**UNBOUND MANILA FOUNDATION, INC.**

**529 Purok 5 Pasong Langka, Sta Rosa-Tagaytay Road**

**Silang, Cavite**

**Social Case Study Report (SCSR)**

1. **Identifying Data:**

Name : {last\_name}, {first\_name} {middle\_name}

Sex : {sex}

Present Address : {present\_address}

Date of Birth : {dob}

Place of Birth : {pob}

Age : {age}

Civil Status : {civil\_status}

Educational Attainment : {edu\_attainment}

Religion : {religion}

Occupation : {occupation}

Contact Number : {contact\_no}

Classification : {classification}

1. **Family Composition:**

This includes all those persons living with the family:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Age** | **Civil Status** | **Relationship to Client** | **Educational Attainment** | **Occupation** | **Income** |
| {#family\_members}{last\_name}, {first\_name} {middle\_name} | {age} | {civil\_status} | {relationship\_to\_sm} | {edu\_attainment} | {occupation} | {income}{/} |

1. **Problem presented**

{problem\_presented}

1. **History of the Problem**

{history\_problem}

1. **Findings**

{observation\_findings}

1. **Assessment**

{assessment}

1. **Interventions**

{#interventions}

**Intervention {interventionType} {intervention\_number}**

{#correspondence}

**Name of Sponsor:** {name\_of\_sponsor}

**Date of Sponsorship:** {date\_of\_sponsorship}

|  |
| --- |
| **SM's Identified/Expressed Problem or Need** |
| {identified\_problem} |
| **SDW's Assessment** |
| {assesment} |
| **Objective/s** |
| {objective} |
| **Recommendation**  **(Indicate if SM's case needs a Case Conference)** |
| {recommendation} |

{/correspondence}

{#counseling}

**Grade/Year Level:** {grade\_year\_level}

**School:** {school}

**Address:** {address}

**Date of Counseling:** {counseling\_date}

**Area/Self-Help Group:** {area\_self\_help}

|  |
| --- |
| **Purpose/Reason for Counseling** |
| {reason\_for\_counseling} |
| **Corrective and/or Disciplinary Action To Be Taken** |
| {corrective\_action} |
| **Recommendation for Improvement (Intervention)** |
| {recommendation} |
| **SM’s Comments/Remarks** |
| {sm\_comments} |

{/counseling}

{#financial}

**Type of Assistance**

{#type\_of\_assisstance}

|  |  |  |  |
| --- | --- | --- | --- |
| {a1} | Funeral Assistance to the family member | {a2} | Funeral Assistance to Sponsored Members |
|  |  |  |  |
| {a3} | Medical Assistance to Family Member | {a4} | Medical Assistance to Sponsored Member |
|  |  |  |  |
| {a5} | Food Assistance | {a6} | Home Improvement/Needs |
|  |  |  |  |
| {a7} | IGP Capital | {a8} | Other: Please indicate below |
|  |  | {other} | |

{/type\_of\_assisstance}

**Problem Presented**

{problem\_presented}

**Recommendation**

{recommendation}

{/financial}

{#homevisit}

**Grade/Year Course:** {grade\_year\_course}

**Year/s in the program:** {years\_in\_program}

**Family type:** {family\_type}

{#father}

|  |  |  |
| --- | --- | --- |
| **Father:** {name} | Work: {occupation} | Income: {income} |

{/father}

{#mother}

|  |  |  |
| --- | --- | --- |
| **Mother:** {name} | Work: {occupation} | Income: {income} |

{/mother}

**Other Members of the Family:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Age** | **Civil Status** | **Relationship to Client** | **Educational Attainment** | **Occupation** | **Income** |
| {#otherFamily}{last\_name}, {first\_name} {middle\_name} | {age} | {civil\_status} | {relationship\_to\_sm} | {edu\_attainment} | {occupation} | {income}{/} |

**Progress in the Family based on their Family Goals**

|  |  |
| --- | --- |
| **SM** | **Family** |
| {sm\_progress} | {family\_progress} |

**Worker’s Observation/Findings**

{observation\_findings}

**Interventions Made**

{interventions}

**Recommendations**

{recommendations}

**Agreement (if any)**

{agreement}

{/homevisit}

{/interventions}

{^interventions}

No interventions.

{/interventions}

1. **Progress Reports**

{#progress\_reports}

**Progress Report #{report\_num}**

**Sponsor Name:** {sponsor\_name}

**Sponsorship Date:** {sponsorship\_date}

**Date Accomplished:** {date\_accomplished}

**Period Covered:** {period\_covered}

**Sponsored Member Update:**

{sm\_update}

**Family Update:**

{family\_update}

**Services Rendered to the Family:**

{services\_to\_family}

**Participation in the Community:**

{participation}

**Relationship to sponsor**

{#relation\_to\_sponsor}

* **Knows his/her sponsor’s name:** {know\_sponsor\_name}
* **Writes personalized letter on a timely manner:** {cooperative}
* **Cooperative with the program:** {personalized\_letter}

{/relation\_to\_sponsor}

{/progress\_reports}

{^progress\_reports}

No progress reports.

{/progress\_reports}

1. **Evaluation and Recommendation**

**Evaluation**

{evaluation}

**Recommendation**

{recommendation}

Prepared by:

Noted by:

**\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

Social Development Worker \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Signature over Printed Name)* SPC

*(Signature over Printed Name)*

Noted by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SDDH

*(Signature over Printed Name)*