

QUARTERLY/YEARLY PROGRESS REPORT IN RESPECT OF HALF WAY HOME

PROJECT INFORMATION:

1. Progress report Quarterly/Annual: _____
2. Date of establishment of the Institution: _____
3. Name of the officer in charge/Suptt: _____
4. Date of posting: _____ 5.: Contact No. of the In charge :office _____ (cell) _____ Email id _____ 6.Address of the institution: _____

S.No	7. INFORMATION REGARDING Residents	Female	Male
i.	No. Of Residents in the Previous Quarter/Year		
ii.	No. of Residents admitted during the Quarter/Year		
iii.	No. of residents referred from mental hospital or other Institution during the Quarter/Year		
iv.	No. of Residents rehabilitated		
v.	No. of Residents present at the end of Quarter/Year		

S.No	8. ACTIVITIES/ SERVICES PROVIDED	NO OF RESIDENTS
i.	No. of residents provided medical checkup	
ii.	No of residents provided psychological assessment	
iii.	No. of residents provided vocational training	
iv.	No of residents provided Clothing	
v.	No of residents provided Religious Education	
vi.	No of residents provided Recreational Activities	
vii.	Follow up of rehabilitated residents (on regular basis)	

9. ADVISORY COMMITTEE		YES	NO	Any Remarks
a.	Notification date of Advisory Committee			
b.	Advisory Committee Active			
c.	No of meetings of Advisory Committee			
d.	Financial Contribution of Advisory Committee			

e.	Balance in Bank Account		
f.	Any Contribution in terms of Activity		
10. DIFFERENT EFFORTS/INTERVENTIONS INITIATED BY INVOLVING NGOs/CBOs/ADVISORY COMMITTEE/etc.			
a.			
b.			
c.			
11. EVENT CELEBERATION			
a.			
b.			
c.			
12. PROBLEMS/DIFFICULTIES			
a.			
b.			
c.			
13. SUGGESTIONS/RECOMMENDATIONS			
a.			
b.			
c.			

(INCHARGE)
Half Way Home
SOCIAL WELFARE & BAIT-UL-MALL,
PUNJAB
DISTRICT _____.