





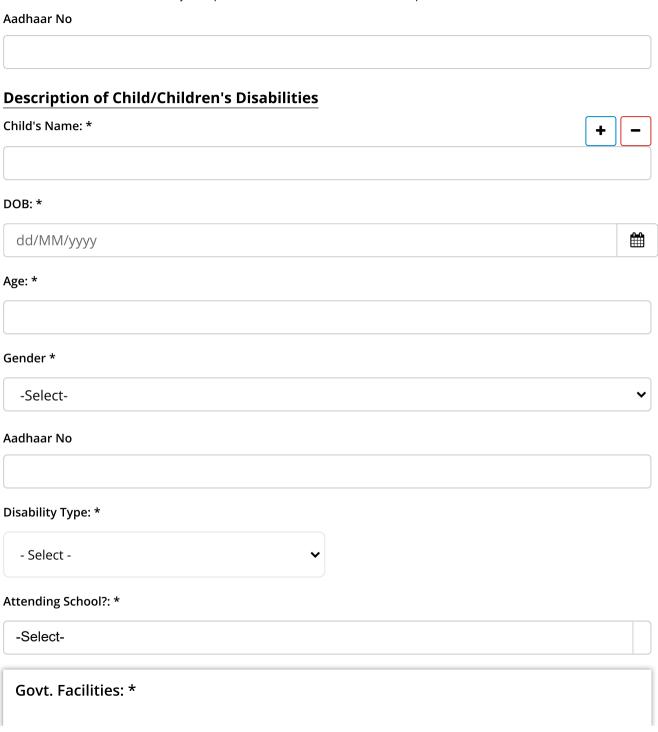




NAVIGATION

Survey of Children with Disabilities in the Family

Name of the AWW *	
Name of the Centre *	
Family Details	
State *	
ODISHA	
District *	
-Select-	~
Sub-division *	
	~
Address Type *	
-Select-	~



		Required	Provided
1.	Surgical Correction		
2.	Medical Treatment		
3.	Therapeutic Service		

Fitment of Aids & Appliances: *

		Required	Provided
1.	Tricycle		
2.	Walking Stick		
3.	Wheel Chair		
4.	Artificial Limb		
5.	Caliper		
6.	Hearing Aid		
7.	Mobility Cane		
8.	CP Chair		
9.	Braille Slate		
10.	DVR		
11.	None of the Above		

Ein			
ГШ	ance Assistance: *		
		Required	Provided
1.	Scholarship		
2.	Pension		
3.	Assistance from CMRF		
4.	Others		
cei	ved Medical Board Certific	ate: *	
Se	elect-		
-06			
Any	y Emotional or Mental	Health Issues (lf any):
Any 1.	Depression	Health Issues (If any):
		Health Issues (If any):
1.	Depression	Health Issues (If any):
1.	Depression Self-harming	(If any):
 2. 3. 	Depression Self-harming Hyperactivity	(
 1. 2. 3. 4. 	Depression Self-harming Hyperactivity Behavioural problems		

9. Eating problems10. Difficulties with sibling relationship
10. Difficulties with sibling relationship
11. Other

Save

Cancel