

PLEASE ANSWER ALL QUESTIONS

MINISTRY OF SOCIAL DEVELOPMENT

**APPLICATION FORM
PUBLIC ASSISTANCE PROGRAM**

DATE: _____

1. **NAME:** _____ **OTHER NAME (S)** _____

First Last Initial

SEX: Male () Female ()

ADDRESS/PARISH _____

VILLAGE _____

Day/ Month/Year

D.O.B: _____ **/AGE:** _____ **LAND MARK:** _____

Next of Kin /

CONTACT PERSON: _____ **PHONE:** _____

2. **PRESENT OCCUPATION: PLEASE TICK APPROPRIATELY IF SELF EMPLOYED**

(a) SHOP KEEPER () (b) SEAMSTRESS / TAILOR () (c) FARMER ()

(d) VENDOR () MARKET () FISH () TOURIST () (e) OTHER ()

3. **PLEASE INDICATE SALARY RANGE \$100-300 (), \$400-500 (), \$600 & OVER MONTHLY ()**

4. **SOURCES OF INCOME: PLEASE TICK**

(a) RECEIVING GOVERNMENT PENSION ()

(b) RECEIVING NIS ()

(c) RECEIVING PRIVATE / OVERSEAS PENSION ()

(d) CHILD OR CHILDREN SUPPORT ()

(e) RENTAL OF PROPERTY ()

(f) OTHER, PLEASE SPECIFY ()

5. **DO YOU POSSESS THE FOLLOWING:**

(a) LAND () (c) BANK ACCOUNT () (e) OTHER PLEASE SPECIFY: _____

(b) HOUSE () (d) VEHICLE ()

6. **ARE YOU A MEMBER OF A BURIAL SOCIETY** (a) YES () (b) NO ()

7. ARE YOU A BENEFICIARY OF ANY GOVERNMENT OR NON GOVERNMENT ASSISTANCE PROGRAMME

PLEASE SPECIFY: _____
Government Non-Government

8. DO YOU PRESENTLY SUFFER FROM ANY SERIOUS MEDICAL CONDITION:

IF YES PLEASE SPECIFY: _____ **MONTHLY MEDICAL EXPENSES \$** _____

9. ARE YOU PHYSICALLY OR MENTALLY CHALLENGED: _____

10. HOW MANY PERSONS LIVE WITH YOU: _____

(a) STATE WHO SUPPORTS THE HOME AND RELATIONSHIP: _____

11. TYPE OF RESIDENCE OF APPLICANT:

(a) OWN HOME () (b) GERIATRIC(HOME FOR THE AGE () (c) RENTING () (d) OTHER ()

12. INDICATE THE FACILITIES AND CURRENT SERVICE YOU UTILIZE:

TELEPHONE () MONTHLY COST\$ _____ ELECTRICITY () MONTHLY COST \$ _____

WATER () MONTHLY COST\$ _____ CABLE () MONTHLY COST \$ _____ CELL () _____

BATHROOM / TOILET FACILITIES: INDOOR () OUTDOOR () PUBLIC () NONE ()

SIGNATURE OF APPLICANT: _____

ASSESSMENT/ SOCIALWORKER: _____

RECOMMENDATION: _____

SIGNATURE OF INVESTIGATING OFFICER: _____ **DATE:** _____

APPROVAL OFFICER(S) SIGNATURE: _____ **DATE:** _____

_____ **DATE:** _____