

Note for use: This format can be used when assisting bonded labourers with rehabilitation. This is only a sample, and NGOs are encouraged to use the format they are comfortable using or have been asked to use by the State Government/Court.

Sample Rehabilitation Family Form

NATIONAL INTERVENTIONS REHABILITATION FAMILY FORM

| NGO PARTNER | FIELD WORKER |
|----------------|-----------------|
| CASE | INITIAL |
| NAME & | ASSESSMENT |
| NO. | DATE |

| | FAMILY DETAILS | | | | | | | |
|--------------|--------------------|--------------|-----|------------------|--------------------------|--|--|--|
| HEAD ADDR | OF FAMILY: ESS: | | | | Mob: | | | |
| S.No | NAMES | RELATIONSHIP | AGE | VICTIM STATUS | EDUCATION/ EMPLOYMENT | | | |
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INDIVIDUAL AND FAMILY PHOTOGRAPH

| MEDICAL ASSISTANCE | | | | | | | |
|--|------|------|--|--|--|--|--|
| Initial Check-up Date:Follow-up Check-up Date:Follow-up Check-up Date: | | | | | | | |
| Note | Note | Note | | | | | |

| KITS (IF GIVEN – LIST ITEMS) | | | | | |
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| | EMERGENC | ASSISTANCE | | | |
| Harassment Protection | Contact Numbe | ers (specify | Other: | | |
| (yes/no and date): | relationship): | | | | |
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| TEMPORARY ACCOMMODATION AND TRAVEL ASSISTANCE | | | | | |
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| Name | | | | | | | | | | | | |
|------------------------|-----------------|--------------|--------|-----------------|--------------|--------|-----------------|--------------|--------|-----------------|--------------|--------|
| | APPLIED DATE | RCVD DATE | EXISTS |
| Release Certificate | | | | | | | | | | | | |
| Rehab. Money | | | | | | | | | | | | |
| Bank Account | | | | | | | | | | | | |
| Patta (H/L) | | | | | | | | | | | | |
| Labor Card | | | | | | | | | | | | |
| Voters ID Card | | | | | | | | | | | | |
| Caste Certificate | | | | | | | | | | | | |
| Ration Card | | | | | | | | | | | | |
| Pension | | | | | | | | | | | | |
| Aadhar Card | | | | | | | | | | | | |
| RSBY Card | | | | | | | | | | | | |
| Housing | | | | | | | | | | | | |

| | FREEDOM | TRAINING | / EMPLOYMENT TRAINING | |
|----------------------------|-----------|------------------|-------------------------|-----|
| Attended on: / / | | | | |
| Significant things learnt: | | | | |
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| Functional Assessment d | one on: / | / | Treatment Plan done on: | / / |
| | HOLIST | FIC DOMAI | N-BASED ASSESSMENT | |
| Protection | | | | |
| Strength | | | | |
| Assessed Need | | | | |
| Goal (ST & LT) | | | | |
| Action | | | | |
| Outcome/Comments | | | | |
| Health Streamsth | | | | |
| Strength Assessed Need | | | | |
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| Goal (ST & LT) Action | | | | |
| Outcome/Comments | | | | |
| | | | | |
| Housing Strength | | | | |
| Assessed Need | | | | |
| Goal (ST & LT) | | | | |
| Action | | | | |
| Outcome/Comments | | | | |
| Education | | | | |
| Strength | | | | |
| Assessed Need | | | | |
| Goal (ST & LT) | | | | |
| Action | | | | |
| Outcome/Comments | | | | |
| Employment | | | | |
| Strength | | | | |
| Assessed Need | | | | |
| Goal (ST & LT) | | | | |
| Action | | | | |
| Outcome/Comments | | | | |
| Financial Information | | | | |
| Strength | | | | |
| Assessed Need | | | | |
| Goal (ST & LT) | | | | |
| Action | | | | |
| Outcome/Comments | | | | |

| Community | |
|------------------|--|
| Involvement | |
| Strength | |
| Assessed Need | |
| Goal (ST & LT) | |
| Action | |
| Outcome/Comments | |
| Trauma Recovery | |
| Strength | |
| Assessed Need | |
| Goal (ST & LT) | |
| Action | |
| Outcome/Comments | |
| Family Relations | |
| Strength | |
| Assessed Need | |
| Goal (ST & LT) | |
| Action | |
| Outcome/Comments | |

| DATE: | FIELD WORKER: |
|----------------------|---------------|
| HOME VISIT NUMBER | |

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