

Personal Support Card for Project Participant

“Integration of OPT in Subcarpathia: Global Solutions, Local Benefits”,
co-financed by the Asylum, Migration and Integration Fund (FAMI) for 2021–2027, according to
contract No. FAMI.02.01-IZ.00-0133/25

Target group: citizens of third countries, i.e., countries that are not members of the European Union,
as well as stateless persons and persons with undetermined citizenship.

In the case of a minor, the form is filled out and signed by a parent or legal guardian.

BASIC INFORMATION	
Participant's full name:	
Date of joining the project:	Date of completion of participation:
Person responsible for processing the support card:	

I. Integration and Adaptation Support in Another Country		
1. Do you know the rules of life and how things function in Poland? <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No	2. Do you feel integrated into the local community? <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No	3. Would you like to participate in integration workshops / social skills development classes? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. How do you rate your communication skills with Polish citizens (scale 1–5, where 1 - very poor, 5 - very good) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		
5. To what extent do you feel integrated into Polish society? <input type="checkbox"/> 1 – Not at all <input type="checkbox"/> 2 – Rather no <input type="checkbox"/> 3 – Partially <input type="checkbox"/> 4 – Rather yes <input type="checkbox"/> 5 – Fully	6. What are your main difficulties in everyday life in Poland? <input type="checkbox"/> Language barrier <input type="checkbox"/> Difficulties in social contacts <input type="checkbox"/> Other: _____	

II. Legal Assistance		
<p>1. Do you need support in legal or administrative (government) matters?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>2. Do you need the support of an assistant in government offices?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>3. Do you need the help of a lawyer or assistant for matters related to disability registration in Poland?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
III. Psychological Support		
<p>1. Do you currently experience stress, tension, or emotional difficulties?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Partially</p> <p><input type="checkbox"/> No</p>	<p>2. Would you be interested in participating in therapeutic groups and support groups:</p> <p><input type="checkbox"/> Individual consultations</p> <p><input type="checkbox"/> Group psychoprophylaxis</p> <p><input type="checkbox"/> Individual psychotherapy</p> <p><input type="checkbox"/> Art therapy</p>	
IV. Therapeutic Groups and Support Groups		
<p>1. Would you be interested in participating in therapeutic and support groups:</p> <p><input type="checkbox"/> Discussion group / experience exchange</p> <p><input type="checkbox"/> Social skills training (individual or group)</p> <p><input type="checkbox"/> Meetings for parents regarding children's education</p>		
V. Non-professional / Activation Support		
<p>1. Are you interested in non-professional support (e.g., CV advice, employment workshops)?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
VI. Learning Polish		
<p>1. How do you assess your knowledge of Polish?</p> <p><input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Good <input type="checkbox"/> Very good</p>	<p>2. Do you want to participate in a Polish language course?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

VII. Support for Persons with Disabilities

1. Do you or anyone in your family have a disability?

Yes No

2. Would you be interested in:

- A network of mutual support
 Self-help or support groups

VIII. Additional Support for Dependent Care

1. Do you take care of dependent persons (children, elderly, persons with disabilities)?

Yes No

2. Do you need care arrangements for a dependent person while using the support provided by the project?

Yes No

SUMMARY OF RECOMMENDED SUPPORT

Fill in only if applicable — mark X

Integration support	
Administrative / legal support	
Psychological support	
Non-professional / activation support	
Educational support (Polish language learning)	
Support for persons with disabilities	
Additional support for dependent care	