

Ubuntu Education Fund Family Assessment Form

Date of Assessment: (DD/MM/YY)	FSS Conducting Assessment:	Home Address:	Contact # 1:	Contact # 2:
Total # Living in Household:	Primary Caregiver Case # Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Surname, Name:		Relationship:
Family Assisted by Other Welfare Org: <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes-Name: _____		Does any family member have a disability? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Explain:		Next of Kin: Phone # Relationship:

Behavioral and Emotional History

How does Family Cope with Difficulties? (Specifically speak to children under 12)	Do adults in the home misuse alcohol <input type="checkbox"/> Y <input type="checkbox"/> N Do adults in the home misuse illegal substances <input type="checkbox"/> Y <input type="checkbox"/> N History of violence or abuse <input type="checkbox"/> Y <input type="checkbox"/> N Mental or Psychiatric Problems <input type="checkbox"/> Y <input type="checkbox"/> N	Notes on Abuse and Mental Issues:
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Medical History and Home Environment

TB Snapshot	# of Family Members with TB in past year: ____ # of Family Members Currently Diagnosed: ____ # of Family Members on Treatment : ____ Do any family members exhibit TB symptoms: <input type="checkbox"/> Night sweats <input type="checkbox"/> fever <input type="checkbox"/> Loss of appetite <input type="checkbox"/> Persistent cough <input type="checkbox"/> Weight loss If yes, Case Notes				
	Case Notes and Adherence Issues:				
HIV Snapshot	# of Family Members with HIV: ____ # of Family Members on Treatment: ____ # of Family Member on Treatment at Ubuntu ____				
	Case Notes and Adherence Issues:				
Home Environment	Home Safe From Intrusion: <input type="checkbox"/> Y <input type="checkbox"/> N	Food Kept in Hygienic Conditions: <input type="checkbox"/> Y <input type="checkbox"/> N	Is there space for a garden <input type="checkbox"/> Y <input type="checkbox"/> N Is there interest? <input type="checkbox"/> Y <input type="checkbox"/> N	Are sleeping arrangements appropriate? <input type="checkbox"/> Y <input type="checkbox"/> N	Comments:

Client Snapshot

Case# :	Gender:	Program: <input type="checkbox"/> Y &A <input type="checkbox"/> ECE <input type="checkbox"/> Clinic <input type="checkbox"/> Psychosocial <input type="checkbox"/> Caregiver of Above	Current Grade: Proper Grade: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 yr behind <input type="checkbox"/> 2-4 yrs behind <input type="checkbox"/> Dropped out, if so-last grade passed: _____	Orphan Status: Parents Alive <input type="checkbox"/> Y <input type="checkbox"/> N Father Active in Life: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Mat. Orp <input type="checkbox"/> Pat. Orp. <input type="checkbox"/> Double	Final Status After Assessment: <input type="checkbox"/> On Track <input type="checkbox"/> Off Track	Notes:
Case# :	Gender:	Program: <input type="checkbox"/> Y &A <input type="checkbox"/> ECE <input type="checkbox"/> Clinic <input type="checkbox"/> Psychosocial <input type="checkbox"/> Caregiver of Above	Current Grade: Proper Grade: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 yr behind <input type="checkbox"/> 2-4 yrs behind <input type="checkbox"/> Dropped out, if so-last grade passed: _____	Orphan Status: Parents Alive <input type="checkbox"/> Y <input type="checkbox"/> N Father Active in Life: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Mat. Orp <input type="checkbox"/> Pat. Orp. <input type="checkbox"/> Double	Final Status After Assessment: <input type="checkbox"/> On Track <input type="checkbox"/> Off Track	Notes:

FSS Signature:

Caregiver Signature:

Action Plan Created:

Date of Review: