

## Ubuntu Education Fund - Day to Day Log for Walk In Services

Date	Visitor Information	Reason for Visit	Action Taken	Referrals	Notes
Date:  Gender <input type="checkbox"/> M <input type="checkbox"/> F  Session <input type="checkbox"/> AM <input type="checkbox"/> PM	Surname, Name  Age Group: <input type="checkbox"/> 0 – 11 yrs <input type="checkbox"/> 12 – 18 yrs <input type="checkbox"/> 19 – 24 yrs <input type="checkbox"/> 25 yrs plus  Contact Details: Ubuntu Client? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, state FSS Below: .....	<b><u>HIV related issue</u></b> <input type="checkbox"/> Management of ARVs <input type="checkbox"/> ARVs Transferred in <input type="checkbox"/> New PMTCT Transferred in <b><u>Abuse</u></b> <input type="checkbox"/> Rape or Sexual Abuse <input type="checkbox"/> Domestic Violence/Physical Abuse <input type="checkbox"/> Emotional Abuse <b><u>Neglect:</u></b> <input type="checkbox"/> Isolated Child <input type="checkbox"/> Physical Abuse in Home <input type="checkbox"/> Mentally unstable Household <b><u>Other:</u></b> <input type="checkbox"/> Counselling <input type="checkbox"/> Consultation <input type="checkbox"/> Other? <b>Please state .....</b>	<input type="checkbox"/> Referral ( If YES, Please select one from adjacent referral list OR state if other Action was taken)  <b><u>Service Rendered by FSS:</u></b> <input type="checkbox"/> Basic Counselling <input type="checkbox"/> Intensive Counselling <input type="checkbox"/> Consultation  <b><u>Other:</u></b>	<input type="checkbox"/> Social Development <input type="checkbox"/> Clinic <input type="checkbox"/> SANCA <input type="checkbox"/> FAMSA <input type="checkbox"/> Life Line <input type="checkbox"/> Child line <input type="checkbox"/> C.B.O <input type="checkbox"/> UVIWE <input type="checkbox"/> SASSA <input type="checkbox"/> CMR  <b><u>Other:</u></b>	
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FSS.....

Date .....

Signature .....

HHS Manager Sign .....

M&E Manager Sign .....