ESSENTIAL PACKAGE



Household Care Plan

HOUSEHOLD CARE PLAN

Name of Household	Code of Household:
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	1.	Any change in the household in the last few months? □No	□ Moved		☐Primary caregiver ill	□Primary caregiver bedridden
sehold Register		□Yes (If yes, check all that apply):	☐ Child died:		□Parent/guardian died:	Other:
		Total number of adults living in household (over age 18 years)?(#)	Name	Gender M/F	Date of Birth/Age	Relationship to Child
	2.		1. 1.		1.	1.
	4.		2. 2.		2.	2.
			3. 3.		3.	3.
			4. 4.		4.	4.
			5.	5.	5.	5.
	3.	Who is the primary caregiver?	☐ Mother ☐ Father ☐ Grandparent ☐ Extended family ☐ Foster parent ☐ Older sibling ☐ Child-headed household (no adult supervision) ☐ Other*NOTE: (The primary caregiver is the person primarily responsible for physically taking care of child's needs (e.g., dressing, bathing, feeding, getting to school, etc.); not necessarily the breadwinner.			
ısehol			child's needs (e.g., dressin breadwinner.	•	• • •	
Honsehold	4.	Are there others in the household who provide care for the child? If yes: Check all that apply	child's needs (e.g., dressin breadwinner.	g, bathing, f	eeding, getting to school,	etc.); not necessarily the
Househol	4.	for the child?	child's needs (e.g., dressin breadwinner. No Yes Mother Father	g, bathing, f	nt Extended family nild-headed household (no	etc.); not necessarily the
Honsehol		for the child? If yes: Check all that apply	child's needs (e.g., dressin breadwinner. No Yes Mother Father Older si	Grandpare	eeding, getting to school, nt □Extended family nild-headed household (no	□Foster parent adult supervision) Relationship to Primary
Househol	4.	for the child? If yes: Check all that apply	child's needs (e.g., dressing breadwinner. No Yes Mother Father Older sil	Grandpare bling Gender M/F	nt	Etc.); not necessarily the □Foster parent adult supervision) Relationship to Primary Caregiver
Househol		for the child? If yes: Check all that apply Total number of children living in household? (#)	child's needs (e.g., dressing breadwinner. No Yes Mother Father Older silvane 1.	Grandpare Do Gender M/F	nt	Foster parent adult supervision) Relationship to Primary Caregiver 1.
Househol		for the child? If yes: Check all that apply Total number of children living in household?	child's needs (e.g., dressing breadwinner. No Yes Mother Father Older silvane 1. 2.	Grandpare bling Gender M/F 1. 2.	eeding, getting to school, nt	Foster parent adult supervision) Relationship to Primary Caregiver 1. 2.
Househol		for the child? If yes: Check all that apply Total number of children living in household? (#)	child's needs (e.g., dressing breadwinner. No Yes Mother Father Older sile Name 1. 2. 3.	Grandpare Dling Compare M/F 1. 2. 3.	nt	Foster parent adult supervision) Relationship to Primary Caregiver 1. 2. 3.

Status	Assess	ment	Required Actions	Outcome
Primary Caregiver Status				
Primary caregiver is chronically ill (like HIV and TB)	□Yes	□No	Action: Person(s) Responsible: Timeframe:	
Child headed household	□Yes	□No	Action: Person(s) Responsible: Timeframe:	
Primary caregiver is elderly	□Yes	□No	Action: Person(s) Responsible: Timeframe:	
Primary caregiver receives support from family members or community	□Yes	□No	Action: Person(s) Responsible: Timeframe:	
Child Status				
Child(ren) are not registered	□Yes	□No	Action: Person(s) Responsible: Timeframe:	
Child(ren) are physically disabled	□Yes	□No	Action: Person(s) Responsible: Timeframe:	
Child(ren) are chronically ill (such as HIV and TB)	□Yes	□No	Action: Person(s) Responsible: Timeframe:	
Child(ren) do not play with peers (not allowed or lack friends)	□Yes	□No	Action: Person(s) Responsible: Timeframe:	
Child(ren) are abused (physical, psychosocial, or sexual)	□Yes	□No	Action: Person(s) Responsible: Timeframe:	

Status	Assessment	Required Actions	Outcome
Caregiving Environment			
House is in need of major repairs	□Yes □No	Action: Person(s) Responsible: Timeframe:	
Household has hazards e.g. open fire pit	□Yes □No	Action: Person(s) Responsible: Timeframe:	
Sick/Bedridden person(s) living in household	□Yes □No	Action: Person(s) Responsible: Timeframe:	
Household suffers from stigma and discrimination	□Yes □No	Action: Person(s) Responsible: Timeframe:	
Note Any Other Issues Not Listed Above:	Action: Person(s) Responsible Timeframe: Action: Person(s) Responsible Timeframe: Action: Person(s) Responsible Timeframe:	:	