

THE ESSENTIAL PACKAGE



Household Care Plan



HOUSEHOLD CARE PLAN

Name of Household _____

Code of Household: _____

Household Register	1.	Any change in the household in the last few months? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, check all that apply):	<input type="checkbox"/> Moved		<input type="checkbox"/> Primary caregiver ill	<input type="checkbox"/> Primary caregiver bedridden	
			<input type="checkbox"/> Child died: _____		<input type="checkbox"/> Parent/guardian died: _____	<input type="checkbox"/> Other: _____	
	2.	Total number of adults living in household (over age 18 years)? _____ (#)	Name	Gender M/F	Date of Birth/Age	Relationship to Child	
			1.	1.	1.	1.	
			2.	2.	2.	2.	
			3.	3.	3.	3.	
			4.	4.	4.	4.	
			5.	5.	5.	5.	
	3.	Who is the primary caregiver?	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Extended family <input type="checkbox"/> Foster parent <input type="checkbox"/> Older sibling <input type="checkbox"/> Child-headed household (no adult supervision) <input type="checkbox"/> 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.				
	4.	Are there others in the household who provide care for the child? If yes: Check all that apply	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Extended family <input type="checkbox"/> Foster parent <input type="checkbox"/> Older sibling <input type="checkbox"/> Child-headed household (no adult supervision) <input type="checkbox"/> Other _____				
5.	Total number of children living in household? _____ (#)	Name	Gender M/F	Birth Date/Age	Relationship to Primary Caregiver		
		1.	1.	1.	1.		
		2.	2.	2.	2.		
		3.	3.	3.	3.		
		4.	4.	4.	4.		
		5.	5.	5.	5.		
		6.	6.	6.	6.		
		6.	6.	6.	6.		

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

Status	Assessment	Required Actions	Outcome
Caregiving Environment			
House is in need of major repairs	<input type="checkbox"/> Yes <input type="checkbox"/> No	Action: Person(s) Responsible: Timeframe:	
Household has hazards e.g. open fire pit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Action: Person(s) Responsible: Timeframe:	
Sick/Bedridden person(s) living in household	<input type="checkbox"/> Yes <input type="checkbox"/> No	Action: Person(s) Responsible: Timeframe:	
Household suffers from stigma and discrimination	<input type="checkbox"/> Yes <input type="checkbox"/> 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:		