Annex 14: Care profile for refugees living with disabilities

Personal information

			Photo, if possible
Name (family, given)			
Sex	Male	Female	
Year of birth (estimate if not known)			
Country of origin (and province)			
Year of arrival in this camp			
Languages spoken			
Faith community	Christian	Muslim	Other

Contact information:	Cell phone		
Camp	Block	Road/community/cell	Plot/house

Family situation

Name of key person you live with (family, given)	
Relationship to you	
Householders name, if not yourself or key person named above (family, given)	

Difficulties:	**No**	**Yes, a little (mild)**	**Yes, a lot (severe)**
Seeing			
Hearing			
Speaking, being understood			
Understanding, remembering, concentrating, learning			
Moving and reaching/using objects			
Coping with your environment			
Is the impairment the result of:	**Yes**	**No**	**Don't know**
Chronic disease (long term illness)			
Injury/trauma (physical)			
Trauma (mental)			
Other (including since birth)			

Daily living	Yes, completely, independent	Yes, with help	No, totally dependent
Able to care for daily needs			
Need care for:			
Eating/drinking	Dressing	Washing	Using the toilet
If care is needed,	Always enough	Sometimes enough	Never enough
Is care received			

Summary of main disability (what is the disability, how does it limit full participation in daily life)

Notes on the history of your disabilities and any treatment

History (when it started, what happened, what treatment you had, what was the result, assistive devices)
Treatment (at the moment, including assistive devices)
Comments (including vulnerabilities and unmet treatment/rehabilitation needs)

Your participation in family and community life	Yes, fully	No, only partly	No, not at all
Family activities and decisions			
Community and faith activities			
What you are good at (abilities, skills, roles in home, faith community and local community)			

Help and encouragement you get from your family and community in daily life

Current care (help you get with daily activities)			
Name of person who helps you (family, given)			
Relationship to you		Cell phone	
Address: if not living with you	Block	Road/community/cell	House/plot
Comment:			
Other help and encouragement you get			
Unmet care needs (what else you need to participate more fully in daily life)			
What you want to do to bring about the change you want in your life			

For Children	Yes, completely	Yes, with help	No
Able to do all the things that other children your age can do			
Able to participate at school			
Able to progress at school			
Able to play with other children			
Other children play with you			
If not completely, please describe change needed			

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