



REPATRIATION GRANT CLIENT FORM

Name of Beneficiary _____ Card # _____

Camp Address: _____

Address in S/Leone or Liberia _____

Interviewer: _____ Supervisor: _____

1. When are you repatriating home? _____ S/Leone _____ Liberia _____
2. Have you registered to go? _____ If yes, when will you leave? _____
3. What will you be doing to earn money when you get home? _____

4. Do you intend to start a business? _____ What type of business? _____
5. How will you set up your business? Please explain step-by-step what you will do, what you will need and how you will get what you need etc.

6. Did you take part in the two-day small business management and GBV sensitivity training with ARC/CSI?
Yes _____ No _____

Signature of Client:

Date: _____

Signature of Interviewer:

Date: _____