

FLORIDA CENTER FOR SURVIVORS OF TORTURE

A Program of *Gulf Coast Jewish Family Services*

Eligibility Determination Form

Date of Case Staffing: _____

Designated Rapporteur: _____

Name of Potential Client (Last, First) _____

Who were the perpetrators?

Were they acting under the color of law? Were they acting in an official capacity? Please answer and explain each one.

On what basis was this person persecuted? Was it directed specifically towards the client? If yes, explain how.

Describe specifically the type of physical and/or mental torture the person suffered. Please specify dates and number of times it occurred, if more than once.

Did the experience include severe physical pain or suffering and/or severe mental pain or suffering?

~~FCST Program. Eligibility Determination Form. Use: Original to be filed in the client's chart in accordance with the chart index under Assessment Section.~~

Developed: 11/2008 Revised: March 2009

Has the torture produced lasting effects? Please explain.

ELIGIBILITY DETERMINATION

Under 18 U.S.C. 2340 (1)

An act committed by a person acting under the color of law specifically intended to inflict physical or mental pain or suffering (other than pain or suffering incidental to lawful sanction) upon another person within his custody or physical control.

Has this person met the eligibility criteria to be a client of the Florida Center for Survivors of Torture?

_____ Yes _____ No, referred to: _____

Rapporteur Signature

Date