

**OLD AGE HOME (AFFIAT)
MONTHLY PROGRESS REPORT FOR THE MONTH OF .**

POSTAL ADDRESS:

Institution Established:

1. NAME OF OFFICER:

2. DATE OF POSTING:

3. Email id		Incharge Contact:	Ph:	
S. NO	Residents Information	MALE	FEMALE	TOTAL
1	No of Residents carried over from previous Month			
2	No of Residents admitted during the Month			
3	No of Residents discharged during the Month			
5	No of Residents left during the Month			
4	No of Residents rehabilitated during the Month			
6	No of Residents died during the Month			
7	No of Residents present in the home end of the Month			
S. NO	Facilities	MALE	FEMALE	TOTAL
	No. of Residents provided the medical checkup with medicines during the month/quarter			
1	No. of individual counseling Sessions conducted during month/quarter			
2	No. of family counselling during month/quarter			
3	Indoor activities / Out Door Trips			
S. NO	Follow up Mechanism	MALE	FEMALE	TOTAL
1	No. of follow up of reconciled residents during the month/quarter through telephone/ visits			

COMPREHENSIVE PROGRESS REPORT.

S.NO	Residents OF THE MONTH	MALE	FEMALE	TOTAL
1	No of Residents admitted since inception including month uner Report.			
2	No of Residents discharge since inception including month uner Report.			
3	No of Residents rehilitated since inception including month uner Report.			
4	No of Residents left own inception including month uner Report.			
5	No of Residents died since inception including month uner Report.			

Sources of Cases Referred

S.No	Sources	Since Inception Excluding the Moth	During the Month
1	No. of case referred by Volunteer Social Welfare Agencies.		
2	No. of case referred by the police.		
3	No. of case referred by the field staff.		
4	No. of case referred by the Hospital.		
5	No. of direct admission.		
6	Any other (Please specify)		

S.No	Advisory Committee Information	Remarks	Total
1	Date of notification of Advisory Committee		
2	Is the Advisory Committee active (Yes/No)		
3	No of meetings of Advisory Committee (attach minutes of meeting)		
S.No	Budget Balance Sheet	Remarks	Total
1	Financial Contribution of Advisory Committee during the month/quarter Rs.		
2	Contribution of Advisory Committee other than Cash during the month/quarter		
3	Balance in Bank Account of advisory committee at the end of month/quarter in Rs.		
4	Budget Allocated during the Financial Year		
5	Budget Allocated during the Quarter		
6	Balance utilized during the month/quarter in Rs.		
7	Amount of Electricity bills of this month/quarter in Rs.		
8	Amount of Gas bills of this month/quarter in Rs.		
9	Amount of Telephone bills of this month/quarter in Rs.		
S.No	Donations	Total	
1	Donations recived during the month/quarter other than advisory committee in terms of cash		
2	Donations recived during the month/quarter other than advisory committee in terms of kind please specify		