## 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: SO	CIAL PROTECTI	ON PACKAGE			
A. HEALTH AND MEDICAL ASSISTAN	ICE					
Who is/are in need of Health and Medical Assistance?  □Former Rebel, specify illness/disability:	☐ Medical Consultation or Check-Up for, for who?					

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

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

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
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 CA	 					
Who is/are in need of issuance of IDs/Certification?  □Former Rebel	☐ Birth Certificate/s, for who?					
☐Wife/Husband	————— ☐ Marriage Certificate					

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

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

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

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			
	☐ Equivalency Program, for who? ————								
	Others, Pls. Specify, for who?								
E. OTHER SOCIAL PROTECTION PACE	<u>   —                                  </u>								
Who will benefit?	What kind of assistance?								
SECTION 2: HEALING AND RECONCILIATION									
F. PSYCHO-EMOTIONAL	F. PSYCHO-EMOTIONAL								

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		
Identified psycho-emotional difficulty/ies, please specify:	What interventions are needed?  □ Counseling							
	□Stress Debriefing							
	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?							

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
	Re-initiation/Welcomin g  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					

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
	☐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 ANI	D DISARMAMEN	IT		

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
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					

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
	☐ Protection					
	Others, Pls. Specify					
K. DISARMAMENT	<u> </u>					
Do you have firearms?	What do you intend to do with remuneration from firearms?					
Type of Firearm/s:(NOTE: kindly refer to the	☐ Addition to Livelihood					

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
firearms inventory form for specifications)	☐ Open Savings Account ☐ House Repair ☐ Resettlement/Transfe r of Residence ☐ Children's Education ☐ Others, Pls. Specify					
L. RELOCATION ASSISTANCE		<b>.</b>				
Who will be relocated?  □Former Rebel	What kind of support is needed?					
□Family of FR	□Transportation assistance □Food					

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
How many individuals?	□Clothing □Others:					
M. EMPLOYMENT REFERRAL	SECTION 4: ECO	ONOMIC MAIN	NSTREAMING			
Which form of employment do you want to have?	What type of employment?					
(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 1 <sup>st</sup> choice above)	☐ Short term job placement ☐ Contract of Service ☐ Permanent Job placement ☐ Food for Work Program					

<b>IDENTIFIED NEEDS</b> ( <u>Specific</u> 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
If not FR, who will be given employment?  What is his/her relationship to the FR?	Others, please specify					
FR?	What type of skills training do you need? Please specify:					

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
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 1 <sup>st</sup> choice above)	Describe livelihood project:  For what will you use your Start-up/additional capital for?  Ifarm inputs, specify what Type/s:  animal dispersal, , specify what Type/s:					

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
	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐					

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
	☐ Others, Please					
	Specify					
	What type of skills training do you need?					
	Please specify:					
III. REMARKS (Observations, commer	nts or concrete recommend	ations that need	ed to be highlighte	rd)	ı	
PREPARED BY/DESIGNATION: Date:						
CONTACT NUMBER/S:			<u> </u>			
$\mathcal{I}$	pledge to refrain from all	l forms of violen	ce and live a peac	eful life.		

Signature of FR
Name and Signature of Witness/ Interview