



Social Welfare Section - GPU

# SOCIAL RESEARCH FORM

Alleviate Needy Families Suffering Project-AFP

THIS RESEARCH IS CONDUCTED FOR THE FOLLOWING REASON/S:

☒ Financial Aid Request ☐ Relief Aid Request ☐ Educational Aid Request ☐ Health Aid Request

## Family Identification

### Family Basic Information

|                 |   |          |                |   |
|-----------------|---|----------|----------------|---|
| Guardian Name   | Name  | MAJED    | Gender         | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female  |
|                 | Father  | FADEL    | ID No.         | 905485538   |
|                 | Grandfather   | ALI      | Marital Status | <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widow <input type="checkbox"/> Divorced          |
|                 | Family  | ALABADLA | Work           | <input type="checkbox"/> Employee <input checked="" type="checkbox"/> Jobless <input type="checkbox"/> Irregular work |
| Education Level | <input type="checkbox"/> Primary <input type="checkbox"/> Preparator <input checked="" type="checkbox"/> Secondary <input type="checkbox"/> Diploma <input type="checkbox"/> University <input type="checkbox"/> Higher Degrees <input type="checkbox"/> Vocational <input type="checkbox"/> Illiterate |          |                |   |
| Monthly Salary  | <input type="checkbox"/> 000 - 200 GBP <input checked="" type="checkbox"/> 200 - 500 GBP <input type="checkbox"/> More than 500 GBP   |          |                |   |

### Contact Information

| Contact Numbers             |          |           |         | Address                               |            |
|-----------------------------|----------|-----------|---------|---------------------------------------|------------|
| Line Type                   | Zip code | Area Code | Number  | Governorate                           | Khanyounis |
| Mobile#1 (For the Guardian) | +970     | 059       | 9366131 | Area                                  | Qarara     |
| Mobile#2                    | +970     | 059       | 9638123 | Address Details (Street & Near Marks) |            |
| Email (if Applicable)       |          |           |         | Second St – Near Makka Pharmacy       |            |

## Family Configuration

|                             |   |  |
|-----------------------------|---|--|
| Number of Family's Members* | 8 | *(Only Father, Mother, Guardian and any other unmarried dependent) |
| Members in Universities     | 0 |  |
| Members in Schools          | 0 |  |
| Workers Members             | 1 |  |

Note: In the table **START** by the Guardian, Mother, and children, from oldest to the youngest and other dependents.

| No. | First Name | Sex <sup>1</sup> | Relation <sup>2</sup> | Birth Date | Education Level <sup>3</sup> | Health Status <sup>4</sup> | Marital Status |
|-----|------------|------------------|-----------------------|------------|------------------------------|----------------------------|----------------|
| 1   | MAJED      | M                | Him/Herself           | 15/11/1959 | Secondary                    | Healthy                    | Married        |
| 2   | AWATEF     | F                | Wife                  | 1/4/1963   | Secondary                    | Healthy                    | Married        |
| 3   | WAHEED     | M                | Son                   | 23/8/1985  | Secondary                    | Healthy                    | Married        |
| 4   | ALAA       | F                | Daughter in law       | 5/11/1990  | Secondary                    | Healthy                    | Married        |
| 5   | MARIAM     | F                | Granddaughter         | 9/9/2016   | primary                      | Healthy                    | -              |
| 6   | RAGHAD     | F                | Daughter              | 17/4/2003  | Secondary                    | Healthy                    | Single         |
| 7   | TAGHREED   | F                | Daughter              | 17/4/2003  | Secondary                    | Healthy                    | Single         |
| 8   | NESREEN    | F                | Daughter              | 3/7/1997   | Secondary                    | Healthy                    | Divorced       |

Use the following terms when you fill the table

1 Sex: M/F

2 Relation: Mother/Brother/Sister/Son/Daughter/Grandfather/Grandmother

3 Education Level: Kindergarten/Primary/Preparator/Secondary/Diploma/University/HigherDegrees/Vocational/Illiterate

4 Health Status: Healthy/Unhealthy/Special Need

## Health Situation for Family

|  |   |
|--|---|
| Family members are in a Good Health?                 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| The Person/a family member suffering from a disease? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Does the family have life insurance?                 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

| Patient Name | Disease | Treatment Cost GBP | Special Needs Devices <sup>1</sup> | Notes |
|--------------|---------|--------------------|------------------------------------|-------|
| 1.           |         |                    |                                    |       |
| 2.           |         |                    |                                    |       |
| 3.           |         |                    |                                    |       |
| 4.           |         |                    |                                    |       |
| 5.           |         |                    |                                    |       |
| 6.           |         |                    |                                    |       |
| 7.           |         |                    |                                    |       |

Use the following terms when you fill the table

1 Special Needs Devices: Wheel chair/Water mattress/Walking sticks/Diapers/Artificial extremities/Oxygen/Other (Please Specify .....)

Brief description about the family health situation

## For Educational Aid Purposes

|                                   |  |               |   |                                     |                                |                                 |
|-----------------------------------|--|---------------|---|-------------------------------------|--------------------------------|---------------------------------|
| Student Name                      |  |               |   |                                     |                                |                                 |
| College Name                      |  | Level         | <input type="checkbox"/> First          | <input type="checkbox"/> Second     | <input type="checkbox"/> Third | <input type="checkbox"/> Fourth |
| Education Type                    | <input type="checkbox"/> Diploma <input type="checkbox"/> Bachelor <input type="checkbox"/> M.A <input type="checkbox"/> PHD | Semester      | <input type="checkbox"/> First          | <input type="checkbox"/> Second     |                                |                                 |
| Specialization                    |  | Studying Year |   |                                     |                                |                                 |
| Degree %                          | %  | Fees Needed   | <input type="checkbox"/> (USD \$) ..... | <input type="checkbox"/> (JD) ..... |                                |                                 |
| Current Situation for The Student | <input type="checkbox"/> Persistent <input type="checkbox"/> Discontinuous <input type="checkbox"/> Suspended                |               |   |                                     |                                |                                 |
| Notes (If any)                    |  |               |   |                                     |                                |                                 |

## Economic Status of The Family

Source of Income

|                         |  |   |  |  |
|-------------------------|--|---|--|--|
| Jobs for family members | <input type="checkbox"/> No            | <input type="checkbox"/> From GBP 0 – GBP 200 | <input checked="" type="checkbox"/> From GBP 200 – GBP 500 | <input type="checkbox"/> More than GBP 500 |
| Periodic Sponsorships   | <input checked="" type="checkbox"/> No | <input type="checkbox"/> From GBP 0 – GBP 60  | <input type="checkbox"/> From GBP 60 – GBP 150             | <input type="checkbox"/> More than GBP 150 |
| Charity Aids            | <input checked="" type="checkbox"/> No | <input type="checkbox"/> From GBP 0 – GBP 100 | <input type="checkbox"/> From GBP 100 - GBP 250            | <input type="checkbox"/> More than GBP 250 |

Notes (If any) The main and only income is the beneficiary's pension which is not enough for his family's necessary needs and expenses.

Family Monthly Burden

|                                  |  |   |   |
|----------------------------------|--|---|---|
| House and Food Fees <sup>1</sup> | <input type="checkbox"/> No            | <input checked="" type="checkbox"/> Yes 400 GBP | 1 House and Food Fees: Electricity/Water/Phone/Etc.       |
| Educational Fees <sup>2</sup>    | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes ..... GBP          |   |
| Rents                            | <input type="checkbox"/> No            | <input checked="" type="checkbox"/> Yes 150 GBP | 2 Educational Fees: Fees/Transportation/Intensive lessons |
| Medical Fees                     | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes ..... GBP          |   |

Total Monthly Burden ..... GBP

## Resident Status of The Family

### Resident Situation

|                      |   |  |   |                                   |   |
|----------------------|---|--|---|-----------------------------------|---|
| Resident Status      | <input type="checkbox"/> Ownership  | <input type="checkbox"/> Shared              | <input checked="" type="checkbox"/> Rent                | Rent Cost (GBP)                   | (Monthly 150 (GBP)                              |
| Resident Type        | <input checked="" type="checkbox"/> Concrete  | <input type="checkbox"/> Asbestos            | <input type="checkbox"/> Zinc plate                     | No. of Rooms                      | 3   |
| Resident Description | <input type="checkbox"/> Good   | <input checked="" type="checkbox"/> Moderate | <input type="checkbox"/> Bad                            | House Area (m <sup>2</sup> )      | 120 m <sup>2</sup>                              |
| Resident Needs       | <input checked="" type="checkbox"/> Paints  | <input checked="" type="checkbox"/> Doors    | <input checked="" type="checkbox"/> Sewerage Network    | <input type="checkbox"/> Asbestos | <input checked="" type="checkbox"/> Electricity |
|                      | <input checked="" type="checkbox"/> Plaster   | <input checked="" type="checkbox"/> Windows  | <input checked="" type="checkbox"/> General Maintenance | <input type="checkbox"/> Roof     | <input type="checkbox"/> New Room               |
| Notes (If any)       | The family's house got fired two months ago and it is seriously damaged. So they forced to move to a rent one till they could rehabilitate their house. |  |   |                                   |   |

## Final Notes and Recommendations

The family's house got fired two months ago and it is seriously damaged. So they forced to move to a rent one till they could rehabilitate their house. The house is in a very bad condition and it needs many rehabilitating works. It needs new plastering, new paintings, new flagstones, new electricity cycle, and new sewage network. They also lost all their furniture and they need all the electrical machines. They need new fridge, new washing machine, new cooker and a new oven. In this case, we recommend at least the rehabilitate the kitchen and the bathroom for the family which cost around 3500\$.

### Family Assessment

☒ In need (Please Choose from the Following): ☐ Poor ☐ Very Poor ☒ Severe.  
☐ Not in need.  
☐ Chosen for a Project

Project Name/type .....

### Attachments

- ☒ Father/Guardian ID (photo copy)
- ☐ House rent contract (if applicable) (photo copy)
- ☐ Medical report (if there ant patient in the family)
- ☒ Various photos include the family with the surrounding environment.

### For Official Use

|                     |                          |                |  |
|---------------------|--------------------------|----------------|--|
| Visit Date          | Name of Person in Charge | Implemented by | Supervised By:                               |
| 28/3/2023           | RAWAD MUBARAK            | SHAHD KHATIB   | Social Welfare Section<br>Gaza Projects Unit |
| Signature:<br>SHAHD |                          |                |  |







اليوم: الاثنين  
التاريخ: 2023 / 2 / 13  
م.ر: 2023 / 101

## إفسادة هريق

|                |                          |             |           |
|----------------|--------------------------|-------------|-----------|
| اسم صاحب الحدث | ماجد فضل علي العبدلة     | رقم الهوية: | 905485538 |
| العنوان        | محافظة خانيونس - القرارة | اسم الشارع: | العبدلة   |

حسب التقرير الموجود لدينا (2023/13) تفيد المديرية العامة للدفاع المدني أنه يوم ( الاثنين ) الموافق 2023/1/22، تم إبلاغ عمليات الدفاع المدني بوجود حريق في منزل يعود للمواطن المذكور أعلاه، وعلى الفور توجهت طواقم الإطفاء للمكان، وعند الوصول تبين أن النيران كانت مشتعلة في المنزل، حيث قامت طواقم الإطفاء بعمل اللازم وإخماد النيران.

### وكانت الخسائر كالتالي:

- تضرر أثاث المنزل بالكامل.
- تضرر باب عدد 4 وشباك عدد 5.
- تضرر البلاط.
- تضرر شبكة الكهرباء بالكامل.
- تضرر النضارة وطلاء الجدران.
- احتراق الأوراق الثبوتية حسب ادعاء صاحب الحدث.

• وفقدت نسخة الشرائح بصيغة المختصين

تحرير: رئيس قسم عمليات الإطفاء والإنقاذ

رائد / وسام يوسف طافش

مراجعة: مدير دائرة خدمات الإطفاء والإنقاذ

مقدم / محمد الله يوسف الزهار

اعتماد: مدير إدارة الإطفاء والإنقاذ

مقدم / محمد زهدي أبو طه







































