ECLIP FORM 1

INITIAL INTERVIEW FORM (35 minutes)
(May be conducted together with Needs Assessment tool)
As of _____

Name of Interviewer:_____

Office and Designation:_____

Date of Interview: _____	**Date of Submission:**_____

This initial interview is being conducted by the _____ to determine the urgent needs of former rebels as a **requirement** for ECLIP enrollment and immediate assistance.

You will be asked to answer several questions. These will include details about yourself and your family. Your participation in this interview is voluntary. Should you decide to participate in this interview, please know that you have the right to withdraw at any time during its conduct. Please feel free to ask questions before and during the interview. At the end of this interview you will be asked to validate and confirm your responses to the questions. All information obtained will be kept strictly confidential.

Thank you.

I, the undersigned, have been briefed properly by the interviewer as regards to the nature and purpose of this initial interview. I give my full consent to participate in this activity.

_____ _____

Signature over Complete Name Date

Name of Encoder:_____

Office and Designation:_____

Date Encoded: _____

PART I: PROFILE OF RESPONDENT (3 minutes)

1. Full Name:	Last Name:	First Name:	Middle Name:

2. Alias: _____

3. Sex: ☐Male ☐Female

4. Birthdate: _____/_____/_____
Month **Date** **Year**

5. Place of birth: _____

6. Civil Status:
☐Single ☐Married
☐Widow/Widower
☐Separated ☐Common Law/Partner
☐Others: _____

7. Do you belong to a tribal group? (*Katutubo/Tribo*)
☐Yes, please specify (main group):
_____
☐No

8. Religion:

PART II: HISTORY IN THE ARMED MOVEMENT (12 minutes)

9. Total number of years in the movement: ____

10. Age at entry in the movement: _____

11. What are your reasons for joining the movement? _____
_____
_____
_____
_____

12. What are your reasons for staying in the movement?
_____
_____
_____
_____

13. What was your position in the movement before you left? _____
_____
_____

14. What was your unit in the movement before you left?
_____
_____

15. What were the covered geographical areas of operation of your unit? _____
.

16. Did you experience any unfair, unequal, or inhumane treatment while you were in the movement?

If yes, detail experience/s:
_____
_____
_____

17. What are your reasons for leaving the movement?
_____
_____
_____
_____

PART III: SECURITY ASSESSMENT (10 minutes)

18. Did you have firearms when you were in the movement?	☐No ☐Yes (please accomplish Firearms Inventory Form) If Yes, did you bring it/them when you left the movement? ☐Yes ☐No If Yes, have you turned it/them in? ☐Yes ☐No If yes, to who? _____ If no, why? _____ If No, why? _____
19. Did you have explosives when you were in the movement?	☐No ☐Yes (please accomplish Explosives Inventory Form) If Yes, did you bring it/them when you left the movement? ☐Yes ☐No If Yes, have you turned it/them in? ☐Yes ☐No If yes, to who? _____ If no, why? _____ If No, why? _____

20. Where are you currently staying?	No. & Street:	
	Sitio:	Barangay:
	Municipality/City:	Province:
	Philippine Standard Geographic Code (PSGC) – **(Barangay Code)**:	

21. How long have you been staying in this location?___ years ___ months.

22. Where does your family reside?

No. & Street:

Sitio: | Barangay:

Municipality/City: | Province:

Contact Information:

23. Contact person: (in case of emergency)

Name: _____

Relationship: _____ Contact Information: _____

Address: _____

_____

_____

24. If you are not currently living with your Family, to what extent are the following reasons true:

☐I do not feel safe living there. ☐My presence at home might endanger my family.
☐We do not have access to basic needs there. ☐I have no means of travelling back to my primary address.
☐I am not in good terms with my family. ☐Others:_____

24. Do you have plans of relocating in the future?

☐ Yes

a. Within the same municipality? ☐ Yes ☐No
If No, Where? _____

b. Please check all the reasons that apply why you intend to relocate in the future:
☐ Lack of security ☐ No livelihood opportunity
☐ Hazardous location (i.e., flood-prone, landslide risk, etc.) ☐ Poor living conditions
☐ Others (please specify): _____

☐ No

24. How safe do you feel in your present address?

☐High threat, fear for life
☐Considerable threat, limited movement in the community
☐With threat, avoid certain areas
☐Little threat, but can freely move around
☐No threat and can freely move around

25. If there is threat to your life, what is/are the source/s of threat?

☐Former Comrades ☐Mass Base members
☐Private Armed Groups ☐Criminal Groups
☐Neighbors ☐Adjacent Communities
☐Others: _____.

26. How safe is your family in their present address?

☐High threat, fear for their lives
☐Considerable threat, limited movement in the community
☐With threat, avoid certain areas
☐Little threat, but can freely move around
☐No threat and can freely move around

27. If there is threat to your family's life, what is/are the source/s of threat?

☐Former Comrades ☐Mass Base members
☐Private Armed Groups ☐Criminal Groups
☐Neighbors ☐Adjacent Communities
☐Others:
_____.

PART IV: IMMEDIATE NEEDS ASSESSMENT (10 minutes)

28. Do you have any of the following disabilities?

Visual Impairment (Partial or Full)	☐No	☐Yes	If yes, please specify: (one or both eyes)
Hearing Impairment (Slight or Full)	☐No	☐Yes	If yes, please specify: (one or both ears)
Speech Impairment(Slight or Full)	☐No	☐Yes	If yes, please specify:
Physical Disabilities	☐No	☐Yes	If yes, please specify:
Other Disabilities	☐No	☐Yes	If yes, please specify:

29.Have you received any of the following assistance?

Medical Care ☐No ☐Yes
If yes, please specify how many times in past 3 months:_____
For what condition/s:_____

Board and Lodging ☐No ☐Yes
If yes, please specify:☐LGU ☐AFP/PNP ☐ Others: _____

Food ☐No ☐Yes
If yes, please specify: ☐LGU ☐AFP/PNP ☐ Others: _____

Transportation ☐No ☐Yes
If yes, please specify: ☐LGU ☐AFP/PNP ☐ Others: _____

	Psychosocial Debriefing ☐No ☐Yes If yes, please specify: ☐LGU ☐AFP/PNP ☐ Others: _____					
	Others:					
16. Have you been experiencing the following in the past 3 months? ***(If yes, please put a check below the frequency of the indicated response)***	**Symptoms**	**Never**	**Rarely**	**Sometimes**	**Often**	**Always**
	Difficulty Sleeping / Bad dreams					
	Anxiety					
	Consumption of addictive substances, alcoholic beverages or cigarettes					
	Difficulty concentrating and/or absent-mindedness					
	Disengaged from environment					
	Panic Attacks					
	Avoidance of certain people or places; Who _____					
	Difficulty trusting others: Who _____					
	Remembering violent incidents					
	Violent thoughts					
	Constant Irritability or Anger					
	Feelings of guilt					

I, the undersigned, have verified and confirmed the contents of this initial interview. Any information provided in this interview is true and correct. Any misrepresentation on my part shall be sufficient ground for denial of enrollment under ECLIP and provision of immediate assistance.

_____ _____

Signature over Complete Name Date