

# ***APPENDIX***

**MINISTRY OF SOCIAL SECURITY AND NATIONAL SOLIDARITY**  
**YEARLY RETURN - INDOOR RELIEF**  
**ORPHANAGES RECEIVING CAPITATION GRANT**  
**July 2007 - June 2008**

**Name of orphanage:**.....

Please fill in this return (in duplicate) and return the original copy not later than **1 August 2008** to:

Statistics Unit, Ministry of Social Security and National Solidarity,  
 Social Security House, 3rd Level  
 Rose Hill

Name of officer in charge: ..... Signature:.....

Date: ..... Telephone No: .....

**1. Please state number of inmates:**

- (a) as at 30 June 2007
- (b) admitted 1 July 2007 to 30 June 2008
- (c) discharged 1 July 2007 to 30 June 2008
- (d) who died 1 July 2007 to 30 June 2008
- (e) total number of inmates as at 30 June 2008

Male	Female	Both Sexes

Note: (e) = (a)+(b)-(c)-(d)

**2. Please state the age distribution of inmates on roll as at 30 June 2008**

Age (years)	Male	Female	Both Sexes
<b>Under 1</b>			
<b>1</b>			
<b>2</b>			
<b>3</b>			
<b>4</b>			
<b>5</b>			
<b>6</b>			
<b>7</b>			
<b>8</b>			
<b>9</b>			
<b>10-14</b>			
<b>15-19</b>			
<b>20-24</b>			
<b>25-29</b>			
<b>30 &amp; over</b>			
<b>Total = 1(e)</b>			

3(a). Please state number of inmates of male sex by age and main type of disability, if any as at 30 June 2008

**MALE**

Type of disability	A g e (Y e a r s)															Total
	Under 1	1	2	3	4	5	6	7	8	9	(10-14)	(15-19)	(20-24)	(25-29)	30 & over	
Loss of both limbs																
Loss of both hands																
Loss of all fingers or both thumbs																
Loss of sight																
Total paralysis																
Partial paralysis																
Loss of an arm at shoulder																
Loss of a leg at the hip																
Total deafness																
Mental diseases																
Heart diseases																
Rheumatism																
Asthma																
Diabetes																
Cancer																
Dumb																
Other (including those suffering from multiple disabilities)																
Inmates with no disabilities																
<b>TOTAL</b>																

3(b). Please state number of inmates of female sex by age and main type of disability, if any as at 30 June 2008

**FEMALE**

Type of disability	A g e (Y e a r s)															
	Under 1	1	2	3	4	5	6	7	8	9	(10-14)	(15-19)	(20-24)	(25-29)	30 & over	Total
Loss of both limbs																
Loss of both hands																
Loss of all fingers or both thumbs																
Loss of sight																
Total paralysis																
Partial paralysis																
Loss of an arm at shoulder																
Loss of a leg at the hip																
Total deafness																
Mental diseases																
Heart diseases																
Rheumatism																
Asthma																
Diabetes																
Cancer																
Dumb																
Other (including those suffering from multiple disabilities)																
Inmates with no disabilities																
<b>TOTAL</b>																

**MINISTRY OF SOCIAL SECURITY AND NATIONAL SOLIDARITY**

**Return of Social Aid (July 2007 - June 2008)**

Social Security Office .....

District.....

Telephone No.....

Name of Higher Social Security Officer:.....

Signature .....

Name of Senior Social Security Officer:.....

Signature:.....

Date .....

Please fill in this return **IN DUPLICATE** and return the **ORIGINAL COPY** to:

Statistics unit

Ministry of Social Security and National Solidarity

Social Security House, 3rd Level

ROSE HILL

**not later than 18 August 2008**

**1. RECEIPT & DISPOSAL OF APPLICATIONS FOR SOCIAL AID**

**JULY 2007 TO JUNE 2008**

	<b>Male</b>	<b>Female</b>	<b>Both sexes</b>
(a) Applications outstanding as at 1 July 2007			
(b) Applications received (including transfers) July 2007 to June 2008			
(c) Applications to be processed July 2007 to June 2008 = (a)+(b)			
(d) Applications allowed, July 2007 to June 2008			
(e) Applications rejected, July 2007 to June 2008			
(f) Applications transferred to other centres, July 2007 to June 2008			
(g) Total applications processed, July 2007 to June 2008 = (d)+(e)+(f)			
(h) Applications outstanding as at end June 2008 = (c)-(g)			

**2 - STATE OF LIVE REGISTER BY MONTH, JULY 2007 - JUNE 2008**

<b>Month</b>	<b>Total number of cases <u>paid</u> for the month</b>			4. Total number of new cases granted for which payment was effected for the first time	5. Total number of cases(IP + Regular) removed (disallow, stop, transfer) excluding abeyance	6. Total number of cases (IP + Regular) in abeyance	7. Total number of outstanding cases
	1. Immediate Payment (including refund)	2. Regular (excluding refund)	3. Total				
<b>July 2007</b>							
<b>August 2007</b>							
<b>September 2007</b>							
<b>October 2007</b>							
<b>November 2007</b>							
<b>December 2007</b>							
<b>January 2008</b>							
<b>February 2008</b>							
<b>March 2008</b>							
<b>April 2008</b>							
<b>May 2008</b>							
<b>June 2008</b>							

**3. BENEFICIARIES OF SOCIAL AID (REGULAR + I.P) PAID BY AGE AND SEX, JUNE 2008**

AGE-GROUP (Years)	APPLICANT			SPOUSE			CHILDREN			OTHER			TOTAL		
	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes
Below 10															
10-14															
15-19															
20-59															
60-74															
75-89															
90& over															
Total															

**4.TRANSFER OF SOCIAL CASES TO NATIONAL PENSIONS SCHEME,**

**JULY 2007 TO JUNE 2008**

CASES TRANSFERRED TO	Number		
	Male	Female	Both sexes
(i) Basic Retirement Pension			
- Normal			
- With severe handicap			
(ii) Basic Widows' Pension			
(iii) Basic Invalids' Pension			
(iv) Basic Orphans' Pension			
(v) Industrial Injury Benefits			
(vi) Other			
<b>TOTAL</b>			

**5.CASES RECEIVING RENT ALLOWANCE OR ANY ADDITIONAL SOCIAL AID, JUNE 2008**

SOCIAL CASES	Number		
	Male	Female	Both sexes
<b>(a) Receiving rent allowance(excluding NPS cases)</b>			
<b>(b) BRP</b>			
(i)living with family and receiving additional social aid			
(ii)living alone and receiving rent allowance			
(iii)receiving grant for purchase of medicine <sup>1/</sup>			
<b>(c) Other NPS cases</b>			
(i) receiving additional social aid			

<sup>1/</sup> refers to BRP beneficiaries aged 100 years & above

**6.CASES OF SOCIAL AID PAID THROUGH POST OFFICE\* , JULY 2007 - JUNE 2008**

	Number	Amount (Rs)
<b>1. Regular Assistance</b>		
<i>Of which: (a) Social Aid</i>		
<i>(b) UHR</i>		
<b>2. Immediate Assistance(excluding ad-hoc IP listed below)</b>		
<i>Of which: (a) Social Aid</i>		
<i>(b) UHR</i>		
<b><u>AD - HOC IP'S (items 3 - 10)</u></b>		
<b>3. Discharged prisoners</b>		
<b>4. Fire: No. of cases (Total)</b>		
<i>Of which: (a) foodstuffs</i>		
<i>(b) Other items:</i>		
<i>(i) Clothing</i>		
<i>(ii) Utensils</i>		
<i>(iii)Furniture</i>		
<i>(iv)Resettlement</i>		
<b>5. Flood :</b>		
<b>6. Cyclone:</b>		
<i>(a) food voucher</i>		
<i>(b) Adhoc payment</i>		
<b>7. Conveyance:</b>		
<i>(a) bus fares</i>		
<i>(b) taxi fares</i>		
<b>8. Funeral Grant:</b>		
<i>(a) Social Aid</i>		
<i>(b) National Pensions</i>		
<i>(c) UHR</i>		
<b>9. Examination Fees:(including those paid through M.E.S)</b>		
<i>(a) S.C./G.C.E."O"</i>		
<i>(b) H.S.C./G.C.E."A"</i>		
<i>(c) I.V.T.B. Fees</i>		
<i>(d) Other Exams Fees</i>		
<b>10. Other (specify):</b>		
<i>(a) NPS Posthumous payment</i>		
<i>(b) Dentures</i>		
<i>(c) Other</i>		
<b>TOTAL</b>		

\* Including payments made through M.E.S

**7A - CASES OF SOCIAL AID (REGULAR+I.P.) PAID BY APPLICATION REASON CODE(ARN)**

**JUNE 2008**

ARN Code/Description	Number
A005 Medical (excl. A019 & A020)	
A006 Examinations	
A007 Cyclone	
A030 Cyclone Ad Hoc Cases	
A008 Fire	
A009 Flood	
A010 Travelling	
A011 UHR	
A012 Abandoned Woman	
A013 Unmarried Mother <sup>1/</sup>	
A014 Imprisonment	
A015 Additional Social Aid	
A016 Abandoned Child	
A017 BRP-Rental Allowance	
A018 Orphans	
A019 Carer's Allowance-Physically Handicapped Children	
A019 Carer's Allowance-Mentally Handicapped Children	
A020 Ex-Gratia Cases-Physically Handicapped Children	
A020 Ex-Gratia Cases-Mentally Handicapped Children	
A021 Multiple Birth	
A022 Funeral Grant	
A023 Discharged Prisoners	
A025 Posthumous	
A026 Ad Hoc	
A027 Sudden Loss of Employment	
A028 Partner Dead/Missing/Disappeared	
A029 Centenarian-Medical Allowance	
<b>TOTAL <sup>2/</sup></b>	

<sup>1/</sup> Applicable to all unmarried mothers irrespective of age, i.e even for those aged below 18

<sup>2/</sup> Should equal to Column 3 "Total" of Table 2 for the month of June

**7B - BENEFICIARIES OF SOCIAL AID (REGULAR+I.P.) BY DISEASE OR DISABILITY, JUNE 2008**

**7B(1) - Temporary sicknesses - M001**

CODE/DISEASE	Male	Female	B.sexes
/1 Ailments i.e, flue, bronchitis, etc			
/2 Mental diseases			
/3 Tuberculosis			
/4 Other temporary sicknesses			
<b>7B(1)-SUB-TOTAL</b>			

**7B(2) - Chronic sicknesses and old-age - M002**

CODE/DISEASE	Male	Female	B.sexes
/1 Mental diseases			
/2 Respiratory diseases			
/3 Diabetes			
/4 Peptic or Duodenal ulcers			
/5 Ear, nose or throat diseases			
/6 Cancer			
/7 Old-age and concomitant diseases			
/8 Heart diseases			
/9 Ulcerative colitis			
/10 Other chronic sicknesses			
<b>7B(2)-SUB-TOTAL</b>			

**7B(3) - Temporary disabilities - M003**

CODE/DISABILITY	Male	Female	B.sexes
/1 Fracture of arms, legs etc			
/2 Defective eyesight			
/3 Other temporary disabilities			
<b>7B(3)-SUB-TOTAL</b>			

**7B(4) - Permanent disabilities (only adult cases) - M004**

CODE/DISABILITY	Male	Female	B.sexes
/1 Defective eyesight			
/2 Total paralysis			
/3 Partial paralysis			
/4 Deaf or Dumb			
/5 Other permanent disabilities			
<b>7B(4)-SUB-TOTAL</b>			

**7B(5) - Permanent disabilities (only children cases) - M006**

CODE/DISABILITY	Male	Female	B.sexes
/1 Carer's Allowance- Physically Handicapped Children			
/2 Carer's allowance- Mentally Handicapped Children			
/3 Ex Gracia Cases-Physically Handicapped Children			
/4 Ex-Gracia Cases-Mentally Handicapped Children			
<b>7B(5)-SUB-TOTAL</b>			

CODE/DISABILITY	Male	Female	B.sexes
Other and not stated			
<b>7B(6)-SUB-TOTAL</b>			

<b>TOTAL - 7B{7B(1)+7B(2)+7B(3)+7B(4)+7B(5)+7B(6)}</b>			
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**8.CHILDREN BENEFICIARIES RECEIVING SOCIAL AID (REGULAR+I.P) BY AGE-GROUP, JUNE 2008**

Age-group (years)	Children living with lone parent <sup>1/</sup>			Abandoned/deserted children <sup>2/</sup>			Other Children			Total <sup>3/</sup>		
	Male	Female	B.Sexes	Male	Female	B.Sexes	Male	Female	B.Sexes	Male	Female	B.Sexes
Under 5												
5-9												
10-14												
15-19												
<b>Total</b>												

<sup>1/</sup> Refer to all cases dealt with in Table 7A - Application Reason Codes (A012,A013,A014,A028)

<sup>2/</sup> Refer to cases dealt in Table 7A - Application Reason Code A016

<sup>3/</sup> Total should equal to column "children" of Table 3

**9. CASES OF SOCIAL AID (REGULAR + I.P) BY AMOUNT PAID JUNE 2008**

Amount paid (Rs)	Number
Up to 200	
201-400	
401-600	
601-800	
801-1000	
1001-1200	
1201-1400	
1401-1600	
1601-1800	
1801-2000	
2001-2200	
2201-2400	
2401 & over	
<b>Total <sup>1/</sup></b>	

<sup>1/</sup> Should equal to column 3 "Total" of Table 2 for the month of June

**10. BENEFICIARIES OF UNEMPLOYMENT HARDSHIP RELIEF, JULY 2007 - JUNE 2008**

MONTH	Able-bodied beneficiaries		Disabled beneficiaries		Total beneficiaries		
	Male	Female	Male	Female	Male	Female	Both sexes
July 2007							
August 2007							
September 2007							
October 2007							
November 2007							
December 2007							
January 2008							
February 2008							
March 2008							
April 2008							
May 2008							
June 2008							

**11. APPLICATIONS RECEIVED BY TYPE, JULY 2007 - JUNE 2008**

Type of applications	Number
<b>1. Social Aid</b> <sup>1/</sup>	
of which: Unemployment Hardship Relief	
Spectacles	
<b>2. Spectacles</b> - N.P.S.	
- Other (specify):.....	
<b>3. Food Aid</b> - Social Aid	
- NPS	
- Other (specify):.....	
<b>4. Admission to home/orphanage</b>	
<b>5. Wheelchair</b>	
<b>6. Hearing Aid</b>	
<b>7. Bookloan</b>	
<b>8. Report on circumstances (SA 40)</b>	
<b>9. Social Enquiry Report</b>	
<b>T O T A L</b>	

<sup>1/</sup> Should equal to Table 1(b)

**12. ISSUE OF SPECTACLES, BLANKETS, ETC., JULY 2007 - JUNE 2008**

	Social Aid	N.P.S	Other	TOTAL
<b>SPECTACLES</b>				
- Complete set				
- Lense(s) only				
- Frame only				
<b>OTHER (specify):.....</b>				
.....				

**MINISTRY OF SOCIAL SECURITY AND NATIONAL SOLIDARITY**  
**YEARLY RETURN - INDOOR RELIEF**  
**INFIRMARIES RECEIVING CAPITATION GRANT**  
**July 2007 - June 2008**

Name of infirmary:.....

Please fill in this return (in duplicate) and return the original copy not later than **1 August 2008** to:  
 Statistics Unit, Ministry of Social Security and National Solidarity,  
 Social Security House, 3rd Level  
 Rose Hill

Name of officer in charge: ..... Signature:.....

Date: ..... Telephone No: .....

**1. Please state number of inmates:**

- (a) as at 30 June 2007
- (b) admitted 1 July 2007 to 30 June 2008
- (c) discharged 1 July 2007 to 30 June 2008
- (d) who died 1 July 2007 to 30 June 2008
- (e) total number of inmates as at 30 June 2008

Male	Female	Both sexes

Note: 1(e) = 1(a)+1(b)-1(c)-1(d)

**2. Please state the age distribution of inmates on roll as at 30 June 2008**

Age (years)	Male	Female	Both Sexes
<b>Under 20</b>			
<b>20-24</b>			
<b>25-29</b>			
<b>30-34</b>			
<b>35-39</b>			
<b>40-44</b>			
<b>45-49</b>			
<b>50-54</b>			
<b>55-59</b>			
<b>60-64</b>			
<b>65-69</b>			
<b>70-74</b>			
<b>75-79</b>			
<b>80-84</b>			
<b>85-89</b>			
<b>90 &amp; over</b>			
<b>Total = 1(e)</b>			

3(a). Please state number of inmates of male sex by age and main type of disability, if any as at 30 June 2008

**MALE**

Type of disability	A g e (Y e a r s)															Total	
	Under 20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85-89		90& over
Loss of both limbs																	
Loss of both hands																	
Loss of all fingers or both thumbs																	
Loss of sight																	
Total paralysis																	
Partial paralysis																	
Loss of an arm at shoulder																	
Loss of a leg at the hip																	
Total deafness																	
Mental diseases																	
Heart diseases																	
Rheumatism																	
Asthma																	
Diabetes																	
Cancer																	
Dumb																	
Other (including those suffering from multiple disabilities)																	
Inmates with no disabilities																	
<b>TOTAL</b>																	

3(b). Please state number of inmates of female sex by age and main type of disability, if any as at 30 June 2008

**FEMALE**

Type of disability	A g e (Y e a r s)															Total	
	Under 20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85-89		90& over
Loss of both limbs																	
Loss of both hands																	
Loss of all fingers or both thumbs																	
Loss of sight																	
Total paralysis																	
Partial paralysis																	
Loss of an arm at shoulder																	
Loss of a leg at the hip																	
Total deafness																	
Mental diseases																	
Heart diseases																	
Rheumatism																	
Asthma																	
Diabetes																	
Cancer																	
Dumb																	
Other (including those suffering from multiple disabilities)																	
Inmates with no disabilities																	
<b>TOTAL</b>																	