Serial No – SL/EP/DS/GN No/

DATA BASE / REFERRAL FORM

Head of Household…….…….. …… …… Sex Male ☐ Female ☐

District …… …… Division ….. ……. …….GN Division…….…….. Village……

Address ……...Landmarks……..……

Accommodation/Shelter: Permanent ☐ Semi-permanent ☐ Temporary ☐

Water Source: Well ☐ Pipe Line ☐ River ☐ Tube Well ☐ Distance ☐☐ kms

Sanitation Facilities: Permanent ☐ Temporary ☐ None ☐ Distance ☐☐ kms

Applicant Details: Name ……PWD[1] ☐ CWD[2] ☐ Elder ☐ T.Disease[3] ☐

Married ☐ Single ☐ Single Parent ☐ Widowed ☐ Contact No. ☐☐☐☐☐☐☐☐☐☐

Separated ☐ Divorced ☐

Date of Birth ☐☐☐☐☐☐☐☐ NIC No ☐☐☐☐☐☐☐☐☐☐ Sex: Male ☐ Female ☐

Parents/Guardian Name …….....Occupation……

Applicant Occupation …… Income/Financial Assistance……..…

Family members: Children ……. Elders…… Other/Specify ……..……

NGO/Govt.Agency ……Support ……

Disability Category: Mobility ☐ Visual ☐ Speech & Hearing ☐

Mental Handicap ☐ Mental Illness ☐ Other / specify……..……...

Details / Cause of Disability ……..……...

Personal Support Bathing ☐ Toileting ☐ Eating ☐ Dressing ☐

Other Support ……..……Caretaker……

Medical Information ……
(Annex Documents)

Medication ……Doctor…… ……...……

Hospital Attending……..……Distance from House ……

School Attending…….....……Distance from House……..

Education Zone……DEO Division……..

Applicant Signature ……SSO Signature……..…

Interviewing Officer ……...Date ……..……

1 - PWD – People with Disabilities **2 - CWD – Children with Disabilities** **3. Terminal Disease**