



EXPANDED CHURCH RESPONSE (ECR) TO HIV/AIDS TRUST
Responding to HIV/AIDS through the churches of Zambia

OVC De-registration Form

District Name: _____ Constituency: _____
Ward: _____ Location: _____
Village: _____

Date of De-registration: _____

Caregivers Full Names: _____

Full Names of OVC: _____

Child #: _____

Full Names of Household Head _____

Household #: _____

Reason for de-registering the OVC:

Reason for De-registration	Yes	No
Transfer		
Death		
Replaced		
Is now above the appropriate age (0-17 Years)		
Discharged (due to improved HH economic status)		
<i>(Other Specify)</i>		

We hereby acknowledge that the OVC has been de-registered from the program

Signatures;

	Full Names	Signature	Date
Caregiver	_____	_____	_____
Parent/Guardian	_____	_____	_____
Site Coordinator/ OVC Supervisor/ Care group Leader/e.t.c	_____	_____	_____

Note: Please only fill in this form when the OVC is no longer going to be receiving Support from the Program