

Mission for Elimination of Poverty in Municipal Areas

_____ District, _____ ULB

SURVEY FORMAT FOR REGISTRATION OF HOMELESS

Name of the Homeless : _____

Father /Mother /Husband Name : _____

Gender : Male Female Transgender

Date of Birth / Age : (____/____/____) / _____ Years

Educational Qualification : _____

Marital Status : Married Unmarried Widow Divorce Single Women

No. of Children : _____

Mother tongue : _____

Religion : Hindu Muslim Christian Sikh Others _____

Caste : SC ST BC OC Minority _____

Personal Identification Marks : i) _____

ii) _____

Aadhar card : Yes No (If yes Aadhar No): _____

EPIC Card : Yes No (If Yes EPIC No): _____

FSC Card : Yes No (If Yes, FSC No): _____

Pension : Yes No (If Yes, Pension No): _____

Birth Certificate : Yes No (If Yes, BC No): _____

Bank A/C : Yes No (If Yes Bank A/c No. Bank Name & Branch Name):

Location of Present Stay : Footpath Bus Stn Railway Stn Holy places
Other _____

Occupation : No Occupation Monthly Salaried Wage Employed
Self Employed Other _____

Place of Occupation : _____

Native Place with Address : _____

Reference person name & Ph No : _____

Disability if any : Yes No

If yes, Type of Disability : Physical Hearing Visual Mental Others_____

Health Status : Normal General Sick Chronic Sick Others_____

Reason for Homelessness : Unemployed (Job Search) Family Disputes
Health Issues Recovering Patient Destitute Debts
Patient Attendant Others_____

Period of Homeless : 1 Day 2 to 7 Days 8 Days to 1 Month 1 to 3 Months
3 to 6 Months 6 Months to 1 Year More than 1 Year

Stay : Permanent Temporary

Remarks / Special Attention : _____

Name, Designation & Signature of the Surveyor

Signature / Thumb impression of Homeless

For Office Use

The homeless is mobilized to

Name of the Shelter :

Location :

Name of the ULB :

Name of the Person in-charge of the shelter:

Contact number: