



## SOCIAL SECURITY PROGRAMME APPLICATION FORM

**INSTRUCTIONS:** Kindly provide your information in legible CAPITAL letters.

**NB:** Submission of incomplete form may lead to disqualification.

All dully filled forms to be delivered to the NG-CDF Office in Ramula

### 1. APPLICANT'S PERSONAL DETAILS

Name			
Date of Birth			
Gender		Male ( )	Female ( ) Intersex ( )
ID No. or Passport No.			
Cell Phone Number			
SHA Membership No. If Already Registered			
Level of Education		Primary	( )
		Secondary	( )
		Tertiary	( )
Marital Status			
Name of the Spouse(s)	Date of Birth (dd/mm/yy)	Level of Education	
		Primary	( )
1. ....	.....	Secondary	( )
		Tertiary	( )
		University	( )
		Primary	( )
2. ....	.....	Secondary	( )
		Tertiary	( )
		University	( )
		Primary	( )
3. ....	.....	Secondary	( )
		Tertiary	( )
		University	( )
		Primary	( )

Number of Children			
Name of the Children (18 years and below)	Date of Birth (dd/mm/yy)	Level of Education	
1. ....	.....	Primary	( )
		Secondary	( )
		Tertiary	( )
		University	( )
2. ....	.....	Primary	( )
		Secondary	( )
		Tertiary	( )
		University	( )
3. ....	.....	Primary	( )
		Secondary	( )
		Tertiary	( )
		University	( )
4. ....	.....	Primary	( )
		Secondary	( )
		Tertiary	( )
		University	( )
5. ....	.....	Primary	( )
		Secondary	( )
		Tertiary	( )
		University	( )
<b>Occupation</b>			
Type of Employment <i>(Tick where applicable)</i>	Permanent	( )	
	Contractual	( )	
	Casual	( )	
	Retired	( )	
	Self-Employed	( )	
	None	( )	
Level of Income Per Month <i>(Tick where applicable)</i>	Kshs. 1,000 and below	( )	
	Kshs. 1,001 to Kshs. 5,000	( )	
	Kshs. 5,001 to Kshs.10,000	( )	
	Kshs. 10,001 to Kshs.15,000	( )	
	Kshs. 15,001 to Kshs.20,000	( )	
	Above Kshs.20,000	( )	
Category <i>(Tick as appropriate)</i>	Person with Disability	( )	
	Needy Elderly Person of 60 Years and Above	( )	
	OVC	( )	
	Window/ Widower	( )	
		( )	
Type of Housing <i>(Tick as appropriate)</i>	Permanent	( )	
	Semi-Permanent	( )	
	Rented	( )	
	Informal	( )	

For OVCs, Provide the Details of the Guardian		
Name		
ID No. or Passport No.		
Physical Address		
Occupation		
Level of Income Per Month <i>(Tick where applicable)</i>	Kshs. 1,000 and below	( )
	Kshs. 1,001 to Kshs. 5,000	( )
	Kshs. 5,001 to Kshs.10,000	( )
	Kshs. 10,001 to Kshs.15,000	( )
	Kshs. 15,001 to Kshs.20,000	( )
	Above Kshs.20,000	( )

**2. RESIDENTIAL LOCATION OF THE APPLICANT**

County ..... Constituency.....

Ward..... Location.....

Sub-location..... Village.....

Nearest landmark .....

For how long have you lived in your current residence?

Less than 12 months ( ) More than 12 months ( )

**3. OTHER DETAILS**

a) Did you benefit from the health insurance scheme last year?

Yes ( ) No ( )

b) Is any member of your household in any formal employment/receiving pension?

Yes ( ) No ( )

c) Are you or spouse under any cash transfer program?

Yes ( ) No ( )

d) If no to question (b) to (c) what are your regular sources of income? .....

.....

.....

e) Details of dependants other than spouse and children;

No.	Name	Date of Birth	Relationship to Household Head	Level of Education
1				
2				
3				
4				
5				

f) In a brief statement, explain why you should benefit from the programme .....

.....  
 .....

**4. APPLICANT'S SOLEMN DECLARATION**

I hereby declare that the information provided herein is true to the best of my knowledge and belief, and I understand that any false information provided shall lead to my automatic disqualification by the committee.

Applicant's Full Name.....

Signature..... Date.....

**5. VERIFICATION**

Information verified either by *the Religious Leader or the Chief/Assistant Chief:*

*a) Religious Leader*

Full Name.....

Religion.....

Denomination .....

Title/position .....

**Recommendation (tick one):**

Recommended ( )

Not Recommended ( )

**Justification:** .....  
 .....

Signature..... Date.....

Official Stamp .....

**b) Chief/Assistant Chief**

Name of area Chief/Assistant Chief .....

Location/Sub-location .....

**Recommendation (tick one):**

Recommended ( )

Not Recommended ( )

**Justification:** .....

.....

.....

Signature.....

Date.....

Official Stamp.....

**FOR OFFICIAL USE ONLY (TO BE FILLED BY CONSTITUENCY SOCIAL SECURITY PROGRAMME AD HOC COMMITTEE)**

The form was duly filled and signed Yes ( ) No ( )

All supportive documents have been attached

1. Photocopy of National ID Card Yes ( ) No ( )

2. Photocopy of Birth Certificates Yes ( ) No ( )

***For Orphans:***

Parent(s) Death Certificate/Burial Permit Yes ( ) No ( )

3. Photocopy of Voter's card Yes ( ) No ( )

4. Any other relevant supportive document Yes ( ) No ( )

Recommended for Approval ( )

Not recommended for Approval ( )

Reason for non-approval .....

.....

.....

**Signed:**

Chairman .....

Date .....

Secretary .....

Date .....

CHECK LIST

NO.	ITEM DESCRIPTION	STATUS (YES) (NO) (N/A)
1.	NAMES DULLY FILED	
2.	COPY OF NATIONAL ID FIR THE APPLICANT	
3.	COPY OF NATIONAL ID FOR THE SPOUSE	
4.	MEMBERSHIP NUMBER FOR THOSE REGISTERED	

Received by:

Name: ..... Designation: .....

Date: ..... Signature: .....