# GAF: COVID-19 Screening Form

**Interview data**

Date: dd/mm/year IOM Country Office:

Name of interviewer: Interpreter used?

Location of interview: If yes, name of interpreter:

**Children**

*This section is to be completed only if the individual has not attained the age of majority under national legislation or, in the absence of national legislation, if the individual is less than 18 years of age.*

**Select the relevant scenario and follow relevant instructions.**

**A legal guardian is present and has given consent for IOM to interview the child.**

Please send, together with this form, the signed copy of the IOM Interview Consent Form for the Legal guardian of the child being interviewed.

Next, gather the following information about the legal guardian

* Insert name of legal guardian:
* Specify the relationship of the legal guardian to the child:

Father (natural or adoptive)

Mother (natural or adoptive)

Court-appointed legal guardian (social worker, lawyer, relative, etc.)

* Insert contact information for legal guardian:
* Select the relevant scenario and proceed according to the corresponding instructions:

IOM will conduct the interview in the presence of the legal guardian

IOM will conduct the interview without the presence of the legal guardian

* + Select the reason why the legal guardian will not be present:

The child has requested that the interview be conducted without the presence of the legal guardian and the legal guardian has agreed

IOM has requested that the interview be conducted without the presence of the legal guardian and the legal guardian has agreed

* + Explain why you have asked to conduct the interview without the presence of the legal guardian:

You believe the legal guardian may be a protection risk to the child (e.g., involved in trafficking, violent toward the child, etc.)

You believe that the child will be more forthcoming in a private interview and that a private interview is appropriate given their level of development and maturity.

**The interview is being conducted without consent of a legal guardian, following consultation with and approval from LEG.**

Please send, together with this form, the email from LEG which provides explicit permission to interview this child without the consent of a legal guardian.

**Consent or assent**

Has the individual and/or their guardian been informed of the purpose of the interview?

Yes

*Go to the next question.*

No

*Inform the individual of the purpose and then go to the next question. If the individual and/ or legal guardian do not consent, end the interview.*

*IOM will use the information gathered during the interview to identify any assistance needs you may have. If assistance needs are identified, IOM will try to provide you with the necessary assistance or refer you to other people or organizations who may be able to assist.*

Has the individual and/or their guardian been informed on actual and potential use of the data that will be gathered in this interview?

Yes

*Go to the next question.*

No

*Inform the individual of the actual and potential use of the data and then go to the next question. If the individual and/ or legal guardian do not consent, end the interview.*

*In order to provide you with assistance, IOM may need to share some of your personal data with other IOM staff members or offices. If IOM assists you to access services from another person or organization, we may need to share some of your personal information with them to enable them to provide assistance. However, IOM will only share your personal information with others if you give us permission. Completion of the interview does not guarantee that IOM or other people or organizations will be able to provide you with assistance.*

Has the individual and/or their guardian been informed on IOM’s use of non-identifying data for research purposes?

Yes

*Go to the next question.*

No

*Inform the individual on IOM’s use of non-identifying data for research purposes and then go to the next question. If the individual and/ or legal guardian do not consent, end the interview.*

*The data collected during this interview may also be used for information and research purposes. Any data used for these purposes will be anonymous. For example, your name and other identifying personal information will be removed before anyone uses the data for information and research purposes.*

Has the individual and/ or their legal guardian been informed that IOM has an obligation to prevent harm from occurring to other people and may share non-identifying information gathered during the interview with law enforcement or other actors to prevent such harm?

Yes

*Go to the next question.*

☐ No

*Inform the individual on IOM’s obligation to prevent harm from occurring to other people and then go to the next question. If the individual and/ or legal guardian do not consent, end the interview.*

*IOM has an obligation to prevent harm from occurring to other people. If you share with us any information about other people who are in immediate danger, IOM may share this information with the authorities so that the people in danger can be assisted. IOM will never give any personal information to the authorities without your permission.*

*[If the individual is a child]* Has the child been provided with age appropriate information on the interview process and does the child assent to the interview?

Yes

*Go to the next question.*

☐ No

*End the interview.*

*[If the individual is an adult]* Does the individual consent to the interview?

Yes

*Go to the next section.*

☐ No

*End the interview.*

**Consent of the individual interviewed**

Please send, together with this form, the signed copy of the IOM Interview Consent Form for Adults with the consent of the individual to be interviewed. If the individual does not consent, end the interview.

**Migrant data**

What is your family name:

Don’t know

Refused

What is your given name(s):

Don’t know

Refused

What is your date of birth: dd/mm/year

Please specify if the date is an estimate or is exact.

Estimate

Exact

Don’t know

Refused

What is your sex or gender:

Don’t know

Refused

In what country do you normally live:

Don’t know

Refused

In what country or countries do you have citizenship/nationality:

Stateless

Don’t know

Refused

What is your marital status:

Single

Married

Divorced

Widowed

Co-habitating/living together/common law

Don’t know

Refused

How many family / household members are here with you? Insert number

Please describe the types of family / household members here with you.

* Number of children 0 – 5 years of age: Insert number
* Number of children 6 to 17 years of age: Insert number
* Number of adults 18 to 64 years of age: Insert number
* Number of adults aged 65 or older: Insert number and ensure total matches number above

Do you have any travel or identity documents with you, or do you have access to them:

Yes

No

Don’t know

Refused

Type:

Number:

Expiry date:

Issuing entity:

Can we contact you to follow up?

Yes

No

If yes, how can we contact you?

Telephone:

Social media:

Email:

Location:

Are there any conditions for contacting you?

No

Yes

If yes, what are the conditions?

**Protection and assistance eligibility**

***Food and nutrition***

What is your main source(s) of food?

Select all that apply.

Own production: farming, gardening, hunting, fishing, etc.

Purchasing: in a market, in stores, etc.

Humanitarian distribution

Donations: from friends and family, religious institutions, etc.

Is this food source(s) reliable and stable for the next several weeks?

No

Yes

Don’t know

Refused

In your view, does your household have sufficient food?

No

Yes

Don’t know

Refused

How many meals a day is your family / household eating? \_\_\_\_\_\_

Do you or anyone in your family / household have any specific food and nutrition requirements, such as baby formula or special foods for supplemental feeding?

Yes

No

Don’t know

Refused

If yes, specify which food and nutrition requirements:

Baby food or formula

Special diet

Supplemental feeding (e.g., nut paste, geriatric formulas, etc.)

Other, please specify:

Don’t know

Refused

Does your family/household have enough clean drinking water to meet their needs?

No

Yes

Don’t know

Refused

In your opinion, how many days can you sustain the current situation before you fun out of food?

We are already out of food

In less than a week

In less than a month

In less than three months

We will not run out of food for the foreseeable future

Don’t know

Refused

*[For the interviewer]* Does the individual (and his/her family/household as applicable) require food and nutrition assistance?

Yes – requires urgent (within 48 hours) assistance

Yes – requires immediate assistance (within a week)

No – does not require food assistance within the next month, but can be reassessed

Notes:

***Shelter and accommodation***

Where do you currently live/sleep at night?

Homeless: sleeping in the street, in public, under bridge, in forest, etc.

*If the answer is homeless, skip forward to next question for the interviewer to require assistance. Then proceed from there.*

Staying with friends or family

In a camp: informal settlement, displaced persons camp, etc.

In a shelter facility: transit centre, women’s shelter, homeless shelter, etc.

In own home (tenant)

In own home (owner)

Don’t know

Refused

Is the shelter safe from the elements? For example, no risk of flood, adequate shelter from rain, sun, cold, heat, etc.

No, it is not safe from the elements

Yes, it is safe from the elements

Don’t know

Refused

Is the shelter secure? For example, can you close windows, lock doors, etc. to keep others out if necessary?

No, it is not secure

Yes, it is secure

Don’t know

Refused

Do you have safe and adequate access to toilets and bathing facilities?

Yes – safe and adequate access

Yes – have access but it is not safe and/or adequate

No access

Don’t know

Refused

Do you have safe and adequate access to facilities for cooking and cleaning, including washing clothes and dishes?

Yes – safe and adequate access

Yes – have access but it is not safe and/or adequate

No access

Don’t know

Refused

In your opinion, how long can you stay in this shelter?

Less than a week

Less than a month

Less than three months

We should be able to stay here for the foreseeable future

Don’t know

Refused

*[For the interviewer]* Does the individual (and his/her family/household as applicable) require shelter / accommodation assistance?

Yes – requires urgent (within 48 hours) assistance

Yes – requires immediate assistance (within a week)

No– does not require shelter assistance within the next month, but can be reassessed

Notes:

***Health***

Do you, or members of your family/household, have any health or medical needs, for which you require assistance, such as:

Yes— a chronic physical or mental health condition that requires medicines or treatment, such as cancer, diabetes, depression, HIV/AIDS, etc.

Yes— a physical or mental health illness or injury that requires medical attention, such as psychosis, broken bone, respiratory infection, diarrhea, etc.

No health or medical needs

If yes, please describe the existent health or medical needs:

[For the interviewer] Does the individual (and/or a member of his/her family/household as applicable) require health care or treatment?

Yes – requires urgent (within 48 hours) assistance

Yes – requires immediate assistance (within a week)

No– does not require health care or treatment within the next month, but can be reassessed

Notes:

***Basic care items***

Do you, or members of your family/household, need any of the following:

Select all that apply.

Basic care items like soap, toothpaste, deodorant, diapers, sanitary napkins, etc.

Shoes or clothing

Cooking or washing supplies or equipment (e.g., pans, buckets, stove and fuel, washing powder)

Other, please specify:

Don’t know

Refused

If yes, please describe the basic care items needed:

***Protection concerns***

Has anyone threatened you or a member of your family/household?

Yes

No

Don’t know

Refused

If yes, who made the threat(s)?

Select all that apply.

Employer

Official (police officer, camp manager, immigration officer, etc.)

Landlord

Community member

Teacher

Service provider (e.g. doctor, nurse, lawyer, social worker, etc.)

Other, please specify:

Don’t know

Refused

If yes, what was the nature of the threat(s)?

Select all that apply.

Physical or sexual violence

Reporting to authorities

Eviction

Denial of service (e.g. exclusion from an assistance programme, access to medicines, etc.)

Other, please specify:

Don’t know

Refused

If yes, what did the person threatening you want from you, or from a member of your household/family?

Select all that apply.

Labour / work: free, unfair, unsafe, unwanted, etc.

Belongings or possessions

Sexual acts or unwanted intimate or romantic relationship

Money

Other, please specify:

Don’t know

Refused

Have you or a member of your family / household experienced violence in the past three months?

Yes

No

Don’t know

Refused

If yes, what was the nature of the violence?

Select all that apply.

Physical (e.g. beating, hitting, slapping, etc.)

Torture

Sexual

Psychological

Don’t know

Refused

Has anyone exploited you or a member of your family/household?

Yes

No

Don’t know

Refused

If yes, what was the nature of the exploitation?

Select all that apply.

Labour / work: free, unfair, unsafe, unwanted, etc.

Sexual exploitation

Extortion

Other, please specify:

Don’t know

Refused

Have you or a member of your family / household experienced abuse in the past three months?

Yes

No

Don’t know

Refused

If yes, what was the nature of the abuse?

Select all that apply.

Physical

Sexual

Psychological

Domestic

Financial

Other, please specify:

Don’t know

Refused

Are you worried that you or a member of your family might experience violence, exploitation or abuse, even if it has not happened yet?

Yes

No

Don’t know

Refused

If yes, why?

Select all that apply.

Threats have already been made against me or members of my family / household

Threats have already been made against people similar to or in situations similar to me or members of my family / household

People in my community have already experienced violence, exploitation or abuse

People similar to or in situations similar to me or members of my family / household have already experienced violence, exploitation or abuse

Don’t know

Refused

**Assessment**

*[For the interviewer]* Does the individual (and/or a member of his/her family/household as applicable) have a protection concern to be addressed?

Yes – requires urgent (within 48 hours) assistance

Yes – requires immediate assistance (within a week)

No– does not currently have protection concerns but can be reassessed

Action

Select the appropriate action.

IOM intake: For cases where there are indicators of vulnerability and the migrant meets the criteria for intake into your programme. Different IOM programmes may have different criteria for intake. For example, some programmes may have a low barrier for entry (e.g., only a few indicators of vulnerability are sufficient for intake into a programme). Others may have a high barrier for entry, so only the most vulnerable, or persons with the most indicators of vulnerability, will be eligible for the programme. Some programmes may focus specifically on a sub-set of vulnerable migrants (e.g. children) and others outside of that sub-set may not be eligible for assistance

IOM internal referral for further screening and/or assistance: For cases where you have identified vulnerability but believe the migrant requires further screening and/or assistance from another colleague or another IOM Unit

External referral: For cases where there are indicators of vulnerability, but there are no IOM programmes for which the vulnerable migrant is eligible or assistance is best provided by another organization. Include the name of organization referred to

Assistance declined: You should still strive to provide the migrant with as much information as possible on where and when they can access services

Notes and space to correct errors

Use this space if you have additional notes to justify your decision.

In case you have any errors on the previous answers, please indicate below the corrections by writing the question and ahead the correct answer.

**Before submitting, you must know...**

*[To the interviewer]* The purpose of this form is to assess eligibility for and to plan assistance services. Both hard and soft copies must be destroyed within one year if no assistance services are provided.