AGE CARE DEVELOPMENT

Membership Application Form

1. Background Information:
2. Name of Applicant:……………………………………………………………………………Age:………
3. Level of Education:…………………………………………………………………………………………….
4. Village: ………………………………………………………………………………………………………………….
5. Parish:…………………………………………………………………………………………………………………….
6. Subcounty:……………………………………………………………………………………………………………
7. District:………………………………………………………………………………………………………………..
8. Tel:.........................................................................................................................................

Disability (If any):……………………………………………………………………………………………….

……………………………………………………………………………………………………………………………….

1. Since when:………………………………………………………………………………………………………
2. Next of Kin:……………………………………………………Tel:…………………………………………….
3. How many dependants do you support?............................How long have you been to ACD? ...........................How did you find ACD services to you?.Good/ /Fair/ Poor......
4. What age brackets:………………………………………………………………………………………..
5. What is your source of Income?..........................................................................

…………………………………………………………………………………………………………………………….

1. What assistance would you like from ACD-U?.................................................

……………………………………………………………………………………………………………………………….

1. Hobbies/Skills: ………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………….

The eyes of all Look at You and give them food at the proper time. Psalms 145: 15

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Welfare Receiving Form

Name:……………………………………………………………………………………………………………………………..

Village:…………………………………………………………………………………………………………………………….

Parish:………………………………………………………………………………………………………………………………

Age:………………………………………………………………………………………………………………………………….

Subcounty:………………………………………………………………………………………………………………….

District:…………………………………………………………………………………………………………………………..

Type of Food/clothes

1. Rice……………………………………………………………………………………………………………….
2. Sugar……………………………………………………………………………………………………………
3. Posho…………………………………………………………………………………………………………….
4. Soap……………………………………………………………………………………………………………….
5. Milk………………………………………………………………………………………………………………..
6. Bread……………………………………………………………………………………………………………..
7. Salt…………………………………………………………………………………………………………………..
8. Paraffin…………………………………………………………………………………………………………..
9. Cooking Oil………………………………………………………………………………………………….
10. Matchbox……………………………………………………………………………………………………….
11. Clothes:…………………………………………………………………………………………………………..

Applicants Signature:……………………………………/Guardian……………………………….

Date:………………………………………………………………………….

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