



Today's date: y ___/m ___/d ___ Primary Caregiver name _____ Gender: M ___ F ___ ID _____





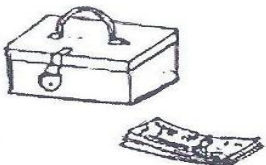
Age of caregiver _____ Volunteer: _____ First assessment? ___ Re-assessment? _____ One form per HOUSEHOLD



 * Caregiver tested for HIV: YES ___ NO ___ DON'T KNOW ___ or child tested for HIV: YES ___ NO ___ DON'T KNOW ___

*Disclosed HIV+ caregiver ___ or HIV+ child ___ DON'T KNOW ___ If yes, is this person on treatment? YES ___ NO ___ DON'T KNOW ___



of children in the household ___  # of children with an obvious disability ___ (*do not directly ask these questions, but record if known)














Office: _____

Shelter and Care (GoE: 2.2.1)			Economic Strengthening (GoE: 2.2.2)	
1. Shelter is warm, safe and dry.	2. Primary caregiver is 18 + & provides regular care, attention, support.	3. Household has access to a functioning latrine and safe water.	4. Household is able to meet minimum needs (expenses) for most of the year	5. Family has regular income and/or assets .
				
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Re-assessment: Since last CSI... Care action occurred? <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Re-assessment: Since last CSI... Care action occurred? <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Re-assessment: Since last CSI... Care action occurred? <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Re-assessment: Since last CSI... Care action occurred? <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Re-assessment: Since last CSI... Care action occurred? <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>

Coordination of Care (GoE: 2.3)	
6. Children have someone/somewhere in community to receive services and support	7. Services provided to the children are well coordinated and respond to the children's needs.
	
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Re-assessment: Since last CSI... Care action occurred? <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Re-assessment: Since last CSI... Care action occurred? <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>

Comments, including major changes in household in last year:

Date today: y ___/m ___/d Child's name _____ Gender: M ___ F ___ Relationship to caregiver: _____ ID _____				
Date of Birth y ___/m ___/d Volunteer: _____ First assessment? ___ Re-assessment? ___ One form for each CHILD				
Legal Protection (GoE: 2.2.3)		Health Care (GoE: 2.2.4)		
8. Child has access to legal support. (examples: birth registration, protection from illegal practices)	9. Child appears safe from any abuse, neglect or exploitation.	10. Child is free from signs and symptoms of disease & is physically healthy for daily activities.	11. Child has access to health care services, incl. preventive & curative	12. Child has received age-appropriate immunizations = for under age 6 only =
				
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Psycho-social Care (GoE: 2.2.5)		Food and Nutrition (GoE: 2.2.7)		
13. Child is cooperative and enjoys playing with peers.	14. Child appears emotionally stable & content (not usually aggressive or withdrawn).	15. Child is treated the same as other children in household; not stigmatized	16. Child has locally available food on a regular and consistent basis.	17. Child is not malnourished (determined by upper arm measure or other symptoms).
				
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Education (GoE: 2.2.6)			Comments:	
18. Child (0-6 & post-primary) is positively stimulated (early childhood/ secondary or vocational or life-skills).	19. Child (primary school age) attends school & is performing well, to graduate to next class.	20. Child has sufficient school materials, supplies, & school clothes (incl. hygiene cloths for teen girls).		
				
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FINAL DRAFT