

**UNHCR**United Nations High Commissioner for Refugees  
Haut Commissariat des Nations Unies pour les réfugiés

Serial No: /06/

**Direct Assistance to a person with specific needs (PWSN)**

<b>1. Full Name of PWSN:</b>	<b>2. Age/Sex:</b>		
<b>3. Details of Family members</b>			
<b>Name</b>	<b>Relationship</b>	<b>Sex</b>	<b>Age</b>
<b>4. Vulnerability:</b>			
Child or adolescent at risk (CR):		Single parent (SP):	
Person with disabilities (DS):		Woman at risk (WR):	
Older person at risk (ER):		Pregnant or lactating (PG):	
Important medical condition (SM):		Specific legal and physical protection needs (LP):	
<b>5. Location</b>			
District :		Address:	
AGA Division:			
GSO Division:			
<b>6. Justification for assistance (description of critical and unmet emergency needs):</b>			
<b>7. Background (Source of income before displacement, monthly income, schooling of children, etc.):</b>			
<b>8. Solution(s) proposed and contribution by PWSN and/or community to implement a durable solution to address identified need:</b>			



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**9. Recommended assistance:**

**10. Expected output, date of delivery and output indicators (to be identified with beneficiary)::**

**Requested by:**

**Signature and date:**

**Recommended by:**

**Signature and date:**

**Approved by:**

**Signature and date:**

**Received by:**

**Signature and date:**