FORM 4

FORMER REBEL REINTEGRATION PLAN
FOR THE PERIOD: _____

I. IDENTIFYING INFORMATION

Name: _____ Age:_____ Sex: _____

Current Address:_____

II. REINTEGRATION PLAN

IDENTIFIED NEEDS (Specific Needs of the Partner-stakeholder (Beneficiary)	**SPECIFIC ASSISTANCE**	**Indicate which National Government can commit this**	**LGU Counterpart (Province/City/ Municipality)** Pls. indicate what barangay	**FORM OF ASSISTANCE** (Pls. Indicate if CASH or NON-CASH)	**TIMEFRAME**	**TOTAL**
SECTION 1: SOCIAL PROTECTION PACKAGE						
A. HEALTH AND MEDICAL ASSISTANCE						
Who is/are in need of Health and Medical Assistance? **❑Former Rebel, specify illness/disability:** **_____**	❑ Medical Consultation or Check-Up for_____ _____, for who? _____ _					

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❑Wife/Husband, specify illness/disability: _____ **❑Child/ren, how many?** _____, **specify illnesses/disabilities:** _____ **❑Others:** _____, **specify illness/disability:** _____	❑ Referral for Further Diagnosis for _____, for who? _____					
	❑ Laboratory and other Tests for _____, for who? _____					
	❑ Medication for _____, for who? _____					

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	❑ Therapy for _____, for who? _____					
	❑ Surgery for _____, for who? _____					
	❑Dental Services, for who? _____ _____					
	❑Others, Pls. Specify: _____ _____ _____, for who?					

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	_____					
B. PHILHEALTH MEMBERSHIP						
❑ **Already a member** **PhilHealth No.** _____ ❑ **Not yet a member**	❑ Enrollment/Activation of membership					
	❑ 1 year contribution					
	❑ Issuance of card					
C. ISSUANCE OF IDENTIFICATION CARDS/CERTIFICATION						
Who is/are in need of issuance of IDs/Certification? ❑**Former Rebel** ❑**Wife/Husband**	❑ Birth Certificate/s, for who? _____ ❑ Marriage Certificate					

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❑**Child** ❑**Others: _____**	❑ Senior Citizen ID, for who? _____ ❑ Person with Disability ID, for who?_____ ❑ Community Tax Certificate, for who? _____ ❑ Postal ID, for who? _____					

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	❑ NBI Clearance, for who? _____ _____ ❑ Others, Pls. Specify_____ _____ _____, for who? _____ _					
D. EDUCATIONAL ASSISTANCE						
Who will be given assistance? Please specify: _____ _____ **What level did he/she complete?** _____ _____	❑ Study Grant Program ❑Elementary, for who? _____ _____ ❑High School, for who?					

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	_____ _____ ❑Vocational/Technical, for who? _____ _____ ❑College (only one), for who? _____ _____					
	❑ Alternative learning systems, for who? _____ _____					
	❑ Adult literacy courses, for who? _____ _____					

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	❑ Equivalency Program, for who? _____ _____					
	❑ Others, Pls. Specify_____ _____ _____, for who? _____ __					
E. OTHER SOCIAL PROTECTION PACKAGES						
Who will benefit? _____	**What kind of assistance?** _____ _____					
SECTION 2: HEALING AND RECONCILIATION						
F. PSYCHO-EMOTIONAL						

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Identified psycho-emotional difficulty/ies, please specify: **_____** **_____** **_____**	**What interventions are needed?** ❑ Counseling ❑Stress Debriefing ❑ Further Psychological Assessment ❑ Referral to Mental Health Professional ❑Others: _____ _ _____ _____					
G. COMMUNITY RECONCILIATION: ***To "reconcile" means to restore relationships in light of setting right the wrongdoings from the past (Montiel, 2002)***						
With who/whom do you need to reconcile with? Please specify: **_____**	**What interventions are needed?**					

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_____	❑ Re-initiation/Welcoming ❑Truth telling Sessions ❑Dialogue ❑Healing Rituals Others, please specify: _____					
H. LIFE SKILLS TRAINING						
In order to facilitate peaceful integration into civilian life, what life skills do you want to develop? Please specify:_____ _____	❑ Life Skills ❑ sessions on self awareness ❑ values education/ Clarification ❑ Effective Communication					

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	❑Peer Counseling ❑ Emotional Literacy ❑ Assertiveness Training ❑ Leadership Skills ❑ Community Organizing ❑ Peace-Making Skills ❑ Conflict management and Resolution ❑ Stress and Crisis Management ❑ Peace Education					
SECTION 3: LEGAL, SECURITY AND DISARMAMENT						

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I.LEGAL COUNSEL						
For what case/s: 1._____ 2._____ _____ 3._____ _____	**Specific Assistance needed for case 1:_____** **_____** **Specific Assistance needed for case 2:_____** **_____** **Specific Assistance needed for case 3:_____** **_____**					
J. SECURITY GUARANTEES						
Where is the threat coming from? Please specify: **_____** **_____**	**What kind of Security Support would you need?** ❑ Halfway House/ Safe House					

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	❑ Protection ❑ Others, Pls. Specify_____ _____ _____					
K. DISARMAMENT						
Do you have firearms? ❑ Yes ❑ No **Type of Firearm/s:** _____ _____ _____ (NOTE: kindly refer to the	**What do you intend to do with remuneration from firearms?** ❑ Addition to Livelihood					

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firearms inventory form for specifications)	❑ Open Savings Account ❑ House Repair ❑Resettlement/Transfer of Residence ❑Children's Education ❑ Others, Pls. Specify_____ _____.					
L. RELOCATION ASSISTANCE						
Who will be relocated? **❑Former Rebel** **❑Family of FR**	What kind of support is needed? ❑Transportation assistance ❑Food					

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How many individuals? _____	❑Clothing ❑Others:_____ _____					
SECTION 4: ECONOMIC MAINSTREAMING						
M. EMPLOYMENT REFERRAL						
Which form of employment do you want to have? *(place the top 3 choices according to the answers from profiling)* 1) _____ 2) _____ 3) _____ (NOTE: kindly check the boxes in the column on specific assistance based on the 1st choice above)	**What type of employment?** ❑ Short term job placement ❑ Contract of Service ❑ Permanent Job placement ❑ Food for Work Program					

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If not FR, who will be given employment? _____ **What is his/her relationship to the FR?** _____	❑ Others, please specify_____ _____ _____					
	What type of skills training do you need? Please specify: _____ _____ _____					
N. SELF-EMPLOYMENT/ MICRO-ENTERPRISE DEVELOPMENT						

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What kind of livelihood do you want to have? *(place the top 3 choices according to the answers from profiling)* 1) _____ 2) _____ 3) _____ (NOTE: kindly check the boxes in the column on specific assistance based on the 1st choice above)	**Describe livelihood project: ____** **_____** **_____** **For what will you use your Start-up/additional capital for?** ❑farm inputs, specify what Type/s: _____ _____ ❑animal dispersal, , specify what Type/s: _____					

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	_____ _____ ❑fingerlings dispersal, specify what Type/s: _____ _____ _____ ❑raw materials, specify what type: _____ __ _____ _____ ❑tool kit, specify what type: ___ _____ _____					

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	❑ Others, Please Specify_____ _____ _____					
	What type of skills training do you need? Please specify: _____ _____ _____					

III. REMARKS (Observations, comments or concrete recommendations that needed to be highlighted)

_____

PREPARED BY/DESIGNATION: _____
Date:_____

CONTACT NUMBER/S: _____

I pledge to refrain from all forms of violence and live a peaceful life.

_____

Signature of FR

Name and Signature of Witness/ Interview