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| Section 1: Identification Information of Client(s) and Family Members  *Explain to the client that you are now going to ask some basic information about them and their family. If client is a child, add details of care giver (s) below. Note that in some cases there may be multiple clients in one case* | | | | | | | | | | | | | |
| **Surname** | **Name** | **ID Number**  *Include SA ID or other forms of identification* | **Date of Birth** | **Language** | **If Foreigner, specify Nationality** | **Racial Group** | | | | **Gender** | | **Type of disability (if applicable)** *Sight, Hearing, Communication, Physical, Mental, Multiple* | **Name of School & Grade / Employer (if applicable)** |
| **B** | **C** | **A** | **W** | **M** | **F** |
| **Primary Client (s)** | | | | | | | | | | | | | |
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| **If client is a child, add details of caregiver or caregivers below** | | | | | | | | | | | | | |
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| **Other family / Household members** | | | | | | | | | | | | | |
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| **Section 2: Contact Details of Client** | | | | | | | | | | | | | |
| **Street Address and number** |  | **Ward Number** | |  | **Office / Service Point** | |  | **Sub-district** | |  | **District** | |  |
| **Directions to client’s residence** |  | | | | | | | | | | | | |
| **Contact Details Home** |  | | **Work Contact Details** | | |  | | | **Mobile Number** | | |  | |

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| **Section 3: Employment details of client (if relevant)** | | | | | | |
| **Employment Status** | 🞏 Employed | 🞏 Unemployed | | 🞏 Self employed | | 🞏 Pensioner |
| **If employed, Employer** |  | | **Physical Address** | |  | |
| **Name of contact person at Employer** |  | | **Contact Details** | |  | |

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| **Section 4: School details of client (if relevant)** | | | |
| **Name of School** |  | **Address of School** |  |
| **Name of contact person at School** |  | **Contact Details** |  |

| **Section 5: Identifying Information completed by** | | | |
| --- | --- | --- | --- |
| **SSP Name and Surname** | **Signature** | **SACSSP Registration number** | **Date** |
|  |  |  |  |

| **Section 6: Updates to Identifying Information**  *To be completed as and when Biographic data changes. Indicate below the information which should be changed, e.g. change telephone number from 1234 to 1111* | | |
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| **Date** | **Specify information to be updated** | **Updated by** |
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