



WELFARE CENTRE FOR THE MENTALLY HANDICAPPED

Regd. Office: Anandalok, 47, Kathore Road, P.O. Badu, North 24 Parganas, Pin-700128

Phone: 9432236162; 8240303486; 9432238953; 7980657126

e-mail: wcmh90@gmail.com, website: <http://www.anandalokwcmh.com>

(Registered Under W. B. Societies Registration Act, XXVI of 1961 No. S0061096)

FORM FOR ADMISSION IN ANADALOK, BADU, MADHAYAMGRAM, NORTH 24 PARGANAS

Name of the candidate

Age (Date of Birth)

Supported by Birth Certificate)

Sex

Male

Female

Address where he/she resides at present:

Type of Disability:

(Supported by Disability Card

and Medical Practitioner's certificate/prescription)

MEDICAL

What is his medical history: (please provide information on any major illnesses, medication, etc. supported by doctor's prescription)

PHYSICAL

Does he walk with or without support?

How does he communicate? (e.g. By talking, using signs etc) Please give examples

SELF CARE

Can he eat himself? If not how is he fed?

Can he use the toilet independently? If not how much help does he need?



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Can he / she bathe himself/herself? If not what help does he/she need?

Does he/she groom himself e.g. brush teeth, comb hair, wash hands etc.

What are his/her sleeping habits? Does he/she sleep alone? Does he/she wake up at night? Does he/she wet his bed? Please mention any other habits he/she may have which will help us.

BEHAVIOUR

Does he/she have any behavior problems? Please give a description of his/her behavior, when does it occur, who is with him/her usually etc.

FAMILY

Name of his Guardian, father and mother

Are they alive? If no then:

Who is at present his guardian?

Name and relationship with candidate

Occupation in detail.

Monthly income

(Please submit copy of I.T. return for last 3 years)



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Number of dependent

Total Assets and Liabilities

Age of parents/guardian at present.

Who live with him/her?

Whether the Guardianship under the National Trust Act has been obtained

Reason why you feel the need to put him in Anandalok

What financial planning has been done to look after him after his parents/guardian is no more alive? Details of Assets etc. to be furnished.

Give the name(s) of family members, with addresses, whom can be contacted in case of emergency.

References

1.

2.

Signature of the Guardian

Dated :