Name of Disaster/Operation: **Date:**

1. Assessing Agency Information

Organization doing the assessment (and collaborating organization):

Name of the Staff/Intake Person	Role in the community	Contact information

2. Contact Information

Providece/Region	Sub-City /Zone	Woreda/Kebele
House Number #	Village Name	Mailbox/Additional Description:

Where are you currently residing?

- ☐ Own Home
- ☐ Transitional Housing
- ☐ In Someone else's Home
- ☐ Emergency Shelter
- ☐ Campsites
- ☐ Others

Phone(primary):

Alternative contact Person/Phone:

Email:

3.Personal Information

Caregiver's Name(Adult who is the parent/guardian)

First Name:

Last Name:

Gender	Date of Birth	Age	Primary Language
☐ Male ☐ Female			

Do you have an active Bank Account?

- ☐ Yes
- ☐ No

4. Household Information

Did the child(ren)/ parent(s) served in military ? Yes /No

Which Branch ?

Parent(s) death

- ☐ Father
- ☐ Mother
- ☐ Both

Full Name :

Do you have a proof of death certificate? Y/N

Issued by:

If Child(ren) death, how old are the parent(s)?

- ☐ Over the age of 60 (60& 60+)
- ☐ Age 55 and disability with Disability

How many child(ren) do you have 18 and over ?

How many child(ren) do you have under the age of 18?

Do you care for a child with special needs (disability)? Y/N If yes , how many ?

Did the person who service in military :-

- ☐ wounded
- ☐ ill (critical health condition)
- ☐ injured

Describe the injury : -

Availability of medicines/medical supplies:

- ☐ Adequate
- ☐ Basic
- ☐ Inadequate

Does the person pay for medical treatment?

- ☐ Yes
- ☐ No

Is treatment completed Y/N

5.List All Household Members(important to include child(ren) caring for)

Full Name	Gender	Date of Birth	Age	Relationship to Caregiver
Full Name	Gender ☐ Male ☐ Female	Date of Birth	Age	Relationship to Caregiver
Full Name	Gender ☐ Male ☐ Female	Date of Birth	Age	Relationship to Caregiver
Full Name	Gender ☐ Male ☐ Female	Date of Birth	Age	Relationship to Caregiver

Full Name	Gender ☐ Male ☐ Female	Date of Birth	Age	Relationship to Caregiver
Full Name	Gender ☐ Male ☐ Female	Date of Birth	Age	Relationship to Caregiver
Full Name	Gender ☐ Male ☐ Female	Date of Birth	Age	Relationship to Caregiver
Full Name	Gender ☐ Male ☐ Female	Date of Birth	Age	Relationship to Caregiver

6. Affirmation

I affirm that the information on this application is accurate. I affirm that the documentations provided is true and accurate. I acknowledge that approval is contingent upon the availability of resources. You are aware of this referral, and your information will be only shared with others to coordinate services, to make referrals to programs and benefits, and payment.

Signature of Staff/Intake Person

Caregiver (Caregiver Representative)Signature

Name of Caregiver Representative   Phone: