

INSTRUCTION & DEFINITION SHEET – BENEFICIARIES REGISTRATION FORM

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| Name of Form | Beneficiaries Registration form |
| Symbol | Form Number 01 |
| Purpose | Registration of household members/beneficiaries |
| Level/Location | Household |
| Implementer | Community Health Worker |
| Data Source | People living within the household |
| Time/Frequency | Once before implementation starts |
| Management/Archive | The form number is filled. One copy should be sent to the Supervisor and one copy should be kept by the CHW. |
| Steps to fill out the form | NOTE: USE CAPITAL LETTERS IN RECORDING INFORMATION IN THIS FORM |
| | 1. Record all general information including the date, region, district, ward, village, and hamlet. |
| | 2. Record the name of the Community Health Worker and his/her contact information. |
| | 3. Record the names of both the head of the household and his/her spouse. |
| | 4. Record the mobile phone numbers of both the head of the household and his/her spouse; if one of them does not have a contact number, just record one. |
| | 5. Column (1): Record the names of all beneficiaries within the household. This includes males and females in the following age categories: 0-5 months, 6-11 months, 12-23 months, 24-59 months, 5-9 years, 10-19 years. It also includes pregnant women and all disabled beneficiaries (but not other disabled individuals in the household). |
| | 6. Column (2): Put a ✓ to indicate the sex of the head of household and spouse. |
| | 7. Columns (3, 4, 5, and 6): Put a ✓ to indicate the sex of each child 0-59 months of age. If there are no children in a given age category, leave the corresponding box blank. |
| | 8. Columns (7 and 8): Put a ✓ to indicate the sex of each child 5-19 years of age. If there are no children in a given age category, leave the corresponding box blank. |
| | 9. Columns (9): Put a ✓ to indicate the sex of each adult 20 years and above of age. |
| | 10. Column (10): This column is for pregnant women. Put a ✓ if the beneficiary is pregnant. |
| | 11. Column (11): Put a ✓ to indicate if the beneficiary is disabled. Put the check in the box corresponding to the sex of the disabled beneficiary. |
| | 12. TOTAL: Add all of the ✓ and record the total at the bottom of each column. |
| Verification | Make sure you review the form before submitting to the supervisor |

