INSTRUCTION & DEFINITION SHEET – BENEFICIARIES REGISTRATION FORM

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

FORM NUMBER 01: BENEFICIARIES REGISTRATION FORM

Date				
	(dd/mm/yyyy]			
Region	District	Ward	Village/Street	Hamlet
Household ID				
CHW Name			Mobile Phone Number	
Name of the Household Head_			Mobile Phone Number	
Spouse of the Household Head			Mobile Phone Number	

	Names of the Household members (Beneficiaries)	Sex of Househo and S	old Head	Children from 0 to	with age 5 months	age fron	en with n 6 to 11 nths	from 1	with age 2 to 23 nths	Children from 2			with age 9 years	Adolescent girls with age from 10 to 19 years		h age from and above	Pregnant women	Disab	ilities
	(1)	(2	2)	(3)		(4)		(5)		(6)		(7)		(8)	(9)		(10)	(11)	
No.	M	М	F	М	F	М	F	М	F	М	F	М	F	F	М	F	F	М	F
1																			
2																			
3																			
4																			
5																			
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9																			
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11																			
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