DAILY MONITORING FORM- ANNEXURE B

The same form is used for both the initial capturing of a case as well as for follow-ups.

NB: Please check mark the correct option in the open ended questions

BACKGROUND INFORMATION:

CDW Details

DATE OF CONTACT	
NAME OF CDW/LEARNER	
CONTACT DETAILS OF THE CDW	
MUNICIPALITY	
WARD NUMBER	
NAME OF AREA	

Beneficiary Details

TYPE OF BENEFICIARY (Compulsory field)	(1) Individual (2) Development Group **(Fill in the type of visit and GO TO PAGE 4)** (3) Block Service **(Fill in the type of visit and GO TO PAGE 6)**	
TYPE OF VISIT (Compulsory field)	Self-initiated visit	[1]
	Follow-up	[2]
	Referral case	[3]
	Sign-off visit/finalization	[4]
	Other (Specify)	

If Individual is selected, the following data must be captured and GO TO PAGE 8

NAME OF THE BENEFICIARY	
CONTACT DETAILS OF THE BENEFICIARY	
PHYSICAL ADDRESS OF THE BENEFICIARY	
AGE OF THE BENEFICIARY	
ID NUMBER OF BENEFICIARY	
BENEFICIARY IN THE HOUSEHOLD	1) Adult 2) Youth 3) Disabled person (Specify) 4) Person living with HIV/AIDS 5) Child: Is child OVC? Yes\No
HEAD OF HOUSEHOLD	1) Grand parent headed 2) Single parent headed 3) Both parents headed 4) Child headed 5) Other PART 2: 1) Male
GENDER OF THE BENEFICIARY [Code by observation]	1) Male 2) Female
RACE OF THE BENEFICIARY [Code by observation]	1) African
	2) White
	3) Coloured
	4) Indian
	Other (specify)
GEOTYPE	1) Suburb - (predominantly white and affluent)
	2) Township - (Predominantly black and poor)

	3) Informal settlement - (Black and extremely poor – worse in terms of basic services and infrastructure)
	4) Hostel - (Black and extremely poor – worse in terms of basic services and infrastructure)
	5) Peri Urban - (Farmer – farm worker dynamics)
	6) Transient - (Predominantly foreigner – Hillbrow, Sunnyside etc)
	7) Other (specify)

If Development Group is selected, the following must be captured and GO TO PAGE 8

NAME OF DEVELOPMENT GROUP		
NAME OF THE BENEFICIARY (GROUP LEADER)		
CONTACT DETAILS OF THE BENEFICIARY (GROUP LEADER)		
PHYSICAL ADDRESS OF THE BENEFICIARY (GROUP LEADER)		
ID NUMBER OF BENEFICIARY (GROUP LEADER)		
TYPE OF BENEFICIARIES IN GROUP	**TYPE**	**NUMBER**
	Adult	
	Youth	
	Disabled person (Specify)	
	Person living with HIV/AIDS	

	Child		
	If child: OVC?	**OPTION**	**NUMBER**
		Yes	
		No	
TOTAL NUMBER IN GROUP			
GENDER OF THE BENEFICIARY [Code by observation]	**OPTION**		**NUMBER**
	Male		
	Female		
RACE OF THE BENEFICIARY [Code by observation]	**OPTION**		**NUMBER**
	African		
	White		
	Coloured		
	Indian		
	Other (specify)		
GEOTYPE	**OPTION**		**NUMBER**
	Suburb - (predominantly white and affluent)		
	Township - (Predominantly black and poor)		
	Informal settlement - (Black and extremely poor – worse in terms of basic services and infrastructure)		
	Hostel - (Black and extremely poor – worse in terms of basic services and infrastructure)		
	Peri Urban - (Farmer – farm worker dynamics)		
	Transient - (Predominantly foreigner – Hillbrow, Sunnyside etc)		
	Other (specify)		

If Block Services selected, the following must be captured and GO TO PAGE 8

NAME OF BLOCK SERVICE GROUP							
PHYSICAL ADDRESS OF BLOCK SERVICES (e.g. Hall)							
TYPE OF BENEFICIARIES IN GROUP	**TYPE**	**M**	**F**	**NUMBER**			
	Adult						
	Youth						
	Disabled person (Specify)						
	Person living with HIV/AIDS						
	Child						
				OPTION	**M**	**F**	**NUMBER**
	If child: OVC?			Yes			
				No			
TOTAL NUMBER IN GROUP							
RACE OF THE BENEFICIARY [Code by observation]	**OPTION**			**NUMBER**			
	African						
	White						
	Coloured						
	Indian						
	Other (specify)						
GEOTYPE	**OPTION**			**NUMBER**			
	Suburb - (predominantly white and affluent)						

	Township - (Predominantly black and poor)	
	Informal settlement - (Black and extremely poor – worse in terms of basic services and infrastructure)	
	Hostel - (Black and extremely poor – worse in terms of basic services and infrastructure)	
	Peri Urban - (Farmer – farm worker dynamics)	
	Transient - (Predominantly foreigner – Hillbrow, Sunnyside etc)	
	Other (specify)	

SERVICES PROVIDED AND NATURE INVOLVEMENT

HOME AFFAIRS	**Service provided**		**Nature of involvement (Describe)**
	Assisted with ID document application	1) New 2) Replacement	Referred to Home Affairs Assisted with filling out of Home Affairs form Offered advice on supporting documents Mobilised unit to area Assisted with correction of Name Assisted with correction of Date of Birth **Other (specify)**
	Assisted with birth certificate application	1) New 2) Replacement	Referred to Home Affairs Assisted with filling out of Home Affairs form Offered advice on supporting documents Mobilised unit to area Assisted with correction of Name Assisted with correction of Date of Birth **Other (specify)**

	Assisted with marriage certificate application	1) New 2) Replacement	Referred to Home Affairs Assisted with filling out of Home Affairs form Offered advice on supporting documents Mobilised unit to area Assisted with correction of Name Assisted with correction of Date of Marriage **Other (specify)**
	Assisted with death certificate application	1) New 2) Replacement	Referred to Home Affairs Assisted with filling out of Home Affairs form Offered advice on supporting documents Mobilised unit to area Assisted with correction of Name Assisted with correction of Date of Death **Other (specify)**
	Assisted with Passport/VISA application	1) New 2) Replacement	Referred to Home Affairs Assisted with filling out of Home Affairs form Offered advice on supporting documents Mobilised unit to area Assisted with correction of Name Assisted with correction of Dates **Other (specify)**
	Other (Specify)		
STATUS OF THE CASE	1 Resolved/completed 2 Not resolved 3 Referred		
IF NOT RESOLVED, DESCRIBE			
ACHIEVEMENTS			

RECOMMENDATIONS		
ECONOMIC DEVELOPMENT	Assisted with business development schemes	Referred to Government service Referred to Private institution **Other (specify)**
	Assisted with income generating projects e.g. food gardening	Assisted in mobilizing community Facilitated project Organised workshop Assisted with capacity building Assisted with training **Other (specify)**
	Assisted with awareness on financial matters	Assisted with supporting documentation Referred to Government service Referred to Private institution **Other (specify)**
	Assisted in the development of cooperatives	Assisted with supporting documentation Referred to Government service Referred to Private institution Organised workshops **Other (specify)**
	Other (Specify)	
STATUS OF THE CASE	1 Resolved/completed 2 Not resolved 3 Referred	
IF NOT RESOLVED, DESCRIBE		
ACHIEVEMENTS		

RECOMMENDATIONS		
SOCIAL DEVELOPMENT	Assisted with access to food parcels	Referred to Government service Assisted with supporting documentation Involved with access to food parcels **Other (specify)** If option 3 is selected, the following information must be captured: Source: _____ Contact details of source: _____ Description of items: _____
	Assisted with access to clothes and other essential materials	Referred to Government service Assisted with supporting documentation Involved with access to clothes and other essential materials **Other (specify)** If option 3 is selected, the following information must be captured: Source: _____ Contact details of source: _____ Description of items: _____
	Assisted with disability grant application	Referred to Government department Assisted with supporting documentation **Other (specify)**
	Assisted with foster care grant application	Referred to Government department Assisted with supporting documentation **Other (specify)**
	Assisted with old age grant application	Referred to Government department Assisted with supporting documentation **Other (specify)**

	Assisted with child support grant application	Referred to Government department Assisted with supporting documentation **Other (specify)**
	Assisted with HIV/AIDS grant application	Referred to Government department Assisted with supporting documentation **Other (specify)**
	Assisted with War Veteran grant application	Referred to Government department Assisted with supporting documentation **Other (specify)**
	Assisted CBO to access services	Referred to Government service Referred to Private institution Assisted with supporting documentation **Other (specify)**
	Other (Specify)	
STATUS OF THE CASE	1 Resolved/completed 2 Not resolved 3 Referred	
IF NOT RESOLVED, DESCRIBE		
ACHIEVEMENTS		
RECOMMENDATIONS		
	Assisted with access to water	Contacted relevant service provider Referred to relevant service provider Organise workshop Assisted with application for indigent support services **Other (specify)**

	Assisted with access to electricity	Contacted relevant service provider Referred to relevant service provider Organise workshop Assisted with application for indigent support services **Other (specify)**
	Assisted with access to sanitation	Contacted relevant service provider Referred to relevant service provider Organise workshop Assisted with application for indigent support services **Other (specify)**
	Assisted with access to waste removals	Contacted relevant service provider Referred to relevant service provider Organise workshop Assisted with application for indigent support services **Other (specify)**
	Other (Specify)	
STATUS OF THE CASE	1 Resolved/completed 2 Not resolved 3 Referred	
IF NOT RESOLVED, DESCRIBE		
ACHIEVEMENTS		
RECOMMENDATIONS		
IF NOT RESOLVED, DESCRIBE		
ACHIEVEMENTS		
RECOMMENDATIONS		