

UNITED FOR HUMANITY



humanitarian Services Applicant Information Assessment Form

United for Humanity humanitarian organization

FORM H-4460

This form is designed to ensure a precise, fair, and transparent assessment of the applicants seeking humanitarian, residential, medical, educational, or migration support from the United for Humanity humanitarian organization.

The information provided in this form will be used solely for charitable and humanitarian purposes and will be kept confidential in accordance with professional ethical standards and data protection principles.

Completing this form is a crucial step in accessing the organization's services and will assist our specialists in better understanding your needs, conditional ethical

If answering some questions is difficult or emotionally sensitive, you may discuss them with your assigned caseworker.

Section I : Applicant Identity Information

1, Full Name

2, Fader's Name

3, Gender

4, Date of Birth (Gregorian an Solar calendars)

5, Place of Birth (Country,Province,City)

6, Nationality

7, Mother Tongue

8, Passport or National ID Number (if applicable)

9, National Identification Number or Equivalent

10, Languages Spoken

11, Religion and Denomination (optional)

12, Marital Status(Single/Married/Divorced/Widowed)

Section II: Contact Information and Current Residence

13, Country of Current Residence	<input type="text"/>	14, City	<input type="text"/>
15, Full Address	<input type="text"/>		
16, Primary Contact Number	<input type="text"/>		
17, Emergency Contact Number	<input type="text"/>		
18, Email Address	<input type="text"/>		
19, Length of Stay in Current Country	<input type="text"/>		
20, Legal Status (Legal Resident, Asylum Seeker , Undocumente, UnderReview)	<input type="text"/>		

Section III: Family Information

21, Spouse's Name	<input type="text"/>	22, Spouse's Data of Birth	<input type="text"/>
23, Spouse's Nationality and Residency Status	<input type="text"/>		
24, Spouse's Occupation and Educational Status	<input type="text"/>		
25, Data of Marriage	<input type="text"/>		
26, If divorced, what was the reason?	<input type="text"/>		
27, Is your current or former spouse living with you?	<input type="text"/>		

28, How many children do you have?

29, (Up to four children)For each , please specify:

.Full Name

.Date of Birth

.Place of Birth

.Residency Status

.Educational/Occupational Status

.Full Name

.Date of Birth

.Place of Birth

.Residency Status

.Educational/Occupational Status

.Full Name

.Date of Birth

.Place of Birth

.Residency Status

.Educational/Occupational Status

.Full Name

.Date of Birth

.Place of Birth

.Residency Status

.Educational/Occupational Status

30, Are any of your family members also applying for support?(yes/no)

Section IV: Educational and Employment Background

31, What is your highest level of education?

32, Field of Study and Place of Study

33, Year Degree Obtained

34, Are you currently employed?(Yes/No)

35, Employment History (Job Title,Location,Duration)

36, Do you possess any technical or professional skills?(yes/no)

Section V: Migration History

37, Data of Departure from Country of Origin

38, Main Reason for Leaving Your Country

39, Transit Country or Countries Before Reaching Current Country

40, What was your first country of asylum?(yes/no)

41, Have you received assistance from UNHCR or other international agencies?

42, Have you ever applied for asylum in the current or another country?(yes/no)

43, What is the current status of your immigration case?

Section VI: Risk and Threat Case Description

44, Have you ever been threatened, persecuted, detained, or tortured in yourcountry of origin?

45, What were the reasons for your threat?(Political, Religious, Gender-based,Ethnic, Civil Activity, etc.)

46, Do you have any evidence to prove the threat?

47, Briefly describe the story of your departure from the country

48, Have any of your family members or close relatives also been at risk?

49, Have you been a member of any particular group or participated in specific activities?

50, Have you ever received a court verdict against you?

Section VII: Residency and Threats in the Second Country

51, How long have you resided in the current (second) country?

52, Have you faced threats, discrimination ,violence, arrest, or deprivation in this country?

53, Have you had any conflict with the police or security agencies?(yes/no)

54, Have you filed any complaints with legal authorities in this country?(yes/no)

55, Have you applied for permanent residency, citizenship, or resettlement to another country?(yes/no)

Section VIII: Legal and Criminal Status

56, Have you ever been arrested or convicted in the country of origin or current country?

57, If yes, please mention the type of crime, judicial authority, and date

58, Do you currently have any pending legal cases?

59, Have you been prosecuted for political or religious reasons?

Section IX: Physical, Mental, and Medical Health

60, Do you or any family members have any chronic or specific illness?

61, Please mention the type of illness and the affected individual

62, Do you require any medications or special medical care?

63, Are you receiving psychiatric or psychological treatment?

64, Does your spouse or child suffer from physical or mental disabilities?

Section X: Humanitarian and Living Support Needs

65, What are your urgent needs? (Shelter, Food, Medical Care, Education, Clothing, etc.)

66, Are you able to cover your basic living costs?

67, Have you received support from any other organization or institution?

68, Do you receive any support from family or relatives?

69, What type of support do you expect from our organization?

Section XI: Future Plans and Goals

70, Do you intend to migrate to a third country (Europe or other)?

71, Which countries do you prefer for resettlement?

72, Do you have any friends or relatives in the destination country? (Yes/No)

Relatives' details (optional):

Full Name Identification Number

Contact Number Country

City Occupation Marital Status

73, What are your plans for living in the destination country?

74, Are you willing to attend language, vocational, or educational courses? (Yes/No)

75, What are your long-term goals for successful integration? (e.g., Job, Education, Permanent Residency)

Final Note:

Thank you for completing this form truthfully and carefully. The information you have provided will be used solely to evaluate your eligibility for humanitarian, supportive, residential, or medical services by the United for Humanity organization.

All information will remain confidential and will not be shared with any third party without your consent.

Please inform the organization as soon as possible of any changes in your residency, family, medical condition, or request status.

Completion of this form marks the beginning of the initial review process of your case by our caseworkers.

With wishes of peace, safety, and a bright future for you and your family,
United for Humanity Humanitarian Organization
