

UBUNTU EDUCATION FUND INTAKE/REVIEW FORM				<input type="checkbox"/> REVIEW	<input type="checkbox"/> INTAKE
CASE #:	INTAKE/Review DATE:	SURNAME, NAME:			
	SEX:	DATE OF BIRTH:	ID NR:		
ADDRESS:	AREA:	PRIMARY ISSUE: <input type="checkbox"/> HIVOVC <input type="checkbox"/> OVC <input type="checkbox"/> FLP <input type="checkbox"/> CHH/YHH <input type="checkbox"/> RAPE <input type="checkbox"/> ECE <input type="checkbox"/> JLP <input type="checkbox"/> HIV+(15 YRS +) <input type="checkbox"/> PMTCT <input type="checkbox"/> ADULT OVER 18 <input type="checkbox"/> UP <input type="checkbox"/> SCHOLARS IF HIV + : TREATMENT STATUS (Please tick): <input type="checkbox"/> ART <input type="checkbox"/> PRE-ART CD4 COUNT:			
	TYPE OF HOUSING(Please tick) <input type="checkbox"/> FORMAL <input type="checkbox"/> INFORMAL				
	CONTACT NUMBER (S):				
	CLINIC:				
IF CLIENT IS CHILD: <input type="checkbox"/> LEARNER <input type="checkbox"/> OSY <input type="checkbox"/> NOT IN SCHOOL	IF LEARNER: SCHOOL:	SECONDARY ISSUE: <input type="checkbox"/> NONE <input type="checkbox"/> SEXUALLY ABUSED (BY: _____) <input type="checkbox"/> RAPE OUTCOME (if rape) YEAR OF RAPE: _____ (TICK): <input type="checkbox"/> RAPE REPORTED <input type="checkbox"/> PERP PROSECUTED			
IF ADULT: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED/SEPARATED <input type="checkbox"/> WIDOWED	SOURCE OF INCOME: <input type="checkbox"/> EMPLOYED <input type="checkbox"/> PENSION <input type="checkbox"/> CHILD SUPPORT GRANT <input type="checkbox"/> DISABILITY <input type="checkbox"/> FOSTER CARE GRANT <input type="checkbox"/> NONE OTHER(Specify) <input type="checkbox"/> : _____	PRIMARY CAREGIVER (IF ISSUE IS OVC): <input type="checkbox"/> MOM <input type="checkbox"/> DAD <input type="checkbox"/> GRANNY <input type="checkbox"/> <input type="checkbox"/> AUNT <input type="checkbox"/> PARTNER <input type="checkbox"/> OTHER (Specify): _____		TOTAL HOUSEHOLD INCOME PER MONTH:	
		MOTHER ALIVE: <input type="checkbox"/> YES <input type="checkbox"/> NO FATHER ALIVE: <input type="checkbox"/> YES <input type="checkbox"/> NO		# OF ADULTS IN HOUSEHOLD:	
# OF MALE ADULTS IN HOUSEHOLD:		LITERACY: <input type="checkbox"/> LITERATE <input type="checkbox"/> ILLITERATE		# OF KIDS IN HOUSEHOLD:	
OTHER FAMILY MEMBERS IN HOUSEHOLD			DISABLED: <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE SPECIFY: _____		
NAME and SURNAME:	ENROLLED (Tick Y/N)	RELATIONSHIP TO CLIENT	CASE SNAPSHOT:		
1.	<input type="checkbox"/> Y <input type="checkbox"/> N				
2.	<input type="checkbox"/> Y <input type="checkbox"/> N				
3.	<input type="checkbox"/> Y <input type="checkbox"/> N				
4.	<input type="checkbox"/> Y <input type="checkbox"/> N				
5.	<input type="checkbox"/> Y <input type="checkbox"/> N				

NEEDS ANALYSIS AND ACTION PLAN				
TRACK STATUS AT INTAKE/REVIEW (TICK): <u>HEALTH</u> <input type="checkbox"/> ON TRACK <input type="checkbox"/> OFF TRACK <u>HOUSEHOLD STABILITY</u> <input type="checkbox"/> ON TRACK <input type="checkbox"/> OFF TRACK <u>EDUCATION</u> <input type="checkbox"/> ON TRACK <input type="checkbox"/> OFF TRACK				
Presenting Problem:	Goal	Intervention	Person Responsible	Proposed Completion Date
Clinical Support				
Household Stability				
Education				

Client signature.....Staff signature.....Date.....