



Serial No.

FY- 2020/2021

NATIONAL GOVERNMENT CONSTITUENCIES DEVELOPMENT FUND KASIPUL CONSTITUENCY

OFF OYUGIS - KISUMU ROAD
OPPOSITE OYUGIS POLICE STATION

Visit our Website
Website: www.cdf.go.ke

P.O Box 264 - 40222 OYUGIS
E-mail: cdfkasipul@ngcdf.go.ke

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 Oyugis

1. APPLICANT'S PERSONAL DETAILS

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

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	()
Occupation			
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. /Huduma No. /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

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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

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Signed:

Chairman

Date

Secretary

Date

CHECK LIST

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

Received by:

Name: Designation:

Date: Signature: