SL. NO................ **SELF ADVOCATES DETAILS FORM** DISTRICT:-

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| |  | | --- | |  |   PHOTO OF SELF ADVOCATES |

1-Name of SELF ADVOCATES:-..................................................................................

2-Name of the Leading Mentor/ Volunteer................................................................

3-place.....................................4-Mob no Mentor/ Volunteer...............................

5-Father’s Name...................................................................................

Mother's Name.....................................................................

6-Village Name..............................Block.................................District....................

7-Age.....................Gender- Male/Female/transgender...............................

8-Caste...........................................Religion................................................

9-Access to schools & colleges YES..........NO.......Access to education (Primary/Higher)

10-Name of Job skill trainings....................................... Job/occupation/ employment

11-Income per month/ year................................

12-Access to Play & Recreation...........................

13-Type of Disability..........................................Percentage..........................

14-Health condition / any treatment....................................................

15-Direct/Indirect beneficiary...............................................................

16-Has any secondary deformity...........................................................

17-Has access to health services..............................................................

18-Has got immunisation YES........NO.........

19-Disability Certificate........ UDID card NO......................................Disability pension amount per month...........

20-Bus/Railway concession YES.......NO........Ration card - (APL/BPL)/ nutrician services YES................NO........

21-Water & electricity connection YES.......NO......Open defication or has toilet / bath room at home....................

22-Accessible toilet/ bathroom YES..............NO........... Types of house kacha............pakka............

23-Mobility status & accessibility in home & environment YES...............NO...............

24-Number of adults in family............ Number of elders in family.............. Number of children in family...............

25-Name of Bank .............................................Bank account number............................................................

26-PAN Card availability YES.......NO....... voter card YES........NO.......Aadhaar Card Availability YES.........NO.......

27-Accessing government Schemes..............................

28-Any training received YES.............NO.........Name of training...............................................................

29-Assistive device YES..........NO..................Name of assistive device..........................................................

30-Mobile number...............................................W/S.........................................

31-E-mail..........................................................32-Access to information...................................

33-Participation in Gram Sabha/Panchayat meetings/ward meetings

**DATE......................... Signature of Mentor/ Volunteer**