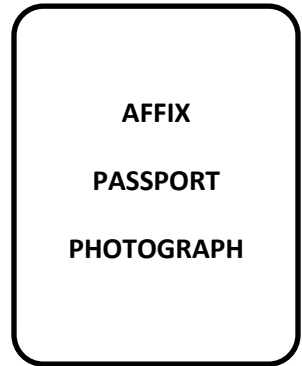




HOPE FOR LIFE INITIATIVE (HFLI)
WIDOW INTAKE FORM



DATE: _____

STATE	LOCAL GOVT. AREA	NAME OF COMMUNITY

NAME:

MIDDLE NAME:

SURNAME:

SEX: AGE:

OCCUPATION:

TELEPHONE NUMBER:

EDUCATION:

ADDRESS (HOUSE) give description of close bus stop:

.....

.....

.....

E-CONSENT

I, acknowledge that the HFLI (PROGRAM and its activities have been explained to me and

I Hereby give informed consent to participate in the HFLI program with all co-operation.

I also agree to 'share information confidentially' with other staff for purpose of assisting me
YES / NO

I consent to my picture to be used during participation of the program YES / NO

I consent to my picture to be used, shared on other publication on the internet and medium
YES / NO

NAME: SIGNATURE: DATE:

This form will be filled and submitted with full information & death Certificate of husband attached.