



Evaluation Report

LGBTI Organisation submitting the case:		
Case number/ID:		
Members of the Crisis Task Team participating to the evaluation session. (<i>Minimum Three</i>)		
Date and place of the evaluation:		
Did any member raise a conflict situation with the applicant?	Yes	No
If YES, please indicated which member has been exempted from the evaluation or replaced by a substitute member		
Result of evaluation process		
Is the applicant considered eligible for the funding?	Yes	No
If YES, please specify		
Nature of the risk:		Psychological trauma
		Injury/physical trauma
		Unlawful arrest
		Harassment
		Death



		Temporary homeless		
		Lack of food/clothes/basic surviving means		
		Interruption of chronic medications		
		Other		
Level of risk:		High	Medium	Low
Specify additional vulnerabilities				
Level of urgency in disbursing the funds		High (24 hours)	Medium (3-7 days)	Low (2 weeks)
If NOT, specify the reasons:		Lack of an effective/actual risk. Explain:		
		Absence of specific vulnerability features. Explain:		
		Inconsistency of the personal history. Explain:		
		Other reasons (specify):		
Nature of the grant				
What is recommended to be granted:		Food		
		Clothes		
		Rent of house/room (specify if for temporary relocation or temporary homelessness):		
		Travel costs (specify for):		
		Medical services (specify):		



		Medical therapy (specify):
		Physiological or counselling service (specify):
		Police or Lawyers' fees (specify for what):
		Passport renewal/Visa and/or residence permit fees (why?):
		Communication costs (specify if data, internet, phone cards, mobiles, etc.):
		Other (specify):
How long shall be the person assisted by the funding program? (Max 3 months):		
Any other recommendations?		
Date	Signature chairperson	
	Signature secretary	