EXPANDED CHURCH RESPONSE (ECR) TO HIV/AIDSTRUST

Responding to HIV/AIDS through the Churches in Zambia

USAID FROM THE AMERICAN PEOPLE

FABRIC

REGISTRATION FORM

Sub-Recipient Name: _____

District_____ Constituency _____ Ward _____

Location: _____

Head of Household Name _____

Sex of head: Male ☐ Female ☐ **Age**: ☐☐ **Household Size** ☐☐

Main source of livelihood of household _____

Child Name_____
(Please record the child's full name)
Sex: Male ☐ Female ☐

Age: [_____] month/year *Circle one*

day month year
Date of birth: _____/_____/_____
Attending School? Yes ☐ No ☐
If Yes, is school
Government ☐
Community ☐
Other, Specify_____

Grade Attending: ☐☐
Name of School: _____

Relationship to Head:

Own child ☐

Nephew/Niece ☐

Brother/Sister ☐

Grand child ☐

Other *specify:*
_____

Father alive: Yes ☐ ☐ No

Mother alive: Yes ☐ No ☐

Caregivers Name Printed: _____

Signature: _____

Date: _____/_____/_____

Reviewers Name: _____

Date Reviewed: _____/_____/_____
day month year

Child Number:
_____

Household Number:
_____

Sub-Recipient Number:
_____