

UWEP BENEFICIARY INDIVIDUAL FORM

LOCATION

Village/Cell: _____ Parish/Ward: _____

Sub-county/Division/Town Council: _____ District: _____

Location (*tick appropriate box*): Rural Urban

Group Name: _____

BACKGROUND

Marital Status: Single Married Widow Separated Other

How old are you? _____

What is your highest level of education?

1. Not Had opportunity to attend formal education
2. School dropout (primary)
3. Completed primary school(P.7)
4. School dropout (O' level)
5. Completed O' Level
6. School dropout (A' Level)
7. Completed A 'Level
8. Dropout from training/ tertiary institution
9. Completed tertiary Institution

Household Information:

Size of the Household: _____

Are you the head of Household? Yes No

How many Children do you have? _____

Beneficiaries Categories:

Do you have any disability? Yes No

If yes, which type of Disability? _____

Have you ever tested for HIV/AIDS? Yes No

If yes, what is your HIV status? + / -

Are you a single parent? Yes No

Are you a Gender Based Violence Survivor? Yes No

Do you live in slums? Yes No

Do you live in hard to reach areas? Yes No

Are you under ethnic minority groups? Yes No

Others (please specify): _____

Other Information:

Do you belong to any other group in your community? Yes No

Have you ever benefited from any other Government programme? Yes No

If yes, which one, _____

Have you done any business before? Yes No