

**APPLICATION FOR THE FINACIALASSISTANCE
UNDER THE SUPPORTED GUARDIANSHIPSCHEME
OF THE NATIONAL TRUST**

**PHOTOGRAPH
OF THE
BENEFICIARY**

**PHOTOGRAPH
OF THE
LEGAL GUARDIAN**

1. Name of the person with Disability (Wards)
- 2- Fathers Name and Address
- 3- Occupation of the Father
- 4- Age of the Person with Disability
- 5; Gender of the Person with Disability
6. Category of Dosability (Tick the relevant category)
 - a) Autism b) Cerebral Palsy c) Mental Retardation
7. Severity Level (Tick as appropriate) a) Mild b) Moderate c) Severe
8. Family Income kper month
9. No. of members in the family
10. Whether Parents are alive a) Yes b) No
- II. Whether~any property is owned by the Disabled Person
(Tick the relevant column) a) Yes b) No
12. If Yes, Give details of the said property
- 13: Name of theApplicatnfGuardian\Legal Guardian:
14. Whether applicatnt is a natural and / or Legal Guardiaian
15. Address of the Legal Guardian and the Ward

LEGAL GUARDIAN	WARD

16. Age of the Legal Guardian
17. Occupation of the Legal Guardian
18. Relationship with the Ward
19. Number of Family Members of the Legal Guardian:
20. If any other person in the family is disabled
21. Average monthly income of the Legal Guardian
22. Whether any criminal case against the applicant is pending or finalized in the police station or any court
(Tick the relevant column) a) Yes b) No
23. If Yes, give the detail of the case.
24. Enclosures
 - a) Copy of Income Certificate of Legal Guardian
 - b) Copy of Ration Card, if any
 - c) Copy of Legal Guardianship under National Trust (Form C)

(Signature of the applicant)

(Signature of the Second Witness)

Date:

Place:

Witnesses:

(Signature of the first witness)

To be filled in by the Recommending Authority:

1. It is certified that information given as above is correct.
2. I recommend this case for consideration of the Financial Assistance under the Supported Guardianship Scheme of the National Trust.

(Signature and Seal of the Recommending Authority)

Date :

Place :

SANCTION LETTER OF SUPPORTED GUARDIANSHIP

This is to certify that Master/Miss/Shni/Smt

.....S/O or D/O Shri/Smt.....

.....(whose Legal Guardian is Shri/Smt.....

.....residing at.....

Village.....Block.....

District.....

is hereby sanctioned its. 350/- per month under the Supported Guardianship Scheme on National Trust, Govt.

of India from.....

to.....

This scheme is valid for 3 years only.

Additional amount of Rs. 150/- per month will be paid on producing vouchers/bills towards medical and rehabilitation expenses.

Signed

District Collector.....

NGO Member of the LLC.....

Disabled person of the LLC.....

Complaints about non-receipt or difficulties in receipt of funds under this scheme may be sent directly to National Trust, 4, Vishnu Digamber Marg, IPH Complex, Room No. 208, New Delhi - 2. Telephone No. 23217413 Tel; efax : 23217414. Email : nationaltrust@ren02.nic.in

Monitoring Chart

- 1- Name of Person with Disability
- 2- Age 3- Sex M/F
- 4- Type of Disability
- 5- Severity Level
- 6- Growth Chart

Date of Entry	Height	Weight	Motor Age	Mental Age	General Appearance	Adaptive Skills	Other remarks of Assessor	Signature

- To be signed by NGO member of LLC or the In charge, DDRC
- Assessment should be done every 6 months without fail.
- Disbursements will depend on the indications of growth & development the beneficiary.