



**MINISTRY OF GENDER, LABOUR AND SOCIAL DEVELOPMENT**

**FORM 005: OVC PRE-IDENTIFICATION AND REGISTRATION FORM – Adapted for FARE Project**

**This form should be filled by before the assessment by village leaders under the guidance of the CDO and/or project staff.**

District: _____	Sub county/Division: _____
Parish: _____	Village: _____
Date: _____	

**(Please note that all households on this list should have at least one child 0-17 years)**

#	Name of the Household head	Tel contact (can be for neighbor or child or LC/VHT)	Household has children 5-17 years not currently enrolled in school or irregularly attending school	HH has severely disabled person	HH has member who has been very sick for at least 3 months during the past 12 months	HH live under dangerous shelter	HH has no easy access to basic needs like food, water etc.	HH has any child mother/father /child headed HH	HH cares for any orphan	HH experiences domestic violence	HH has children living under abusive care	HH in which a child is neglected	HH includes adult or child members who abuse drugs or alcohol)	HH has a child that is in child labor	HH has had a child separated due to any of the mentioned or other factors
1															
2															
3															
4															
5															
6															
7															
8															
9															

#	Name of the Household head	Tel contact (can be for neighbor or child or LC/VHT)	Household has children 5-17 years not currently enrolled in school or irregularly attending school	HH has severely disabled person	HH has member who has been very sick for at least 3 months during the past 12 months	HH live under dangerous shelter	HH has no easy access to basic needs like food, water etc.	HH has any child mother/father /child headed HH	HH cares for any orphan	HH experiences domestic violence	HH has children living under abusive care	HH in which a child is neglected	HH includes adult or child members who abuse drugs or alcohol)	HH has a child that is in child labor	HH has had a child separated due to any of the mentioned or other factors
10															
11															
12															
13															
14															
15															
16															
17															
18															

**Community members present (VHT member, LC member, para social worker, and religious leader, elder):**

**Name:** ..... **Title:** .....  
**Name:** ..... **Title:** .....  
**Name:** ..... **Title:** .....

**Process:**

The pre-screening exercise will be conducted by Chairpersons for LCI, who are the immediate leaders in their respective communities and have good knowledge of local residents. They will tick the items that apply in a particular family, supported by a FARE Project staff who will give guidance throughout the process. FARE project staff at the IPs will be deployed among the different villages so that the process takes place in different villages concurrently.

**Selection for screening:**

The FARE project staff will then screen HHs with any ticks on the right using the HVPT.