

STATUS REPORT OF CHILDREN BY COMMUNITY SUPPORT CENTRE

Photo of the
Child

Name of Community Support Centre

PART-A: Details of the Child

Sr. No.....

Date Time Place

1. Details of the child:

- (i) Name of the Child
- (ii) Age.....
- (iii) Sex.....
- (iv) Address
- (v) Contact number.....
- (vi) Identity mark/s.....
- (vii) Language used by the child.....
- (viii) School (if any)

2. Details of parents / guardians (if available):

- (i) Name
- (ii) Address.....
- (iii) Contact number.....

3. Family Details:

S.No.	Name and Relationship	Age	Sex	Education	Occupation	Income	Health status	History of Mental Illness (if any)	Addictions (if any)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
	Father/Guardian								
	Mother/Guardian								

Siblings	1.								
	2.								
	3.								
	Grand Parents								

4. The details of education of the child:

- (i) Illiterate
- (ii) Studied up to V Standard
- (iii) Studied above V Standard but below VIII Standard
- (iv) Studied above VIII Standard but below X Standard
- (v) Studied above X Standard

5. Whether the child is differently abled: Yes/No

- (i) Hearing Impairment
- (ii) Speech Impairment
- (iii) Physically disabled
- (iv) Mentally disabled
- (v) Others (please specify)

6. (i) Habits of the child (Tick as applicable)

A

B

- | | |
|------------------------|------------------------------------|
| a) Smoking | g) Watching TV/movies |
| b) Alcohol consumption | h) Playing indoor/ outdoor games |
| c) Drug use (specify) | i) Reading books |
| d) Gambling | j) Religious activities |
| e) Begging | k) Drawing/painting/acting/singing |
| f) Any other | l) Any other |
- ii) Extra-curricular interests.....
- iii) Outstanding characteristics and personality traits.....

7. Whether the child has been subjected to any form of abuse, if applicable: Yes/No

S.No	Type of Abuse	Remarks
1.	Verbal abuse – parents/ siblings / employers /	

	others, (pl. specify)	
2.	Physical abuse(pl. specify)	
3.	Sexual abuse parents/siblings/ Employers/others (pl. specify)	
4.	Others (pl. specify)	

8. **Identity Cards and Compensation**

S.No.	IDENTITY CARDS	Present status (Please tick whichever Applicable)	
		Yes	No
1.	Birth Certificate		
2.	School certificate		
3.	Caste certificate		
4.	Below Poverty Line Card		
5.	Disability Certificate		
6.	Immunization card		
7.	Ration Card		
8.	Adhaar Card		
9.	Received compensation from Government		

9. **Place where the child was found.....**

10. **Circumstances under which the child was found.....**

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11. **Immediate efforts made to trace family of the child**

12. **Medical treatment, if provided to the child**

13. **Whether CWC/JJB/DCPU/Police has been informed**

Observation/Remark :

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FORM-B: Details of Interventions

1. Name of the Volunteer assigned to the child

2. Brief of the issues and problems faced by the Child.....

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3. Details of services extended to children by Volunteers of Community Support Centre

S.No.	Services of CSC	Initiative taken
1.	Enrollment in formal education	
2.	Extending psychosocial counselling facility for children and family	
3.	Career counselling	
4.	Providing employment and apprentice opportunities	
5.	Providing tuition facility at community support centre	
6.	Providing access to the library/reading room of the Community Support Centre	
7.	Providing child platforms for sports, athletics or performance art	
8.	Providing children with opportunity of community service under orders of JJB (Section-18)	

4. Initiative taken to develop Identity Cards and providing Social Beneficiary Scheme

S.No.	IDENTITY CARDS/ Social Beneficiary Scheme	Action Taken
1.	School certificate	
2.	Caste certificate	

3.	Below Poverty Line Card	
4.	Disability Certificate	
5.	Immunization card	
6.	Ration Card	
7.	Adhaar Card	
8.	Social Beneficiary Scheme	

5. Brief Detail of Interventions done by the Volunteer to Support the Child

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Follow Ups:

6. Date detail of first follow up

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7. Date detail of Second follow up

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8. Date detail of Third follow up

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**Signature of Volunteer of
Community Support Centre**