

PART B

Details regarding beneficiaries and program

1. Nature and location of the Centre (separate form to be filled up for each Centre)

2. No. of Older persons served:

Between 60-70 years	Between 70-80 years	Above 80 years

3. Category/background of the beneficiaries joining the centre:

Number	%age
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i) Low Income/cannot support themselves	<input type="text"/>	<input type="text"/>
ii) High Income but nobody to look after	<input type="text"/>	<input type="text"/>
iii) Widow/widower	<input type="text"/>	<input type="text"/>
iv) No children to look after	<input type="text"/>	<input type="text"/>
v) Have children but do not look after	<input type="text"/>	<input type="text"/>
vi) Seriously ill and as such abandoned by family members	<input type="text"/>	<input type="text"/>
vii) Quarrels in the family forced to join the centre	<input type="text"/>	<input type="text"/>
viii) Joined the centre to do social service	<input type="text"/>	<input type="text"/>
ix) Any other reason to join the centre	<input type="text"/>	<input type="text"/>

4. Availability of the following at centre:

Lighting	Potable water	Toilet facility

5. Details of Medical checkup and treatment of the Aged:

i) Annual expenditure on medicines

Current year	Previous year

ii) whether there is a full time doctor or a part time doctor

Full time	Part time
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iii) if the doctor is part time, the number of visits per month

iv) the fee paid to the part time doctor per visit

v) whether any nursing service is provided

vi) the number of beneficiaries served for the whole year(in case of MMU)

vii) the average number of visits by the mobile van per month (in case of MMU)

viii) the number of visits the social worker paid to reach out to older persons for the whole year(in case of Non-Institutional Services)

6. Nutrition support (in case of OAH/DCC) :

No.of meals per day	Breakfast/evening tea	Average Daily exp.

7. Arrangements for recreation:

Newspapers	
Books	
Magazines	
Excursions	
Picnics	
Film show	
Religious congregation	

8. What are the services for which the older persons join the centre:

	Number	Percentage
i) For Nutritional support	<input type="text"/>	<input type="text"/>
ii) For recreation	<input type="text"/>	<input type="text"/>
iii) For health reason	<input type="text"/>	<input type="text"/>
iv) For vocational training	<input type="text"/>	<input type="text"/>
v) To provide social service through the centre	<input type="text"/>	<input type="text"/>
vi) Any other factor (please specify)	<input type="text"/>	<input type="text"/>

9. Productive Activity:

a) Whether there are any facilities for productive activity for the beneficiaries:

b) If the answer to the above is yes give details of nature of such activities:

i) No. of persons involved in such activities

ii) Income per year from such activities for:

beneficiaries

centre

10. Other Activities (other than productive activities):

i) Whether any social service is undertaken by the centre

a) By adopting specific area

b) By linking with established institutions such as Orphanages, J.J. Institutes etc.

- ii) What type of services are provided by the beneficiaries/centre to the community
- | | | |
|--------------------------------|------------------------------|-----------------------------|
| a. teaching | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. planting trees | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. vocational training | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. crèche services | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. any other community service | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Other (please specify) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**11. Are there any linkages with any other organization/institution
If so, please specify the name of the organisation for each service:**

- x) Nutrition
- xi) Recreation
- xii) Health
- xiii) Vocational Training
- v) Any other sector