

Next to Komarock Shrines
Along Kangundo road
Machakos County



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DOROTHEA RESCUE CENTRE ADMISSION FORM

Date of admission:	Age of child at admission:
First name:	Middle name:
Surname:	Nickname/likes to be called:
Sex:	Date of birth (DOB):
Place of birth (County):	Sub county:
Village:	Not known:
Other forms of admission: Self-referral Abandoned at CCI	Was admission order issued? Yes () No () If yes, Committal Order #: Date of Committal: O.B number:
Who referred the child? Name: Title: Relationship to the child: Contact: Location:	Name and address of current care provider: Phone no: Registration status:
Current alternative care placement type: Kinship care Foster care () Temporary shelter () CCI () SCI () Supported child-Headed household () Supported Independent Living () Kafaalah	

Guardianship ()

Other (Specify):
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Reasons for admission (Please tick all applicable):

- School/Education access
- Poverty/family vulnerability
- Child abandoned Child on the street
- Special need (disability)
- Orphan
- Separated/unaccompanied
- Child of imprisoned parent
- Abuse or neglect at home
- HIV & AIDS or other chronic illness
- Child victim of human trafficking
- Child lost and found
- Other (Specify):
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Previous history of placement

Type of placement	From	To
CCI		
Kinship		
Foster		
Kafaalah		
Guardianship		
Temporary		
Other (e.g. SIL or supported child headed household)		
If the child has been in several types of care e.g. various CCIs, please indicate the types and / or names of CCIs		

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Home of Particulars (Place of Birth)

County: Sub county: Location:

Sub-location: Village / estate:

Landmark (e.g. school/church/mosque/market)
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Complexion:	Ethnicity:	Religion: Christian () Muslim () Hindu ()
Distinguish physical features	

School Background

Previously attended school? Yes () Public () Private () Day () Boarding () No ()

Name of school:

Location of school:

Child currently attending school? Yes () Public () Private () Day () Boarding () No ()

Name of school:

Location of school:

Current education level:

ECD/Grade/Form/Vocational/Tertiary:

Parent's particulars

Name:	Other names	Last known location	Contact	Alive (Yes/No/Not known)
Mother:				
Father:				

Siblings Information

Name:	Last known location	Occupation/ Education/ Employment	Age	Contact

Rescue Details

Name of institution/Person that found the child:

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Where was the child found?

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When was the child found?

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Child Case History

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Health status

Have you been hospitalized? Yes () No ()

If yes, what were you suffering from?

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Are there other siblings living with the child now in this form of care? Yes () No () Name of siblings: 1. 2. 3.	Are there other siblings admitted into care elsewhere? Yes () No () Name of siblings: 1. 2. 3.
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Reasons for admission:

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Girl's name: Date: Sign:

Social worker: Date: Sign:

Director: Date: Sign:

(Dorothea Rescue Centre)