

KIDSS Beneficiary Enrollment Form

This form is used for registering Orphans and Vulnerable Children (OVC) and their Caregivers. the Case Worker is required to seek caregiver consent before enrolling the household into the project.

HHD1. Health District of residence: _____

HHD2. Health Area: _____

HHD3. Quarter: _____

HHD4. Village: _____

HHD5. Description of tde locality: _____

HHD9. Point of entry: ☐ Health facility ☐ CHAMP / CARE ☐ Social services (MINAS, MINPROFF) ☐ Legal/Security ☐ CSO ☐ Community

HHD10. If source of household is "CHAMP / CARE" provide CHAMP code |_|_|_|_|_|

HHD3. type of enrollment: In person [] Remote []

Demographics										health details								Education details		Relation	Cause of death		Population type
BNF1	IAC1	IAC1	IAC3	IAC4	IAC5	IAC7	IAC8	IAC9	CHD1	CHD2	CHD3	CHD4	CHD5	CHD6	CHD7	CHD8	CED1	CED2	CRC1	CDM CDF	PT		
Tick if index case	Beneficiary type	First name	Family name	National ID	Mobile #	Sex	Child with special needs (disability) (Y/N)	Date of Birth: (dd/mm/yyyy)	Has birt certificate (Y/N)	HIV status	Reason for Unknown HIV status	If HIV Positive; indicate ART status	ART Code if on Treatment	Date of initiation to ART	Treatment health Facility linked to	ART Regimen (Refer from provided SOP)	Pregnant Woman (Y/N)	School level	Class / form	Relationship of tde caregiver to child	If Child's Mother is dead, indicate cause of death	If Child's Father is dead, indicate cause of death	Select Population Type
<input type="checkbox"/>	1	Ebongue	Fabrice	2121234355	6 95 95 68 54	<input type="checkbox"/> M <input type="checkbox"/> F	Yes <input type="checkbox"/> No <input type="checkbox"/>	2 nd Febuary 2000	Yes <input type="checkbox"/> No <input type="checkbox"/>	1	1	1	ART7802	2 nd Febuary 2022		Exemple regimen	Yes <input type="checkbox"/> No <input type="checkbox"/>	1	1	1			1

Codes Section

(CED1) school level	(CED2) Class / Form	CHD3	CDM	CDF	(CRC2) Relationship to Caregiver	(CDH1) HIV Status	(CDH2) Reason for Unknown HIV status	(PT) Otder population type
1. Pre-Primary 2. Primary 3. Koranic schools 4. Tertiary / University 5. Not in school 6. Never been to school	1 2 3 4 5 6 7	1. On Treatment 2. Not on Treatment	1. HIV related 2. Otder cause	BNF1 1. Child 2. Primary Caregiver 3. Secondary Caregiver	1. Mother 2. Father 3. Uncle 4. Aunt 5. Grand Mother 6. GrandFather 7. Older sibling 8. Otder relative	1=Negative 2=Positive 3=Unknown 4=Undisclosed 5=Test not required	1. Refused testing 2. Test not yet done 3. Refused to disclose status 4. HIV Exposed Infant	1. HIV exposed infant 2. Pregnant & breast feeding living with HIV 3. Adolescent Mother 4. Sexual/GBV survivor 5. Child of FSW 6. IDP 7. Child/Adolescent living with HIV HHD7. Enrollment Date: (dd/mm/yyyy) _ _ / _ _ /202__ CMD1. Case Worker (CW) Name _____ CMC Name/ Signature _____