

NATIONAL COUNCIL FOR PERSONS WITH DISABILILITIES



DISABILITY REGISTRATION FORM

| Registra | ation No (For officia | al use only) | | | | | | | | | | | | | | | |
|-----------------------------|-----------------------|----------------------------|----------|----------|--------------|---------|----------------|--|--------------|--------------|---|----------|---------|-----------------|-----------|---|--------------|
| | registration | | Day | Mon | th | | Year | | | | | | | | | | |
| Date of | registration | | | | | | | | | | | | | | | | |
| DEDSO | NAL DETAILS | | | | | | | | | | | | | | | | |
| B01 | | | Surname | e | | | First Name | | | | | | | | Last Name | | |
| 301 | 1 (2.00 | | | | | | | | | | - | | | | | | 2000 1101110 |
| B02 | Nationality | | By Birth | | | | By Citizenship | | | | | | | | | | |
| B03 | ID/Birth Certific | ate No | | | | | | | | | | | | | | | |
| B04 | Postal Address | | Box No | | | | Code | | | City/Town | | | | | | | |
| B05 | Telephone Num | ie Number | | <u> </u> | | | | | | | | | | | | | |
| B06 | Email Address | | | | | | | | | | | | | | | | |
| B07 | KRA PIN | | | | | | | | | | | | | | | | |
| B08 | Next of kin | | | Name | | | | | Relationship | | | | Talanh | one No | | | |
| 000 | 8 Next OI KIII | | 1 | Nome | | | | | | Relationship | | | | - receptions to | | | |
| | | | | | | | | | | | | | | | | | |
| B09 | County | | | B12 | Ward | | | | | | | B15 | Village | | | | |
| B10 | Sub-county | | | B13 | Locati | ion | | | | | | | | | | | |
| B11 | Constituency | | | B14 | Sub-location | | | | | | | | | | | | |
| | | <u> </u> | | | | | | | | | | | ı | | | | |
| B16 | Sex | | Male | | | Female | | | Inter | rsex | | | | | |] | |
| B17 | Date of Birth | | Day | | | Month | | | Year | | | | | | | 1 | |
| B18 | Marital status | | Married | | Divorced | | | | Separated | | | Widowed | | | Single | 1 | |
| | | | None | | | | | | | | | <u> </u> | | | | 1 | |
| B19 | Highest Level of I | Highest Level of Education | | | | Primary | | | Voca | ational | | Seco | ndary | | College | | |
| ingliest Level of Luddation | | Undergraduate | | | Postgradua | ate | | | | | | | | | 1 | | |

| B20 | Highest Level of Education e.g KCPE, KCSE, GRADE III, Bachelor etc. | | | | | | | | |
|-----|---|---------------|--|----------------|--|------------|----------|-----|--|
| | Completed | | | | | | | | |
| | | | | | | | | | |
| B21 | Profession | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| B22 | Occupation | | | | | | | | |
| B23 | Employment Status | Employed | | Self-Employed | | Unemployed | | | |
| B24 | Employer | Public Sector | | Private sector | | Name of th | e Employ | yer | |
| B25 | Ethnicity | | | | | | | | |

| DISAB | ILITY (Mark appropriate box. I f major cause = 1 th | nen CO3 should | be blank) | | | | | | | | |
|--------|---|----------------|-------------------------|--|--------------|-------------------|----------|--------|----------|--|--|
| C01 | | C02 | | | C03 | C04 | | | | | |
| Nature | Nature/Type of disability (As per Disability assessment report) | | ! | | | Disability rating | 3 | | | | |
| report | | | By Birth By Accident | | At what age? | Mild | Moderate | Severe | Complete | | |
| 1 | Albinism | | | | | | | | | | |
| 2(a) | Physical (Monoplegia) | | | | | | | | | | |
| 2(b) | Physical (Paraplegia) | | | | | | | | | | |
| 2(c) | Physical (Cerebral palsy) | | | | | | | | | | |
| 2(d) | Physical (Spina bifida) | | | | | | | | | | |
| 2(e) | Physical (Hydrocephalus) | | | | | | | | | | |
| 2(f) | Physical (Amputation) | | | | | | | | | | |
| | Physical (Other)- Specify | | • | | | | | | | | |
| 3(a) | Mental (Intellectual Disability) | | | | | | | | | | |
| 3(b) | Mental (autism spectrum disorder) | | | | | | | | | | |
| 3(c) | Mental (Acquired brain injury) | | | | | | | | | | |
| 3(d) | Mental (Specific learning disorder) | | | | | | | | | | |
| 3(e) | Mental (Bipolar and related Disorder) | | | | | | | | | | |
| | Mental (Other)- Specify | | | | | | | | | | |
| 4(a) | Visual | | | | | | | | | | |
| 4(b) | Blind | | | | | | | | | | |
| 5(a) | Hearing (Hearing/using hearing aids) | | | | | | | | | | |
| 5(b) | Hearing (Deaf/using sign language) | | | | | | | | | | |
| 5(c) | Hearing (Deaf/able to talk normally) | | | | | | | | | | |
| 6 | Epilepsy | | | | | | | | | | |
| 7 | Short Stature | | | | | | | | | | |
| 8(a) | Speech | | | | | | | | | | |
| 8(b) | Speech (language) | | | | | | | | | | |
| 8(c) | Speech (Dysphagia) | | | | | | | | | | |

| 9(a) | Progressive Conditions (Cardiovascular) | | | | | | | | |
|------|--|--|--|--|--|--|--|--|--|
| 9(b) | Progressive Conditions (Musculoskeletal) | | | | | | | | |
| 9(c) | Progressive Conditions (Neurological) | | | | | | | | |
| 9(d) | Progressive Conditions (Cancer) | | | | | | | | |
| 9(e) | Progressive Conditions (Gastrointestinal disorder) | | | | | | | | |
| 9(f) | Progressive Conditions (Vascular conditions | | | | | | | | |
| 9(g) | Progressive Conditions (Genitor-urinary) | | | | | | | | |
| | Progressive Conditions (other)-Specify | | | | | | | | |
| Туре | Type of Assistive Device used | | | | | | | | |

| REGISTRATION WITH SOCIAL PROTECTION | N PROGRAMS | | | | | | | | |
|--|----------------------------|----------------|--------|--|--|--|--|--|--|
| Are you registered with any Inua jamii pro | gram? If yes, give details | 1.opct | 3.pwsd | | | | | | |
| | | 2.ovc | 4.hsnp | | | | | | |
| *I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE* | | | | | | | | | |
| Sign: | Date:/ | | | | | | | | |
| (Person seeking registration) | | | | | | | | | |
| FOR OFFICIAL USE ONLY | | | | | | | | | |
| Name of | | Sign and Stamp | | | | | | | |
| Registering Agent | | | | | | | | | |