

## LRFDT LUGAZI RURAL FINANCE DEVELOPMENT TRUST P.O.BOX 101, LUGAZI - TEL: +256 704372685/+256 772697875

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VisionTo Build a Socially and Economically Self-Sustaining Rural Community For Improved LivelihoodsMissionTo Empower Communities Through Sustainable Development Initiatives

## HOUSEHOLD STATUS ASSESSMENT FORM - HSAF [The Respondent must be 18+ years]

Date of Assessment			
110	ousehold Background Information		
1.	Household head Full Name		
2.	ID.No [NIN]		
3.	Alternative Contact[Preferably of a neighbor or a relative]		
4.	Marital Status[Married, Single, Widowed, Cohabiting, Divorced]		
5.	If married/Cohabiting, Names of Spause		
6.	If married/Cohabiting, Tel. Contact of spouse		
7.	Number of HH members:0-17Years: girlsBoys18+ FemaleMale		
8.	School going children: 0-17Years: girlsBoys18+ GirlsBoys		
9.	Reasons for not going to school, if any: <b>A</b> – Distance, <b>B</b> – No school Fees <b>C</b> - Little Acad. Knowledge <b>D</b> - Lack of Scholastic Materials, <b>E</b> – He/she Doesn't want <b>F</b> - Other reasons, please specify		
10.	Physical Household Address Description		

$\mathbf{H}($	ousehold Location Details	
1.	Village LCI/Cell	
2.	Sub-countyDistrict	
3.	Names of your Immediate Neighbour:	
4.	Telephone Contact/s of your Immediate Neighbor	
5.	Residential status: [Rented, Owned, House keeper]	
6.	For how long have you been in that place?[Days, Weeks, Months, Years]	
Ho	ousehold Economic Status	
1.	What is the main source of Household's Income?	
2.	Does this HH benefit from any government or non-government economic development programs?Y/N	
3.	3. Other household sources of Income	
4.	Household main source of food	
5.	Most Household Economic Burden: <b>A</b> – Food, <b>B</b> - Education <b>C</b> - Medical <b>D</b> – Social Interaction, <b>E</b> – Others, please specify.	
6.	Do you have any member in this HH in any savings/social group/s:Y/N If yes Name at least	
	two;/	
7.	If Y, why do you save?	
	how much do you save?	
8.	Does any member in this HH have any Loans he/she is servicing?Y/N How much is	
	that loan? (Principal)	

Ho	Household Health Status					
1. Do you have a Pit LatrineY/N, Rubish pitY/N, Tip tap						
	[Observe]					
2.	Do you sleep under a Mosquito Net					
3.	. Which is your nearest Hospital or Health Facility?					
4.	. How many kilometers from this HH to the Hospital/Health Facility?					
5.	. Do you know TB?Y/N, If yes How is it spread?					
6.	Do know HIV/AIDS					
7.	Do you have any patients of TB/HIV in your HH?Y/N, If YesHIV/AIDS					
8.	Where do these patients get treatment					
9.	What other illnesses do you mostly associate with as a Household:					
	Are you, or do you have a pregnant woman in your Household? YES/NO (If yes please provide a copy of her antenatal Medical Records  If yes, but no records, please advise and refer:					
	Advice and referral given:					
12.	Is there a child in your household under the age of 15 Months? YES/NO (If Yes, please provide copy of birth notification/certificate or immunization card) If yes, but no records, please advise and refer Advice and referral given:					

<ul><li>a) Orphans and Vulnerable Children</li><li>b) Older Persons</li></ul>					
<ul><li>c) Persons with severe Disability</li><li>14. As a household, what services do you extend to these categories of people?</li></ul>					
Orphans and Vulnerable Children	extend to these categories of people:				
Older Persons					
Persons with severe Disability					
ORGANIZATI	ION RECOMMENDATION				
OKG/MIZ/III	TOTAL COMMENDATION				
Orphans and Vulnerable Children					
Older Persons					
D					
Persons with severe Disability					
HOUSEHOLD MEMBERS [AT least 5	5 HH members- Consider age and vulnerability	levell			
S/No NAMES			AGE		
1.					
2.					
3.					
4.					
5.					
Respondent Signature/Thumb Print:					

13. In this household, do we have?.....Y/N (circle)

Household Assessor's General Comment for Enrollment or Rejection of the HH			
ENROLLMENT			
REJECTION			
AME OF HOUSEHOLD ASSESSOR	DATE		
SIGNATURE	TITLE		
NB: Please remember to attach copies of the fo 1. National Identity card photocopy	llowing documents as may be available;		