



DEEPTO WELFARE FOUNDATION

Particulars of Senior Citizen (SC)

Serial No. _____ Date: _____

Photo Self

1. Name of SC: _____ Date of Birth _____

NID: _____ TIN: _____

2. Name of Spouse: _____ Date of Birth: _____

NID: _____ TIN: _____

Photo NOK

3. Present Address of the SC:

House/Flat/Plot: _____ Road: _____ Avenue: _____

Area: _____ Post Code: _____

Cell: _____ Phone: _____ Email: _____

4. Marital Status: Married , Single , Other (Specify)

5. No of Living Children: Son , Daughter , Total

6. Currently Living with: Single , Spouse , Son , Daughter , Other (Specify)

7. Income sources: Self , Self+Others, Others

8. Problems/Challenges Currently Struggling with: (Please include latest medical documents)

Physical Health , Mental Health , Lodging , Maid , Caregiver

Food , Financial , Legal , Drug Management , Security

Home Management , Others (Specify)

9. Present Needs to be Consider:

Medicare & Nursing , Caregiver , Drug assistant , Therapist , Maid ,

Home Manager , Cleaner , Home & Utility , Utility Manager , Legal Support ,

Company & Listener , Financial Support , Security , Others (Specify)

10. Physical Ability of the SC:

- a. Can move and work independently without others support
- b. Can move and work with supports from others
- c. Can not move and work/ Bed ridden
- d. Others (Specify)

11. Whether interested/ agreed for paid service? Yes , No , Partially

12. Contact Person (in emergencies):

Name: NID:

Relationship with the SC:

Cell: E-mail:

13. Remarks of the SC (If any, please mention):

- a.
- b.
- c.
- d.

.....
Signature of the SC

.....
Signature of the Contact Person

.....
Signature of the Data Collector

Name

Designation

Office Copy

Serial No:.....

Signature

Mirpur DOHS

Name

Date:

Designation