

BENEFICIARY REFERRAL FORM

This form can be completed by **teachers, community leaders, social workers, parents, volunteers, or members of the public** who wish to refer a child or individual in need of support to **KOKOLANA FOUNDATION**. Please complete all fields accurately. Fields marked with an asterisk (*) are mandatory.

SECTION A — REFERRER'S INFORMATION

Full Name *

Phone Number *

Relationship to Beneficiary *

Community / Town *

Date of Referral (DD/MM/YYYY) *

SECTION B — BENEFICIARY INFORMATION

Full Name *

Date of Birth / Age *

Gender *

School Name (optional)

Class / Level (optional)

Residential Address *

Parent / Guardian Name *

Parent / Guardian Contact Number *

Type of Support Needed *

☐ Education Support

☐ HealthCare Support

☐ NutriCare Support

☐ Other

Detailed Description of the Child's Situation *

SECTION C — HEALTH & FAMILY STATUS

Has the child lost one or both parents? *

☐ Yes

☐ No

If yes, please provide details:

Does the child have any health condition? *

☐ Yes

☐ No

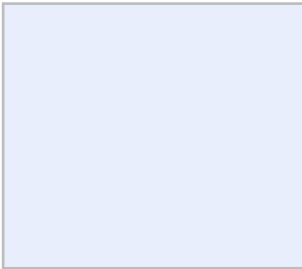
If yes, please provide details:

SECTION D — SUPPORTING DOCUMENTS

Supporting Documents (optional)

e.g. birth certificate, death certificate of parent, medical report, school report

Upload Photos (optional)



Attach recent photographs of the beneficiary here (printed forms) or upload via the online portal.

SECTION E — CONSENT DECLARATION

I hereby confirm that the information provided in this referral form is true and accurate to the best of my knowledge. I understand that **KOKOLANA FOUNDATION** may conduct a follow-up assessment to verify the beneficiary's situation before any support is granted. I consent to the Foundation contacting me and/or the beneficiary's parent/guardian for further information where necessary, and to the use of the information provided strictly for the purpose of assessing and providing support to the beneficiary.

Referrer's Signature:

Date:

For Office Use Only — Referral Received By: _____ Date Received: _____ Assessment Status: ☐ Pending ☐ Verified ☐ Support Approved ☐ Declined

KOKOLANA FOUNDATION | Beneficiary Referral Form | This document is confidential and intended solely for internal use.