

PROGRAMME
NUMBER

MAISHA INTERNATIONAL FOUNDATION
ORPHAN AND VULNERABLE CHILDREN SUPPORT PROGRAMME



OVC ENROLLMENT FORM

Province District
Division Location
Sub Location Village

PERSONAL INFORMATION

1. First Name _____ 2. Middle Name _____
3. Last Name _____ 4. Nick Name _____
5. National ID # _____ 6. Date of Birth _____
7. Age _____ 8. Male , Female 9. Tribe _____ 10. Religion _____
11. Is this person chronically ill or disabled? Yes , No
12. If yes, which illness/disability? HIV/AIDS , Tuberculosis , Sickle-Cell , Other _____

CAREGIVER INFORMATION

1. Name _____ 2. Age _____
3. Relation to child – Mother/Father , Sister/Brother , Grandparent , Other Relative , Non-relative
4. If parent, are they the biological parent? Yes , No
5. Is caregiver chronically ill or disabled? Yes , No
6. If yes, which illness/disability? HIV/AIDS , Tuberculosis , Cancer , Other _____
7. Has caregiver changed? Yes , No 8. If yes, why? Illness , Death , Other _____
9. Highest level of caregiver education _____ 9. Total number of children in household? _____
9. Contact address _____
10. Phone Number _____

EDUCATION

1. Name of School _____ 2. Current Class _____
3. Does child eat lunch at school? Yes , No

OTHER INFORMATION

- 1. Height _____ 2. Physical Appearance _____
- 3. Hobbies/Interests _____

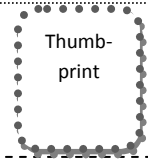
- 4. Clothing Sizes – Top _____ Trousers _____ Shoes _____
- 5. Favorite color _____
- 6. Other interesting facts _____

BACKGROUND INFORMATION

	MOTHER	FATHER
Name		
Year of Birth		
Deceased		
Tribe		
Nationality		
Religion		
Occupation		

I certify that the information given on this form is true and will be held liable for any misinformation.

Caregiver/Representative Signature _____ Date _____



This section for use by enrollment officer only

Risk Level – Low , Medium , High Place/Date of Enrollment _____ / _____

Case History/Notes/Recommendations _____

Enrollment Officer Name _____ Enrollment Officer Signature _____