



KC Muslims Social Solidarity Program – Checklist Form

Case Date:  
Case Condition:

Personal Information			
First Name		Last Name	
Occupation		SSN	
Marital Status	<select one>	No. of Children	
Spouse First Name		Spouse Last Name	
Home Address 1		Home Address 2	
City		State	<select one>
Home Phone		Work Phone	
Mobile Phone		Email	
Children Information			
Child 1 Age		Child 1 Condition	
Child 2 Age		Child 2 Condition	
Child 3 Age		Child 3 Condition	
Child 4 Age		Child 4 Condition	
Child 5 Age		Child 5 Condition	
Relatives Information (Living in the USA)			
<i>Relative 1</i>			
Name		Address	
Phone		Relationship	
<i>Relative 2</i>			
Name		Address	
Phone		Relationship	
<i>Relative 3</i>			
Name		Address	
Phone		Relationship	



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**Case Type**

- People with chronicle ill which yielded to inability to function, work or raise children.
- Death of the head of the household with the spouse inability to work.
- Orphans who were left with no support
- Handicapped people who are in need of support from community members

**Case Questionnaire**

1) What are the urgent needs?	
2) Monthly household monthly income	
3) Income resource(s)	
4) Are you currently under any other program with ICJC and/or ISGKC?	
4.1) If yes, describe the program	
5) Do you receive State aid?	
5.1) If yes, what type of aid?	
6) Does the case require assistance at home?	
6.1) If yes, what type of assistance?	
6.2) If yes, for how long?	
7) Do the children need ride to/from school?	
8) Is it possible to bring a family member from outside the USA?	
9) Medical care estimated expenses	
10) Does case require additional coordination and/or support with other community groups within KC or outside KC?	
11)	
12)	



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### Case Conclusion

Case Rank	<input type="checkbox"/> Critical <input type="checkbox"/> Non-Critical
Type of Support	<input type="checkbox"/> Moral <input type="checkbox"/> Knowledge/Education <input type="checkbox"/> Logistics/Transportation <input type="checkbox"/> Financial Support <input type="checkbox"/> In Home Volunteering Work <input type="checkbox"/> Network for Job <input type="checkbox"/> Others:
Service Start Date	
Service Estimated End Date	
Estimate Duration (in days)	
In Case of In Home Volunteering Work	
How many hours per day?	
How many hours per week?	
Will there be a payment for such work?	
If yes, how much per hour?	
For how long?	

### Case Working Group

Group Leader Name		Group Leader Phone	
Group Leader Email		Leader Role	
Member 1		Role	
Member 2		Role	
Member 3		Role	
Member 4		Role	
Member 5		Role	
Additional Member(s)		Role(s)	

General Notes:

Disclaimer: ICK and its management are not responsible of any results that may result of working on any case and for whatever reasons.