights of a child and his or her family in the wider context of the community. It should cover the child's physical, emotional, moral, cognitive, and social development needs.

Initial Assessment

14. The case manager and the case worker must conduct an initial assessment as per Annexure IV to gather information on the child's situation and his/her family/guardian. Priority must be given to the child's immediate physical and mental protection, safety, and basic needs such as food, shelter, and medical care.

Comprehensive Assessment

15. For high and medium risk, the case manager or the caseworker must conduct a comprehensive assessment as per Annexure V within or before two weeks of registration. The comprehensive assessment must include:

    a. The details of the child’s physical, emotional, educational, and psychological needs;
    b. The details of the family’s situation and their economic background;
    c. The situation of siblings and other children in the family;
    d. The opinion of the child and parent/guardian;
    e. The protective factors of the child, their family, and the community; and
    f. Risk factors that need to be addressed with consideration of the social and cultural context, the community, and other existing risk factors.

- **Key Guidelines for Assessment**

  The following should be considered when carrying out case assessment:

  a. The case manager and the caseworker should examine the credibility and validity of the information gathered.
  b. Apart from the negative factors, the assessment should also evaluate the strengths and positive factors of the child, the family/guardian, and the community.
  c. Based on the analysis of the information gathered, the case manager and the caseworker should make the final decision on whether the case is viable for execution or not.

III. Case planning

16. This stage involves identifying the strategies that will address the physical, emotional, educational, psychological, and social needs of the child based on the assessment. Case planning is an interactive process involving meaningful participation of the child, his/her family/guardian, the case manager, and the caseworker in decision-making.

17. After the assessment, the case manager and the caseworker must discuss the case with their supervisor and develop a written case plan within three weeks as per Annexure VI.

18. The case plan must be well documented based on the needs and priorities identified in the assessment, and it must include;
    a. Specific, measurable, attainable, relevant, and time-bound (SMART) goals and objectives;
    b. A list of services or action points necessary to meet the child's needs;
    c. Responsibilities of the caseworker and the case manager;
    d. Responsibilities of the child, and family/guardian to carry out the plan effectively and efficiently;
    e. Responsibilities of the agencies, if the case needs to be referred to other agencies; and
    f. A monitoring plan and exit strategy for the child and family/guardian.

19. Depending upon the varying needs of the case, the following services may be provided.

    a. Financial Assistance: Nazhoen Lamtoen may provide financial support to the CIDCs either in the form of direct support or livelihood support. The following shall be considered when providing financial assistance:
       i. Pre-existing financial status;
       ii. Needs of the beneficiary;
       iii. Interest and capabilities of the beneficiary; and
       iv. Economic viability and the sustainability of the support.

b. Counseling Services: Nazhoen Lamtoen would provide counseling services by a trained counselor or refer them to relevant agencies to assist and guide the child requiring such services.
c. Shelter Support: Nazhoen Lamtoen would provide temporary shelter support for the CIDCs who are in need of care and protection.
d. Referral**:** In cases where Nazhoen Lamtoen does not have the required facilities and resources to carry out the case plan, the case may be linked with other agencies for specific services as per Annexure VII.
    i. While other agencies may be responsible for providing specific services, the case manager and the caseworker must be primarily responsible for the case to ensure that all agreed-upon services are provided and that the needs of the child are being addressed.
    ii. The case manager and caseworker, after consultation with the Supervisor, may also refer the case fully to a relevant agency if Nazhoen Lamtoen does not have adequate and appropriate resources to carry out the case plan. In such a situation, the case manager and caseworker may close the case registered with Nazhoen Lamtoen but request a report from the agency when the case is closed with that agency and do necessary follow up.

20. The case manager and the caseworker must ensure that the services and resources provided by Nazhoen Lamtoen, other agencies, families, and the community are used effectively and efficiently.

21. The initial case plan may be subject to change, with approval from the child and family/guardian, at a later stage if the situation of the child and family changes or if the services provided are no longer appropriate.

- **Key guidelines for Case Planning**
    a. Clearly document the child and family needs based on the assessment results.
    b. Based on the child's needs, prepare an outline of the end results by defining the goals and objectives.
    c. Break the objectives into separate, realistic, and measurable targets.
    d. Define the services needed, sequence the services based on priority, and identify the responsible persons to provide these services. The case plan must also include and specify the responsibilities of the child and their family/guardian when availing the services.
    e. Realistically set up a timeline for meeting the goal, objectives, and tasks.

- **Case Planning Checklist**
    a. What are the outcomes that, when achieved, will indicate that risk is reduced and that the other concerns have been successfully addressed?
    b. What goals and tasks must be accomplished to achieve these outcomes?
    c. What are the priorities among the outcomes, goals, and tasks?
    d. What interventions or services will best facilitate successful outcomes?
    e. Are the appropriate services available?
    f. How and when will progress be monitored and evaluated?

IV. Case Implementation

22. Once the supervisor, the child, and his/her family/guardian agree on the case plan, the case manager and the caseworker must begin implementing it.

- **Key Guidelines for Implementation**
    a. Ensure regular communication with the child and the caregiver to confirm that their needs are being met on time.
    b. The case manager and case worker should organize and coordinate the delivery of the services as per the case plan.
    c. The caseworker must accompany the child to all examinations and interviews and ensure that the child's parents/guardian or a responsible adult family member whom the child trusts accompanies the child.
    d. If the case services are not readily available or accessible, the case should be referred to a relevant agency.
    e. Where there is a challenge in the implementation of a case plan, the case worker and the case manager can incorporate other stakeholders in child protection to make formal decisions in the best interest of the child.
    f. Collaborate and cooperate with the relevant stakeholders in implementing the case plan.

- **Implementation Checklist**
    a. Are the activities in the case plan being implemented as planned?
    b. Are appropriate referrals being done?
    c. Is there a need to review the case plan?

V. Case Follow-Up and Review

23. The case manager, caseworker, and supervisor must periodically review the case plan to determine if the services are effectively addressing the child's identified needs and if the needs have changed over time. The information must be recorded as per Annexure VIII.

24. The case manager, caseworker, and supervisor must review the case by assessing the following parameters as per Annexure IX and make changes to the case plan if required.
    a. The situation of the child and their family should be assessed by comparing the conditions and behaviors identified during the intake with the current functioning.
    b. Implementation of the case plan should be assessed by determining how effective the service providers have been in achieving outcomes and goals of the case.
    c. Progress should be assessed in terms of whether the set goals and outcomes are being progressively achieved according to the case plan.

25. When reviewing the case, the case manager, caseworker, and supervisor must seek feedback from the child and the family/guardian on the process and services provided to them.

26. The case manager, caseworker, and supervisor must monitor the progress of the case at least twice a week for high risk, twice a month for medium risk, and once a month for low risk.

VI. Case closure

27. The case manager and the caseworker may close the case using Annexure X if:
    a. The objectives of the case plan have been met;
    b. No significant harm or risk of harm remains or is foreseen;
    c. The child and family are able to address ongoing challenges themselves;
    d. The child turns 18. However, the caseworker must ensure that the services are not stopped abruptly. They should work with the child and family/guardian to develop an exit strategy and refer the child to another agency if necessary;
    e. The child is relocated outside of Nazhoen Lamtoen's areas of operation;
    f. Referred to another location, the child is being followed by another agency or field base; or
    g. In case the child dies.

- **Case Closure Checklist**
    a. Is the child ready for reintegration?
    b. Is the family/community well prepared for the reintegration of the child?
    c. Have the objectives of the case plan been achieved?
    d. Is it the right time to exit the child from the case management system?

VII. After Closure Assessment

28. Even after formally closing the case, the case manager and the caseworker must monitor the case within a year to ensure that there is no relapse.

- **After Closure Assessment Checklist**
    a. Have the goals and objectives of the case plan been met?
    b. Is the child free from harm?
    c. Has the household been assisted to cope with the issues?
    d. Is the child and family receiving adequate support from the community?

VIII. Case Reopening

29. Upon consultation with the supervisor, the case manager and the caseworker may reopen the case as per Annexure XI when the need and risks arise again due to the relapse of the previous case plan. Upon reopening, the case must be re-assessed and proceeded in accordance with the procedure laid down in this handbook.

CHAPTER 4: MISCELLANEOUS

Reporting

30. Nazhoen Lamtoen must submit a detailed report of the cases to the competent authority annually.

Confidentiality

31. The case plan and all information in relation to CIDCs must be maintained in writing and with utmost confidentiality and must only be made available:
    a. To concerned officials and those family members involved in the care and protection of the child;[5]
    b. In circumstances where further review is required, and it is determined to be in the best interests of the child to do so.[6]

Record Keeping and Retention

32. The case manager and the caseworker is responsible for ensuring that all relevant documents are placed in the case file and that all required data is entered accurately into the database.

33. When the case is closed, Nazhoen Lamtoen will retain the file in the form that has been submitted either as a hard copy or an electronic copy. The file will be archived in the secured location for 10 years from the date of case closure, after which it must be destroyed.

[5] SOP § 22. a.
[6] SOP § 22. b.

34. If the file is deleted from a computer or other electronic devices where the information is stored, it must be ensured that files are not retrievable.

35. Hard copies in paper must either be burnt or destroyed with a paper shredder.

Conflict of Interest

36. A person working on a case concerning a CIDCs must declare any conflict of interest which may arise or appear to arise in the course of his/her duty.

Definitions

37. For the purpose of this handbook, the following are defined as:
    a. **The best interest of the child:** the totality of the circumstances and conditions which are most congenial to the survival, protection, and security of the child and the development of the child's physical, psychological and emotional needs. It includes assessing the best option available for safeguarding the growth and development of the child.[7]
    b. **Beneficiary:** the child in difficult circumstances and his/her family/guardians.
    c. **Exit strategy**: a plan which involves preparing and supporting the child's transition out of the case management system.
    d. **Front Liners**: focal persons trained and certified by Nazhoen Lamtoen to identify CIDCs and assess the risk levels.
    e. **Protective factors**: the conditions or attributes in individuals, families, communities, or the larger society that help people deal more effectively with stressful or difficult events and mitigate or eliminate risk in families and communities.
    f. **Risk factors:** the conditions in individuals, families, communities, or the larger society which may lead to the enhancement of an existing risk.
    g. **Case Manager**: the employee of Nazhoen Lamtoen, who is responsible for coordinating and planning service delivery.
    h. **Case Worker:** the employee of Nazhoen Lamtoen responsible for handling the case from intake to closure.
    i. **Supervisor**: the official appointed by Nazhoen Lamtoen to supervise the case management.
    j. **Case file:** all the documents maintained for every CIDCs.
    k. **Community:** the place, locality, or neighborhood where the child resides.
    l. **Direct support**: the services provided by Nazhoen Lamtoen such as basic needs or other educational support.

[7]Child Care and Protection Act of Bhutan 2011, §243. a.

m. **Long-term livelihood support**: the financial support provided by Nazhoen Lamtoen for the sustenance of the beneficiaries.
n. **Institutionalization:** handing the care of a child to a shelter home accredited by the Competent Authority.[8]

[8] SOP § 7.31.

ANNEXURE

CONSENT FORM (ANNEXURE - I)

Informed Consent Form

I ……holding CID No…….from …….. Village…… Gewog…….Dzongkhag, having understood the benefits of the services, I give my informed consent to:

1. Collect my personal information as and when required.
2. Share the information to other service providers if referred for other necessary support
3. Allow the Competent Authority/Service providers to conduct home assessment, home visitation and monitoring as per the existing rules and regulations.
4. Withdraw the consent at any point of time.

Affix Legal Stamp

Name and Signature of the Client

Name and Signature of the Witness

Date:

Place:

Consent Form for Minor

I …… holding CID No…….from ……..Village……Gewog…….Dzongkhag, having understood the benefits of the services, give my consent as (Parent/Guardian/Legal Representative) of Mr./Ms. …… from Village……. Gewog…….. Dzongkhag. Any information shared about him/her will be treated with highest confidentiality and respect. I give my informed consent to:

1. Collect his/her personal information as and when required
2. Share the information to other service providers if referred for other necessary support
3. Allow the Competent Authority/Service providers to conduct home assessment, home visitation and monitoring as per the existing rules and regulations.
4. Withdraw the consent at any point of time if it is in the best interest of the child.
5. Sign the Consent Statement attached if the child is 12 years old and above including children with disabilities who are deemed fit to give their own consent.

Affix Legal Stamp

Name and Signature of the (Parent/Guardian/Legal Representative)

Name and Signature of the Witness

Date:

Place:

Consent Statement for Children Age 12 and Above

Statement	Agree	Disagree
I am willing to provide information about myself, my family, and the difficulties/problems I am facing.		
If I find it hard to provide information to the Dealing Officer, then I permit the Case Worker/Senior Case Worker to ask my family or others who know about my difficulties/problems		
I allow the Case Worker/Senior Case Worker to: a. Voice Record b. Audio Visual c. Prepare Report d. Photograph All the information I or my family gives about me.		
If I wish to know what is contained in the records or reports prepared by the Case Worker/Senior Case Worker, I will be permitted to read them.		
The confidentiality of all information that I provide will be maintained by the Case Worker/Senior Case Worker.		
If there are other people/parties who need to be involved so as to assist me with my difficulties/problems, then they may be informed about my difficulties/problems, including the reports prepared by the Case Worker/Senior Case Worker, provided that I am informed.		
I am willing to assist the Case Worker/Senior Case Worker by thinking about and discussing the best ways to overcome my difficulties/problems.		
I am willing to take part in activities that are required in overcoming my difficulties/problems.		
I am willing to discuss the results that have been achieved in overcoming my difficulties/problems with the Case Worker/Senior Case Worker.		
If my difficulties/problems have been resolved, the Case Worker/Senior Case Worker will terminate their assignments to assist me and my family.		
If I experience any other difficulties, I may contact the Case Worker/Senior Case Worker.		
If I am not comfortable with the current Dealing Officer, I may request for a change.		

My name:

Signature:

Early Identification Referral Form (ANNEXURE - II)

Referral By: Name of Agency/Organization: Name of staff/individual: Address: Phone No: Email address:	**Referred To:** Name of Agency/Organization: Name of staff/ individual: Address: Phone No: Email address:	**Date of Referral:** Level of Risk: ( ) High Risk (follow-up within 24 hrs) ( ) Medium risk (follow-up within 2-3 Days) ( ) Low risk (follow-up within 5 days)
Child Information: Name: Date of Birth: Address: Nationality: Gender: ( ) Female ( ) Male Others ( ) Please Specify _____ Did the child give consent to the referral? ( ) Yes ( )No If No, explain why?		

<table>
<tr><td colspan="2">Type of case:</td></tr>
<tr><td>Child in Difficult Circumstances:

Specify:
( ) Is found without having any home or settled place

( ) Incapacited parent or guardian to take care and control

( ) Associated to a person who leads an immoral life

( ) Being exploited for immoral, illegal purpose

( ) Child victim at the hands of individuals, families or the community

( ) Exposure to physical abuse

( ) Exposure to emotional and verbal abuse

( ) Exposure to sexual abuse, harrassment

( ) Exposure to neglect

( ) Child Labor

( ) Worse forms of child labor ….(specify)

( ) Witness of domestic violence

( ) Other please specify:

……

……</td><td>Child in Conflict with Law:

Specify:

( ) Child committed an offense:

Specify please:

……..

…….</td></tr>
<tr><td colspan="2">Health Condition:</td></tr>
</table>

Disability	**Medical Condition:**
Physical and/ or Intellectual Intellectual disability ( ) Mild ( ) Moderate ( ) Severe ( ) Others please specify: …….. …….	( ) Addiction….(specify) ( ) Chronic illness ( ) Mental illness ( ) Child pregnancy…… ( ) Child in need for forensic medical examination (evidences should be collected by forensic services in 72 hours) ( ) Life threatening medical conditions requiring immediate intervention and treatment. ( ) Injuries ( ) Others please specify: …….
Services Required:	
( ) Case management service (protection) ( ) Physical Health **( )** Mental Health **( )** Shelter ( ) Others please specify: …….	

Previous services provided if any:

Agency: …… Type of services: ……

Agency: …… Type of services: ……

Agency: …… Type of services: ……

Date:

Description of the case (problem)

Consent for referral: (Optional)

I ……. (Person of concern name), understand the purpose of the referral and of disclosing this information to ……. (Referral agency), as to ensure the safety and continuity of care among service providers seeking to serve this family, the service provider ……. (Referring agency), has clearly explained the procedure of the referral to me and has listed the exact information that is to be disclosed. By signing this form, I authorize exchange of information.

Signature of responsible party: ……

Caregiver: ……. Date:

Receiving Agency:

Referral received by: Date:	Response provided to referred agency by: Date:

Guiding notes:

- This form is used by staff of governmental (NCWC) and non-governmental agencies (CSOs) or any frontliner (certified frontline workers) who contact children on a regular basis and suspects abuse or receive a report regarding abuse.
- This referral form should be used among governmental and non-governmental agencies to refer cases.
- The consent of care-giver and child is required, however, if for any reason consent was not able to be taken from a caregiver the best interest of the child should be sought and a referral should be done.
- A frontliner should not carry any investigation or assessment as this might cause more harm: therefore, it is recommended to carry the referral on just need to know basis (only main information about or basic need)
- Only, in urgent cases, frontliner can take the child for emergency services but after informing the CP agency.
- According to the Bhutanese CCPA section 61, 62 and 63 if any person is of the opinion that a child is apparently a child in difficult circumstances as mentioned in section 59, such person shall:
    - Inform the Case Management Officer (Nazhoen Lamtoen) or child welfare officer (protection agency or NCWC)
    - Whenever the information has been given to the Case Management Officer (CMO), Nazhoen Lamtoen, the CMO shall inform the child welfare officer (protection agency or NCWC)

ས་ཁོན་འགོ་བོ་ངོས་འཛིན་ཕྱིར་གཏུག་འབར་ཞུ་ཡོ།

ཕྱིར་གཏུག་འབད་མི་ཚུ་ཁ་སྐོང་། ལས་སྡེ་/ལས་ཁུངས་ཀྱི་ མིང་་་་་་་་་་་་་་ ལས་གཡོག་གི་མིང་/མིང་ངོ་ གི་མིང་་་་་་ ཁ་བཤད་་་་་་་་་་་	ཕྱིར་གཏུག་འབད་མི་ ཁལ། ལས་སྡེ་/ལས་ཁུངས་ཀྱི་ མིང་་་་་་་་་་་་ ལས་གཡོག་གི་མིང་/མི་ ངོ་གི་མིང་་་་་་ ཁ་བཤད་་་་་་་་་་	ཕྱིར་གཏུག་གི་ས་གནས་ཚོ་ས:

བར་ཁྱེད་འཕྲུལ་ཆས་ ཚང་་་་་་་་་་ གཟུགས་འཕྲུལ་གྱི་ བཀའ་་་་་་་་་་་་	བར་ཁྱེད་འཕྲུལ་ཆས་ ཚང་་་་་་་་་་ གཟུགས་འཕྲུལ་གྱི་ བཀའ་་་་་་་་་་་་	ཁྱེན་གཙང་གནས་ཚོད། ཁྱེན་གཅིག་ཆེ་དཀྲག་ཟློ་ཚོད་དང་ ཟངས་འགོད་དམ་ཆུ་ཐབས་ འབད་དགོ། ཁྱེན་གཅིག་བར་ན་མཁོ་རམ་ཤེས་ཁྱེན་ གཤངས་ཤ་དང་རྩ་གི་ནང་ འགོད་དམ་ཆུ་ཐབས་འབད་དགོ། ཁྱེན་གཅིག་ཆུང་ལུ་ཤེས་ཁྱེན་ གཤངས་ཁ་གི་ནང་འགོད་དམ་ཆུ་ ཐབས་འབད་དགོ།
ཚ་ལོ་འི་གཏ་གསལ། མིང་། ལཀཱ་ལེ་ཚེ་ས། གཏ་བཀུང་། མི་ཁ་ཤུངས། ཕོ་ཨ་འི་ར་རྒྱས། ཡོད། ཡོད་མེད། ཕྱི་རགཅུག་འབད་ཆོག་པའི་ ཚ་ལོ་འི་གནང་བ་བཀྱི་ཡི་གེ? ཡོད་ན། ཡོད་ཅེ། གལ་སྲིད་མེ་པ་ཅི་ག་ཅི་ལེ་ཤ་ཡིན་	ཚ་ལོ་དང་འབྲེལ་བ་གནད་དོན་ཚ་ལུ་ ཚ་ལོ་གཙེ་ལས་ ལཀཱ་ཇ་པའི་གསལ། བདག་འཇོག་འབད་མི་འི་མིང་། ཚ་ལོ་དང་ཆིག་གཤར་འབྲེ་ལ་བ། གཏ་བཀུང བར་ཁྱེད་འཕྲུལ་ཆས། ཚ་ལོ་གཙེ་ལས་ལཀཱ་ཇ་པའི་ཕྱིར་གཏན་འབད་ཆོག་པའི་ གནང་བ་བཀྱི་ཡི་གེ? གལ་སྲིད་མེ་པ་ཅི་ག་ཅི་ལེ་ཤ་ཡིན་	

གནད་དོན་གཡུང་དབུ་བ།

ཚ་ལོ་གནས་སྡུད་དཀའ་ངལ་ཐོག་ལ་ཡོད་མེད།

གལ་གསལ་བྱ་ཐུབ་ཀར།

( ) སྡུད་སའི་ཁག་ཤེས་ཐུབ་པ་ཡང་ནས་ སྡུད་སའི་ཁག་ཤེས་ཐུབ་པ་ཡིན་ན་སྡུད་མེད་ཅིང་ ཚོད་ལྟ་བྱེད་ཐུབ་པ།

( ) ཚ་ལོ་བདག་འཛིན་འཐབ་ནི་དང་ ཅཀ་འཛིན་ལ་ཡོད་པ་ཞིག་གིས་ཤུལ་བྱ་མ་དཔེ།

( ) ཚོ་ལ་མི་གཡེས་མི་ཚོ་དང་ ཆོག་ཤད་འབྱུང་ལ་བ་འཐབ་དུ་ མི་རུང་པ་ཆན།

( ) ཚོ་ལ་མི་དང་ ཁྲི་མས་འཁལ་གཡེས་ གནད་དུ་ཁེ་བ་ལོག་གིས་ཤུལ་དུ་ ཚོ་ལ་སྤྱི་འབྲེལ་ཡོད་པའི་ཁྱད་ཆོས་ཤེས་དགོས།

( ) མི་ཚེ་གིས་ཀྱི་ རྒྱུ་བས་སྤྱིར་བ་ཞིག་ཡིན་ན་ ཡང་ན་ བྱ་རྒྱུ་ཁག་ཅིག་ལ་ ཁྱད་པར་ཅན་ཞིག་ཡོད་པ་ཆེན།

( ) ཉམས་ཁམས་དང་ ངག་ཐོག་གི་ ལོག་ས་ཡིག་ བྱ་རྒྱུ་མི་ མི་ནི་ཆོག་ཅིང་ཡོད་ན་ཡང་ ཁོ་ཚོས་ ཁྱད་པར་ཅན་ཞིག

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གཟུགས་ཁམས་ཀུ་གནས་སྡུད།	

དབང་པོ་སྐྱོན་ཞུགས།	གསོ་བའི་གནས་སྡུད།
གཟུགས་སྡོམ་དང་/ཡང་ན་ མ་མས་ ཁམས་ དབང་པོ་ལུ་ སྐྱོན་ཞུགས། ( ) བར་ན་སྐོར་མ་ ( ) ཚོགས་ཆ་ནི ( ) གཞན་ཡོད་པ་ཅི་ཞེ་ ཁ་གསལ་ལ་སྨོ་ བཀོད་འབད་གནང།	( )གོམས་འདྲིས་/ལང་ཤོར་ཚུད་མེ། ( )ཚར་གཅོད་/དུས་རྒྱུན་གཏོང་ཐུབ་ནི། ( )མ་མས་ཁམས་ཀུ་ནི། ( )ན་ཚོད་མ་སྣ་ཉེ་པ་ ཚ་ལོ་ཆགས་མེ། ( )ཚ་ལོ་འདྲ་ གསོ་བའི་ ཚོན་རིགས་རྒྱུ་དུས་ དགོ་པ་ཡོད་པ་ཅི་ཞེ་ ཁ་སྐད་ཡུན་ཚུད་ཚོད་དུ་ ༢༤ཀུ་ཚེ་ ནང་འཁོད་ལུ་ ས་གནའ་བ་ཅིག་ རེ་བ་ཡོད་ཚུལ་ཁྲིག་གིས་ ལ་ན་དགོ། ( )ཚེ་མ་རྫོག་ གནས་སྡུད་ལུ་ཉེ་ན་ཁ་ཡོད་པ་ ཅི་ན་ འདི་འཕྲོ་ལས་ འཛོལ་དང་ས་ལྷན་ཅིང་ ཨ་བཙོས་ འབད་དགོ། ( )རྣ་བའི་ཁོ་ན་ཡོད་པ་ཅི་ཞེ། ( )གཞན་ཉེ་ན་ཡོད་པ་ཅི་ཞེ་གསལ་ས་ བཀོད་ གནང་།

ཞབས་ཏོག་དགོ་བཞེས།	
( )གནད་དོན་འཛིན་སྐུ་ངོ་ཞབས་ཏོག(སྡུང་སྐུ་ཁ) ( ) གས་ཀྱི་ཐའི་གཟུགས་ཁམས་ཞབས་ཏོག ( ) གས་ཀྱི་ཐའི་ མ་མས་ཁམས་ཞབས་ཏོག ( ) གདམ་ཟབ་ཀ་ཚ་ མ་དོ་གནམ་ཁ་ཤེས། ( ) གཞན་ཡོད་པ་ཆེན་ ཁ་གསལ་ས་ཆ་ཁག་ཅིག་གནང།	

ག་ད་ཨ་ཅི་ག་ས་ཀྱི་ཁ་ཤ་ཞབས་ཏོག་ལ་ན་ཏ་ཡོད་པ་ཅི་ནའང་།

ལས་
ལྟ་བུས་ ----------
ཞབས་ཏོག་གི་ཁ་བྱང་ཀྱི་
བ་ ----------

ལས་ལྟ་བུས་ ----------
ཞབས་ཏོག་གི་ཁ་བྱང་ཀྱི་
བ་ ----------

ལས་
ལྟ་བུས་ ----------

ཞབས་ཏོག་གི་ཁ་བྱང་ཀྱི་བ ----------

ས་
ཚེ་སྐྱེས་ ----------

གནད་དོན་འགན་ཁག་ཅི་ཞིག་ (དཀའ་ངལ)

ཕྱིར་གཏོང་གི་འབད་ཚོགས་པའི་གནང་བ (གདམ་ཁ)

ང་ ----------(འབྲེལ་ཡོད་མི་དེ་མིན་གྱི་ཡིག་ཆ་ཅི་ཡིན་)
ཕྱིར་གཏོང་གི་ལས་ལྟ་བུས་ ----------ལྷུ་ཕྱིར་གཏོང་གི་འབད་དགོས་པའི་ རྒྱུ་མཚན་ཆུང་ངུ་ཞིག་ཡོད་དེ་ཡིན་ན/གལ་ཏེ་ཡོད་ན། ཁ་གོ་ཡི། ཞབས་ཏོག་ཁྱོད་ཀྱི་ཕྱིར་གཏོང་གི་ཚེ་ཨ་ཅི་ཚོགས་ཀྱི་ནང་དུ་ཡོད་པའི་ ཉམས་བསྟེན་དང་ བཟའ་ཚོང་ལུ་ ཉེ་ནས་རྒྱང་དང་འཕྲུང་འབྱུད་ གཅེས་པར་ཕྱིར་གཏོང་ཐུབ་ལུ་ ཞུ་ན། ཞབས་ཏོག་ཁྱོད་ཀྱི་ཕྱིར་གཏོང་ཐུབ་ཨ་ནཱ་ཌ་ཀ་ཡི་ཚོགས་ཀྱི་ལས་ཀའི་ཁ་ཐོག་ལས་ ངོ་རྟགས་ཀྱི་ཡིག་ཆ་ཅིག་ཡོད་ན་ཡང་ ཕྱིར་གཏོང་ཐུབ་ལུ་

ཞལ་ཐུང་ལེན་མི་ཐུབ་ཀྱང་།	ལས་ཁུངས་ལས་ལེན་ཐེམས་ཐུབ།
སྤྱི་ཚོང་ལས།	སྤྱི་ཚོང

ལམ་སྟོན་དུ་ཕེབ།
འབྲི་ཤེས་འདི་ནི་གལ་ཆེས་ཤིན་ཏུ་ལས་ཚོགས་ཀྱིས་ཁེ་ཕན་ཐོབ་ནས་ཡོད་པའི་ཐོག་ནས་ཁོང་ཚོའི་ཐུབ་པ་ཡང་ཁོང་ཚོས་ཁེ་ཕན་ཐོབ་པའི་ཐོག་ནས་ཡིན་ལུགས་ཀྱ

འཛིན་སྐྱོང་འགོ་དཔོན་གྱི་ཤེས་འཇདཏ་ རྒྱལ་ཡོངས་ཚམས་སུ་ཐོག་ལ་འཁྲིལ་ཆོགས་ལ་སོགས་ཤ་ཚེ་འཁོད་འོང་།

RISK LEVEL GUIDE (ANNEXURE - III)

Risk Level Guide

Definitions:

High Risk (level 1): Child significantly harmed or at immediate, serious risk of harm; Urgent response and frequent follow up required within 24 hours.

Medium Risk (level 2): Child harmed or at risk of serious future harm; Response and follow up required within 2-3 days.

Low Risk (level 3): Child at risk of harm; monitoring required or no longer a level 2 but monitoring required ensuring harm removed follow up within 5-7 days.

Type of Risk	High Risk	Medium Risk	Low Risk	No Risk
Violence (physical abuse)	Serious injury Infant or toddler injured in Domestic Violence (DV) incident Child attempted to suicide	Excessive corporal punishment Threats to injure Dangerous and reckless behavior Child is self-harming	Threats to injure Non injurious, occasional corporal punishment	No violence present (factors causing the harm have been addressed or removed) Person causing harm no longer has contact with the child
Abuse (sexual and emotional abuse)	Any sexual contact between a child and an adult(where person causing harm has access to the child) Child is being persistently belittled,isolated,or humiliated by a significant caregiver Child is promised to be married in the following days or child promised to be married and will move out of the area in the following days	Child is promised to be married in the future The child has been sexually violated in the past and not recieved any support Significant caregivers approach to the child is harmful (occasional belittling, isolation or humiliation)	Child is treated differently than other siblings and parent/caregiver or other person is negative towards the child	The child and family have received support and there are no sexual harm factors present Factors causing the emotional harm have been addressed (parent received support) Person causing harm no longer has contact with the child
Neglect	Serious injury or illness due to neglect (malnutrition with no apparent causal factors)	Lack of supervision Inadequate basic care Failure to protect The child is often left to look after themselves, or is undertaking tasks beyond his/her developmental capacity	Caregivers are emotionally distant	The child's basic needs are being met and the caregiver
Exploitation	Child involved in worst forms of child labor, including sexual exploitation or child associated with armed groups and forces	Child under 14 forced to work Child over 14 forced to work in dangerous or harmful	Parents are threatening to send the child to work Child over 14 is working in a safe	The child is no longer working, supports have been put in place to ensure the child does not return to

		circumstances	environment with little exposure to harm	work
Psychological distress (parent not coping, or not protective and/or no services involved)	The child has attempted suicide The child is engaging in very risky behaviors Child has stopped communicating/ Speaking The child's sense of reality is affected The child has intense violent behaviors	The child's social skills, ability to self-care and retain school attendance is significantly impaired The child is using drugs and/or alcohol The child becomes frequently absent minded The child has distressing flash-backs The child is bed-wetting The child is often crying and/or sad The child has unexpected and intense fears, phobias and anxiety The child has sleeping and concentration problems The child is suddenly behaving much younger than his/her age The child is self-harming	The child is sad and withdrawn The child is displaying anger	The child's psychological well-being is restored; the child is engaged in a range of activities and is not displaying behaviors of concern
Domestic violence present in the home	Child under 5 Child witnessing domestic violence and there are level 2 harm factors Significant injuries to the parent suffering the violence	Child is displaying emotional distress and difficulties learning and socializing	There has been sporadic disputes and violence, but the child is over 15 and has support networks	No violence present (factors causing the harm have been addressed or removed) Person causing harm no longer has contact with the child

INITIAL SCREENING AND REGISTRATION FORM (ANNEXURE - IV)

<table>
<tr><td colspan="2">Date of Registration:</td><td colspan="2">Case No:</td></tr>
<tr><td colspan="4">Personal Details</td></tr>
<tr><td>Name of the Client:</td><td>Sex:</td><td>DOB:</td><td>Contact No:</td></tr>
<tr><td colspan="2">CID No/Passport No/residential permit No:</td><td>Occupation:</td><td>Any Disability:</td></tr>
<tr><td>Present Address:</td><td>Permanent Address:
Village:
Gewog:
Dzongkhag:</td><td>Marital Status:
Single [ ]
Married [ ]
Widowed [ ]
Divorced [ ]
Separated [ ]
Any other.</td><td>Marriage Certificate:
Yes [ ]
No [ ]
Under process [ ]</td></tr>
<tr><td colspan="4">Family Details</td></tr>
<tr><td>Mother’s Name:</td><td colspan="2">Father’s Name:</td><td>Guardian’s/Spouse Name:</td></tr>
<tr><td>Occupation:</td><td colspan="2">Occupation:</td><td>Occupation:</td></tr>
<tr><td>Contact No:</td><td colspan="2">Contact No:</td><td>Contact No:</td></tr>
<tr><td>CID No/Passport No/
Residential permit No:</td><td colspan="2">CID No/Passport No/
Residential permit No:</td><td>CID No/Passport No/
Residential permit No:</td></tr>
<tr><td>Present Address:</td><td colspan="2">Present Address:</td><td>Present Address:</td></tr>
<tr><td>Permanent Address:
Village:
Gewog:
Dzongkhag:</td><td colspan="2">Permanent Address:
Village:
Gewog:
Dzongkhag:</td><td>Permanent Address:
Village:
Gewog:
Dzongkhag:</td></tr>
<tr><td colspan="4">Perpetrator Details</td></tr>
<tr><td>Name of perpetrator:</td><td colspan="2">Any Relation:</td><td>Contact No:</td></tr>
<tr><td>Occupation:</td><td colspan="2" rowspan="2">Present Address:</td><td rowspan="2">Permanent address:
Village:
Gewog:
Dzongkhag:</td></tr>
<tr><td>CID No/Passport No/ Residential permit No:</td></tr>
<tr><td>Type of case:</td><td colspan="3">Specify:</td></tr>
</table>

Initial Protection Concerns:
Does the client qualify for the case management? (Give Reason)
Immediate Risk:
Immediate Intervention Required:

** Note: The initial screening and registration form is to register the case for case management and to record data from the initial meeting after the case has been found to be eligible for case management based on the eligibility criteria outlined as per the existing law and the mandate of the agency.*

Name, Designation and Sign of dealing officer

ASSESSMENT FORM (ANNEXURE - V)

Case No:				Date:
Case Type				
Case Background				
Client Details				
Name:			Age:	Sex:
Occupation:			Marital Status:	Contact No:
Present Address: Details: Alternative contact number:			Permanent Address: Village: Gewog: Dzongkhag:	
Parents/Guardians Detail				
Father's Name:			Mother's Name:	Guardian/Spouse's Name:
Occupation:			Occupation:	Occupation:
Present Address:			Present Address:	Present Address:
Permanent Address: Village: Gewog: Dzongkhag:			Permanent Address: Village: Gewog: Dzongkhag:	Permanent Address: Village: Gewog: Dzongkhag:
Contact No:			Contact No:	Contact No:
Family Members				
Sl No	Name	Relation	CID No	Contact No:

Member Present:				
Sl No	Name	CID No/Passport No/Permit	Any relation	Contact No:
Case Observation				
1. Living and Care Arrangement				
Risk Factors:				
Protective Factor:				
Needs:				
2. Safety and Protection/Family Situation				
Risk Factors:				
Protective factor:				
Needs:				
3. Psychological Well Being				
Risk Factors:				
Protective Factor:				

Needs:
4. Health
Risk Factors :
Protective Factor:
Needs:
5. Education
Risk Factors:
Protective Factor:
Needs:
6. Economic Situation
Risk Factors:
Protective Factor:
Needs:
Recommendation:

**Note: to gather information on the case regarding both risks and needs, as well as strengths and resources. The information recorded in this form will be analyzed and used as a base for developing the case plan and further intervention.*

Respectfully submitted by:

Dealing officer

Approved by:

(.....)
Relevant authority

CASE PLANNING FORM (ANNEXURE - VI)

Case No:			**Date:**	
ACTIONS				
NEEDS		**Action Required**	**Responsible Agency**	**Status**
1.	**Addressing Immediate Risks**			
a.	Health Needs			
b.	Safety and Security Needs			
2.	**Protection Needs**			
a.	Emotional Well-being Needs			
b.	Physical Development Needs			
c.	Education/ Livelihood Skill Needs			
d.	Social Relationship Needs			

3.	**Family**		
a.	Care Arrangements Needs		
b.	Family Situation Needs		
4.	**Community Level**		
a.	Community Integration and Support Needs		
b.	Legal Services Required		

***Note:** This form is to plan the agreed upon interventions for the client to ensure the protection, her/his care and wellbeing, and address the needs identified from the assessment.*

Prepared by:

( )
Dealing Officer

Approved by:

Relevant authority

INTER-AGENCY REFERRAL FORM (ANNEXURE - VII)

<table>
<tr><td>Case No.:</td><td colspan="3">Referral Date:</td></tr>
<tr><td>Referred BY:</td><td colspan="3">Referred TO:</td></tr>
<tr><td>Name:</td><td colspan="3">Name of the Agency:</td></tr>
<tr><td>Position:</td><td colspan="3">Address</td></tr>
<tr><td>Phone No:</td><td colspan="3">Phone No:</td></tr>
<tr><td>Email:</td><td colspan="3">Email:</td></tr>
<tr><td colspan="4">Details of Client:</td></tr>
<tr><td>Name of Client:</td><td>Sex:</td><td>DoB:</td><td>Contact No:</td></tr>
<tr><td>CID No/Passport No/ Permit No:</td><td colspan="2" rowspan="2">Current Address:</td><td rowspan="2">Permanent Address:
Village:
Gewog:
Dzongkhag:</td></tr>
<tr><td>Occupation:</td></tr>
<tr><td colspan="4">Details of Referral:</td></tr>
<tr><td colspan="4">Reason for Referral:</td></tr>
<tr><td colspan="4">Types of Services Required:

Alternative Care [ ] Recreational Services [ ]
Basic Psychosocial [ ] Relocation [ ]
Community/social Services [ ] Removal [ ]
Counseling [ ] Rehabilitation Services [ ]
Education [ ] Reintegration Services [ ]
Family Tracing and Reunification [ ] Representation [ ]
Investigation [ ] Social Education [ ]
Legal Services [ ] Shelter Services [ ]
Livelihood Skills/Vocational Training [ ] other, please specify…….</td></tr>
</table>

Medical	**[ ]**
Psycho-Education	**[ ]**
Any other information/Other Forms:	

***Note:** The form records the key information for the services provider during the process of the referral and specify the required services from the receiving agency.*

Sign
(Dealing officer)

CASE FOLLOW-UP FORM (ANNEXURE - VIII)

Case No:	**Date of Follow Up:**
1. Details of Follow Up	
Followed-up with: Client [ ] Caregiver(s) / Guardian/ family [ ] Service provider [ ] Other, please **specify:** [ ]	**Followed-up through:** Community-based group [ ] Email [ ] Face-to-face meeting (child/family/guardian) [ ] Home visit [ ] Meeting with service provider [ ] Phone call [ ] Toll Free Helpline [ ] Other, please **specify:**
Followed-up service from case plan: Alternative care [ ] Basic Psychosocial Support [ ] Community/ Social Services [ ] Counselling [ ] Education [ ] Family Tracing and Reunification [ ] Investigation [ ] Legal Services [ ] Livelihood Skills/ Vocational Training [ ] Medical [ ] Psycho-Education [ ]	Recreational Services [ ] Relocation [ ] Removal [ ] Rehabilitation Services [ ] Reintegration Services [ ] Representation [ ] Special Education [ ] Shelter Services [ ] Other, please **specify:……**
Purpose of the follow up:	
Outcome of the follow up:	

Any other recommendation:

***Note:** The form is to record the information on the follow-up with the purpose to confirm that specific actions have been taken and services are provided and to monitor the client's situation and case plan implementation.*

(Dealing Officer)

REVIEW FORM (ANNEXURE - IX)

Case No:	**Date of Review:**
Purpose of Review:	
Outcome of the Review:	
Review on the situation of the Client:	
Review on the implementation of the case plan:	
Review on progress:	
Observation/Further recommendation/support required:	

Member present during the review:

Sl.No	**Name**	**Designation**	**CID No**	**Relation to Client**	**Contact**	**Sign**
1.						
2.						
3.						
4.						

***Note:** It is to record the information captured during the review meeting which looks at how the case is progressing and whether the case can be closed or whether there is a need to return to the case management steps of assessment or case planning. The review would also cover the impact of the services to the client and further requirements.*

(Dealing Officer)

CASE CLOSURE FORM (X)

Case No:	**Date:**
Reason for closure of the case:	
Contact Details	
Name:	**Name:**
Relation to client:	**Relation to client:**
Current location:	**Current location:**
Contact no:	**Contact no:**
Any further recommendation:	

Members present during the closure of the case:

SI. No	Name	Agency/Guardian	Designation/Relationship	Contact
1.				
2.				
3.				
4.				
5.				

***Note:** *The case closure form is to record the information on the reason for the closure of the case highlighting the situation of the client during the process of the closure and also specify the care of the client for further follow up.*

Signed:

(Dealing Officer) **Approved by:**

(Relevant Authority)

CASE RE-OPENING FORM (ANNEXURE - XI)

<table>
<tr><td colspan="2">Case No:</td><td colspan="3">Date of Re-opening:</td></tr>
<tr><td colspan="5">Personal Details</td></tr>
<tr><td colspan="2">Name of Clients:</td><td>Sex:</td><td>DoB</td><td>Contact No:</td></tr>
<tr><td>CID No/Passport No/Permit No:</td><td colspan="2" rowspan="2">Current Address:</td><td colspan="2" rowspan="2">Permanent Address:
Village:

Gewog:

Dzongkhag:</td></tr>
<tr><td>Occupation:</td></tr>
<tr><td colspan="5">Family Details:</td></tr>
<tr><td>Mother’s Name:</td><td colspan="2">Father’s Name:</td><td colspan="2">Guardians’/spouse Name:</td></tr>
<tr><td>Occupation:</td><td colspan="2">Occupation:</td><td colspan="2">Occupation:</td></tr>
<tr><td>CID No/Passport No/Permit No:</td><td colspan="2">CID No/Passport No/Permit No:</td><td colspan="2">CID No/Passport No/Permit No:</td></tr>
<tr><td>Contact No:</td><td colspan="2">Contact No:</td><td colspan="2">Contact No:</td></tr>
<tr><td>Present Address:</td><td colspan="2">Present Address:</td><td colspan="2">Present Address:</td></tr>
<tr><td>Permanent Address:
Village:
Gewog:
Dzongkhag:</td><td colspan="2">Permanent Address:
Village:
Gewog:
Dzongkhag:</td><td colspan="2">Permanent Address:
Village:
Gewog:
Dzongkhag:</td></tr>
<tr><td colspan="5">Any other Details</td></tr>
<tr><td colspan="5"></td></tr>
<tr><td colspan="5">Reason for reopening the case:</td></tr>
</table>

Protection Concern and Risk

***Note:** The Form records the information about the client which would be linked with the earlier information collected during the process of initial screening and registration and also the reason for re-opening the case identifying the protection concerns and risk.*

Submitted by: Approved by:

(Dealing Officer) **Head of Agency**

SERVICES PROVIDED FORM (ANNEXURE - XII)

1. Services Provided

Alternative Care	[ ]	Recreational Services	[ ]
Basic Psychosocial Support	[ ]	Relocation	[ ]
Community/social services	[ ]	Removal	[ ]
Counseling	[ ]	Rehabilitation Services	[ ]
Education	[ ]	Reintegration services	[ ]
Family Tracing and reunification	[ ]	Representation	[ ]
Investigation	[ ]	Special Education	[ ]
Legal Services	[ ]	Shelter Services	[ ]
Livelihood Skills/Vocational training	[ ]	Other,	
Medical	[ ]	Please **specify**:.....	
Psycho-Education	[ ]		

2. Details of the Agency Providing the Services:

Sl No	Service Provided	Start Date	Completion Date	Agency or institution	Dealing person	Contact

Details/comments on services Provided:

Recommendations for follow-up:

***Note:** This form is to record the information on the services provided to the client and their family. The form also has provision to recommend the additional services required for the client.*

(Dealing Officer)