

PWD REGISTRATION FORM

Persons With Disability Registration Form

Use this form to capture key details about a PWD or a Caretaker who takes care of a PWD. This form is based on the Disability Management Information System which managed by the Ministry of Gender Labour and Social Development of The Republic of Uganda.

Part 1.0: Identification

- 1.1 Financial Year*: _____ 1.2 Quarter*: _____
- 1.3 Date of Registration*: _____
- 1.4 Surname*: _____ 1.5 Given Name*: _____
- 1.6 Other Name: _____ 1.7 NIN: _____
- 1.8 Select the type of person being registered (Tick ONLY one) *
- Beneficiary
- Beneficiary with Caretaker
- Is a Caretaker who is NOT a beneficiary (i.e. is NOT a PWD)
- Is a Caretaker who is a Beneficiary (i.e., is a PWD also)
- 1.9 Do you know when you were born* Yes No
- 1.8 a) If Yes, (on 1.9) what is the Date of Birth? _____
- 1.8 b) If No, (on 1.9) how old is the person being registered? _____
- 1.10 Sex*: Male Female
- 1.11 Contact Information
- 1.11 a) Primary Telephone*: _____
- 1.11 b) Secondary Telephone: _____
- 1.11 c) Email: _____
- 1.11 d) P.O. Box: _____

Part 2.0: Location

- 2.1 District*: _____ 2.2 County*: _____
- 2.3 Subcounty*: _____ 2.4 Parish*: _____
- 2.5 Village*: _____
- 2.6 Physical Address*: _____
- _____
- _____

Part 3.0: Education * (Ignore if this section if this is a Caretaker who is NOT a beneficiary/PWD)

- | | |
|--|---|
| <input type="checkbox"/> Primary (Not Completed) | <input type="checkbox"/> Completed Tertiary (University Included) |
| <input type="checkbox"/> Completed Primary | <input type="checkbox"/> Tertiary Institutions (Not Completed) |
| <input type="checkbox"/> O Level (Not Completed) | <input type="checkbox"/> DIT Competence Certificate |
| <input type="checkbox"/> Completed O Level | <input type="checkbox"/> Master's Degree (Not Completed) |
| <input type="checkbox"/> A Level (Not Completed) | <input type="checkbox"/> Attained Master's Degree |
| <input type="checkbox"/> Completed A Level | <input type="checkbox"/> PhD (Not Completed) |
| <input type="checkbox"/> UBTEB Craft 1 Certificate | <input type="checkbox"/> Attained PhD |
| <input type="checkbox"/> UBTEB Craft 2 Certificate | |

Comment (if any)

Part 4.0: Disability Identification (Ignore if this section if this is a Caretaker who is NOT a beneficiary/PWD)

4.1: Please select the rightful disability type * (select ONLY one option)

- Deaf
- DeafBlind
- Blindness
- Speech and Voice
- Physical Disability (for Missing Limbs, Deformities, Amputations, Dysfunction)
- Mental / Intellectual and Neurological
(for Mental, Neurological, Retardations, Processing Disorders, Fits, Dawns Syndrome, etc)
- Little People (for dwarfism, midgets, etc)
- Albinism (Skin decolourations)
- Multiple Disabilities (For Combined disability type e.g Albinism and dwarfism etc)
- Other Disability

4.2 Disability Cause* (Tick several options)

- Accident (including intention harm and explosives)
- Failed Treatment
- Congenital (Born with the condition)
- At Birth
- Got as a result of an epidemic (e.g. polio, measles, noddling disease etc)
- Trauma and depression
- Ageing
- Hereditary

Part 5: Disability Description * (Tick several options)

NB: Ignore if this section if this is a Caretaker who is NOT a beneficiary/PWD

5.1 Describe the disability

5.1.1 Physical Disability Description (Tick several options BUT only if you selected Physical Disability above)

- | | |
|---|---|
| <input type="checkbox"/> Has no arms and/or palm at all | <input type="checkbox"/> Has only one arm and/or palm |
| <input type="checkbox"/> Has no leg and/or foot at all | <input type="checkbox"/> Has only one leg and/or foot |
| <input type="checkbox"/> Deformity: walks with a lot of difficulty | <input type="checkbox"/> Deformity: can't walk without assistive device |
| <input type="checkbox"/> Deformity: Can't move the legs at all | <input type="checkbox"/> Deformity: Can't sit at all |
| <input type="checkbox"/> Deformity: Shoulders not propositional | <input type="checkbox"/> Deformity: Shoulders detached from hands |
| <input type="checkbox"/> Deformity: Can't use hand or hands at all | <input type="checkbox"/> Deformity: Cerebral palsy |
| <input type="checkbox"/> Deformity: Club foot/ feet | <input type="checkbox"/> Deformity: Spina Bifida (hole in the back) |
| <input type="checkbox"/> Deformity: Injuries of the backbone | <input type="checkbox"/> Deformity: Hunch back |
| <input type="checkbox"/> Deformity: Spinal code injuries affecting fine motor skills (use of limbs) | <input type="checkbox"/> Rheumatism (very painful muscles &/or bones) |

5.1.2 Deaf Description (Tick several options BUT only if you selected Deaf above)

- | | |
|---|--|
| <input type="checkbox"/> Cannot hear at all but can speak | <input type="checkbox"/> Cannot you speak to them from far |
| <input type="checkbox"/> Cannot hear and speak | <input type="checkbox"/> The person reported to be Deaf |
| <input type="checkbox"/> Hears very little | <input type="checkbox"/> Hears from one side (ear) |

- Uses hearing aids
- Opens their eyes wide in order to comprehend what he/she is being told

5.1.3 Deafblind Description (Tick several options BUT only if you selected Deafblind above)

- Cannot not see and hear well
- Cannot hear and has squints
- Cannot hear and has one eye
- Cannot hear & see completely
- Cannot hear and see well
- The person report to be Deaf-blind

5.1.4 Blindness Description (Tick several options BUT only if you selected Blindness above)

- Does not see at all
- Does not see at all even with glasses/lenses
- Does not have eyes at all
- One eye is missing
- Feels a lot of pain while trying to read
- The person can see at close proximity
- The person has squints
- Does not see and differentiate colours
- Does not see at all in the night (even with light)

5.1.5 Speech & Voice Description (Tick several options BUT only if you selected speech & voice above)

- Finds it extremely hard to pronounce words
- Speaks with too much saliva coming out
- Stutters and stammers while speaking
- Deformity: has cleft lip
- Cannot speak at all but can hear
- Speaks with difficulty

5.1.6 Mental/Intellectual & Neurological Description (Tick several options BUT only if you selected Mental/Intellectual & Neurological above)

- Reports to be on mental health regimen(s)
- Hydrocephalus (abnormally big head)
- Takes long to understand
- Takes long to respond to questions
- Epilepsy
- Nodding syndrome
- Easily forgets
- Extremely good at numbers with extremely poor performance in reading and comprehension
- So wakeful & sometimes lacks attention at all
- So emotional
- Attention Disorders (ADHD)/Autism
- Always scared of minor things
- Reports complete lack of sleep (amnesia)
- Mongolism (with an extremely small head)

5.1.7 Little People Description (Tick several options BUT only if you selected Little People above)

- Has difficulty washing all over or dressing
- Has difficulty seeing
- Has difficulty breathing
- Little person – abnormally short in comparison to their family and/or community members?
- Has curvature of the spine
- Has deformity of limbs
- Has difficulty walking or climbing stairs

5.1.8 Multiple Disabilities Description (Tick several options BUT only if you selected Multiple Disabilities above)

- Has Physical, Mental, Visual and Hearing Disabilities
- Has Physical, Mental, and Visual Disabilities
- Has Physical, and Mental Disabilities
- Has Albinism a combination of Physical, Mental, Visual and Hearing Disabilities

5.1.8 Other Disability Description

5.9 Degree of Severity * (Tick ONLY one)

(Ignore if this section if this is a Caretaker who is NOT a beneficiary/PWD)

NB: Degree of severity is about the extent to which the disability is affecting the person

- Cannot do at all
- Some difficulty

- A lot of difficulty

5.10 Functional Limitation (Ignore if this section if this is a Caretaker who is NOT a beneficiary/PWD)

What can you not do? _____

Part 6: Habilitation and Rehabilitation Services Received *

NB: Ignore if this section if this is a Caretaker who is NOT a beneficiary/PWD

- 6.1 Have you received any services? Yes No
- 6.2 If Yes above, which services (support) have you received

6.2.1 Health Services/support (Tick several options)

- | | |
|---|---|
| <input type="checkbox"/> Corrective Surgery | <input type="checkbox"/> Artificial limb (3D or otherwise) |
| <input type="checkbox"/> Assistive Device | <input type="checkbox"/> Nutritional services |
| <input type="checkbox"/> Physiotherapy (institutional) | <input type="checkbox"/> Disability and Health Education |
| <input type="checkbox"/> Occupational Therapy (institutional) | <input type="checkbox"/> Anti-Retroviral Therapy (ART) |
| <input type="checkbox"/> Mobility and/orientation | <input type="checkbox"/> Immunisation and vaccinations |
| <input type="checkbox"/> Community and Family-Based Therapy | <input type="checkbox"/> Regimental and long-term treatments: Mental Health & Epilepsy treatments |

6.2.2 Education Services/support (Tick several options)

- | | |
|--|--|
| <input type="checkbox"/> Sign language training | <input type="checkbox"/> Scholarship (mainstream Government) |
| <input type="checkbox"/> Accessible learning materials (Braille paper, brailers etc) | <input type="checkbox"/> Scholarship (HESFB Scholarship) |
| <input type="checkbox"/> Audio-visual devices | <input type="checkbox"/> Scholarship (Other sponsorship) |
| <input type="checkbox"/> Included in the capitation Grant | <input type="checkbox"/> Literacy and Numeracy Training |
| <input type="checkbox"/> Special Needs Education | <input type="checkbox"/> Braille Training |
| <input type="checkbox"/> Specialist Education | <input type="checkbox"/> Tack-tile training |
| <input type="checkbox"/> Non-formal training/ Artisan training | <input type="checkbox"/> National leadership training |
| <input type="checkbox"/> Training on Activities of Daily Living | <input type="checkbox"/> Training in Group dynamics |
| <input type="checkbox"/> Military and para-military training | |

6.2.4 Education Services/support (Tick several options)

- | | |
|--|--|
| <input type="checkbox"/> Sign language training | <input type="checkbox"/> Scholarship (mainstream Government) |
| <input type="checkbox"/> Accessible learning materials (Braille paper, brailers etc) | <input type="checkbox"/> Scholarship (HESFB Scholarship) |
| <input type="checkbox"/> Audio-visual devices | <input type="checkbox"/> Scholarship (Other sponsorship) |
| <input type="checkbox"/> Included in the capitation Grant | <input type="checkbox"/> Literacy and Numeracy Training |
| <input type="checkbox"/> Special Needs Education | <input type="checkbox"/> Braille Training |
| <input type="checkbox"/> Specialist Education | <input type="checkbox"/> Tack-tile training |
| <input type="checkbox"/> Non-formal training/ Artisan training | <input type="checkbox"/> National leadership training |
| <input type="checkbox"/> Training on Activities of Daily Living | <input type="checkbox"/> Training in Group dynamics |
| <input type="checkbox"/> Military and para-military training | |

6.2.5 Empowerment Services/support (Tick several options)

- | | |
|---|---|
| <input type="checkbox"/> Elected on leadership position | <input type="checkbox"/> Embodied on groups |
| <input type="checkbox"/> Association and Groups | |

Part 7: Additional Habilitation and Rehabilitation Services Required *

NB: Ignore if this section if this is a Caretaker who is NOT a beneficiary/PWD

- 6.1 Do you need any additional support? Yes No
6.2 If Yes above, which additional support do you require?

6.2.1 Health Services/support (Tick several options)

- | | |
|---|---|
| <input type="checkbox"/> Corrective Surgery | <input type="checkbox"/> Artificial limb (3D or otherwise) |
| <input type="checkbox"/> Assistive Device | <input type="checkbox"/> Nutritional services |
| <input type="checkbox"/> Physiotherapy (institutional) | <input type="checkbox"/> Disability and Health Education |
| <input type="checkbox"/> Occupational Therapy (institutional) | <input type="checkbox"/> Anti-Retroviral Therapy (ART) |
| <input type="checkbox"/> Mobility and/orientation | <input type="checkbox"/> Immunisation and vaccinations |
| <input type="checkbox"/> Community and Family-Based Therapy | <input type="checkbox"/> Regimental and long-term treatments: Mental Health & Epilepsy treatments |

6.2.2 Education Services/support (Tick several options)

- | | |
|--|--|
| <input type="checkbox"/> Sign language training | <input type="checkbox"/> Scholarship (mainstream Government) |
| <input type="checkbox"/> Accessible learning materials (Braille paper, brailers etc) | <input type="checkbox"/> Scholarship (HESFB Scholarship) |
| <input type="checkbox"/> Audio-visual devices | <input type="checkbox"/> Scholarship (Other sponsorship) |
| <input type="checkbox"/> Included in the capitation Grant | <input type="checkbox"/> Literacy and Numeracy Training |
| <input type="checkbox"/> Special Needs Education | <input type="checkbox"/> Braille Training |
| <input type="checkbox"/> Specialist Education | <input type="checkbox"/> Tack-tile training |
| <input type="checkbox"/> Non-formal training/ Artisan training | <input type="checkbox"/> National leadership training |
| <input type="checkbox"/> Training on Activities of Daily Living | <input type="checkbox"/> Training in Group dynamics |
| <input type="checkbox"/> Military and para-military training | |

6.2.4 Education Services/support (Tick several options)

- | | |
|--|--|
| <input type="checkbox"/> Sign language training | <input type="checkbox"/> Scholarship (mainstream Government) |
| <input type="checkbox"/> Accessible learning materials (Braille paper, brailers etc) | <input type="checkbox"/> Scholarship (HESFB Scholarship) |
| <input type="checkbox"/> Audio-visual devices | <input type="checkbox"/> Scholarship (Other sponsorship) |
| <input type="checkbox"/> Included in the capitation Grant | <input type="checkbox"/> Literacy and Numeracy Training |
| <input type="checkbox"/> Special Needs Education | <input type="checkbox"/> Braille Training |
| <input type="checkbox"/> Specialist Education | <input type="checkbox"/> Tack-tile training |
| <input type="checkbox"/> Non-formal training/ Artisan training | <input type="checkbox"/> National leadership training |
| <input type="checkbox"/> Training on Activities of Daily Living | <input type="checkbox"/> Training in Group dynamics |
| <input type="checkbox"/> Military and para-military training | |

6.2.5 Empowerment Services/support (Tick several options)

- | | |
|---|---|
| <input type="checkbox"/> Elected on leadership position | <input type="checkbox"/> Embodied on groups |
| <input type="checkbox"/> Association and Groups | |

Part 4.0: Attachments

4.1: Attach passport photograph * _____

4.1: Attach Disability photograph * _____

4.1: Attach Photo with Beneficiary (i.e. caretaker and beneficiary) photograph _____