P3.S2.T4 Verification form

(To be adapted)

The purpose of this form is to check the main eligibility criteria for selecting the beneficiary. A few questions are asked to help NS staff exclude or include the HH, prior to proceeding to the next selection steps (completing the household assessment or inviting them to fill in the application form).

|  |  |  |
| --- | --- | --- |
| **Beneficiary Number**(according to <NS> lists): | |\_\_|\_\_|\_\_| | Please make sure you have checked and registered the Beneficiary number before proceeding |

This is a FORM for the database of <name> project. Your responses are voluntary and will be confidential.

|  |  |  |
| --- | --- | --- |
|  **a** | **Interviewer’s name** |  |
| **b** | Date of interview | Day |\_\_|\_\_| Month |\_\_|\_\_| Year |\_\_|\_\_| |

# Eligibility criteria verification list for the household

Define your inclusion and exclusion criteria before proceeding to HH assessment or inviting to fill in the application form!

|  |  |
| --- | --- |
| **Name of interviewee**[[1]](#footnote-1) |  |
| **Phone number** |  |
| **Municipality/District/Province/****Region.** |  |
| **What type of business do you have?** |  |
| **Are you being interviewed or supported by any other organization?** |  |
| **If yes, what type of support?** |  |
| **How many employees did you have prior to the disaster/crisis?** |  |
| **What was your net profit prior to the disaster/crisis?** |  |
| **How many owners does the business have?** |  |
| **Is this business your primary source of income?**  |  |
| **What budget do you need to resume the business activities?** |  |
| **What is the name of your enterprise?** |  |
| **Are you able to fill in an application if it is sent to you by email or do you prefer to receive it as a hard copy?** | * If email, please write down the email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* If it is a hard copy, please write the address of the beneficiary (include full details to ensure that he/she can be located): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |

# Remarks/observations

|  |  |
| --- | --- |
| **Recommendation of the field officer:**  |  Approve  Reject |
| **If rejected please describe why**  |   |
| **Field Officer signature**  | **Date and place**  |

1. *Please, adapt the questions in the table depending on the agreed criteria for quick verification if the HH should be initially shortlisted (included or excluded).*  [↑](#footnote-ref-1)