

# Socio Economic Assessment Report

## Assessment Remaks

File Number:	121	Date of Assessment:	2010-06-14	Interviewer:	
Location:		Date of last assessment:	2015-03-02	Assistance receiving since (if any):	
Interpreter:		# of home visit(s) and date:		Date of last home visit:	

## Background Information and Assessment Purpose

1. How PoC (and family) survived from date of arrival to the date of assessment?
asd
2. Current Situation (Socio-economic):
asd

## Living Condition (to be filled in after home visits)

### A. GENERAL

House/Room condition:	<input type="checkbox"/> No repair <input type="checkbox"/> Medium repair <input type="checkbox"/> Leaking ceiling <input type="checkbox"/> Shared toilet/bathroom <input type="checkbox"/> No toilet/bathroom	<input type="checkbox"/> Air ventilation (windows, etc) <input type="checkbox"/> No air ventilation <input type="checkbox"/> Shared kitchen <input type="checkbox"/> No kitchen <input type="checkbox"/> Dampness <input type="checkbox"/> Smell
Furniture / Equipment:	<input type="checkbox"/> Bed <input type="checkbox"/> Sofa <input type="checkbox"/> Wardrobe/Cupboard <input type="checkbox"/> Table <input type="checkbox"/> Chairs <input type="checkbox"/> Rice cooker <input type="checkbox"/> Refrigerator <input type="checkbox"/> Gas stove <input type="checkbox"/> Washing machine <input type="checkbox"/> TV set	<input type="checkbox"/> Iron <input type="checkbox"/> Computer (laptop, tablet) <input type="checkbox"/> DVD player <input type="checkbox"/> AC <input type="checkbox"/> Fan <input type="checkbox"/> Internet Connection <input type="checkbox"/> TV Cable <input type="checkbox"/> Piped Clean & Safe Water <input type="checkbox"/> Motorcycle <input type="checkbox"/> Mobile phone <input type="checkbox"/> Others

Number of rooms:		Living space in M2:		Monthly rent fee:	
Notes/comments on general condition:					

Security and Safety Measures:	<input type="checkbox"/> Fenced accommodation <input type="checkbox"/> Secure gate <input type="checkbox"/> Secure doors & windows <input type="checkbox"/> Multiple Entry/Exit points in the building <input type="checkbox"/> Fire Extinguisher				
Neighbourhood/Relationship with Around People:	<input type="checkbox"/> Clean & healthy area <input type="checkbox"/> Dense populated area <input type="checkbox"/> Slum area <input type="checkbox"/> Trading area <input type="checkbox"/> Others				
Police station:		Health facilities:			
Notes:					
Number of person living in same house:					

## B. PERSON WITH SPECIFIC NEEDS

Please specify more about the vulnerabilities:	(Type of vulnerability and how it has affected functioning in his/her daily life and special attention needs to be paid on)		
1. CHILDREN			
Unaccompanied minors:	<input type="radio"/> Yes <input type="radio"/> No	#1	Remarks: remarks
Separated children:	<input type="radio"/> Yes <input type="radio"/> No	#	
# of children attending school:			
# of children not attending school:			
# of children with specific education needs:			
2. PROTECTION NEEDS:			

## Financial And Other Support System Available To The Person Of Concern

Support System			
Approximate monthly household income			
CWS/UNHCR cash assistance:	CWS/UNHCR cash assistance:		
Non-CWS/UNHCR assistance:			
Other sources of income: (e.g. IOM/JRS, etc)			
Other sources of income: (e.g. from relative in CoO/CoA/Abroad, etc.)	Lorem ipsum dolor sit amet		
Approximate monthly expenditure			
Rent fee:	est usus legentis in iis qui facit eorum claritatem. Investigationes demonstraverunt lectores legere me lius quod ii legunt saepius. Claritas est etiam processus dynamicus	Food:	qui sequitur mutationem consuetudium lectorum. Mirum est notare quam littera gothica
Clothes:	quam nunc putamus parum claram	Transport:	anteposuerit litterarum formas humanitatis per seacula quarta decima et quinta decima. Eodem modo typi
Other:	qui nunc nobis videntur parum clari		
Comments on available financial support system (cash):			
Comments on available other support system (in kind):			
Recommendations:			
Assistance Highly Recommended:	<input type="radio"/> YES <input type="radio"/> NO		
Assistance Recommended:	<input type="radio"/> YES <input type="radio"/> NO		
Assistance Not Recommended:	<input type="radio"/> YES <input type="radio"/> NO		
Final remarks, including recommendation on cash, non-cash or other form of assistance (if applicable):			
Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed diam nonummy nibh euismod tincidunt ut laoreet dolore magna aliquam erat volutpat. Ut wisi enim ad minim veniam, quis nostrud exerci tation ullamcorper suscipit lobortis nisl ut aliquip ex ea commodo consequat. Duis autem vel eum iriure dolor in hendrerit in vulputate velit esse molestie consequat, vel illum dolore eu feugiat nulla facilisis at vero eros et accumsan et iusto odio dignissim qui blandit praesent luptatum zzril delenit augue duis dolore te feugait nulla facilisi. Nam liber tempor cum soluta nobis eleifend option congue nihil imperdiet doming id quod mazim placerat facer possim assum. Typi non habent claritatem insitam			

## Assessment verified by:

Name:	Signature:	Date:
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Remarks by reviewing officer:	
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Comment:

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