

LoszuGhana Children's Village

Assessment Form

Child's Profile

PERSONAL INFORMATION		
1	Name	Blessing Obeng Snr
2	Date of birth	02 November 2007
3	Place of birth (if known)	Berekum
4	Name of mother	Christina Gyabeah
	Siblings	<ul style="list-style-type: none"> - One twin brother - One younger brother - Two sisters
Address if traceable (including landmarks and given names of area)		Camp 15 Bia District- Western Region
5	Name of father	Isaac Adu
Address if traceable (including landmarks and given names of area)		FL Faith Child Foundation P.O.Box 646 New Biaben- Berekum
6	Guardian	Susana Konadu
Address if traceable (including landmarks and given names of area)		Abigail Aniwah
8	Where found	Camp 15 Western Region
Date found		2 nd November 2007
9	Circumstances of admission at social welfare	
10	Who brought the child	Mother: Christina Gyabeah
11	Why was the child taken out of the family?	Poverty and lack of education because mother was a care taker of a cocoa farm, and they lived together with her in he farm away from their village.
12	a. Has the child lived in other orphanages of children's homes before?	Yes
	b. Give details if applicable in 12a	FL Faith Child Foundation P.O.Box 646 New Biaben- Berekum
15	a. Has the child visited any school before? (provide name of school)	Yes
	b. Give details (location/address)	Heaven Preparatory School- Berekum
HEALTH CONDITION		
14	Does the child suffer from any mental or physical defect ?	No
14	Medical background (see also attached medical form A)	They have been checked on 09 th July 2015, all results are negative



16	<p>Has the child been a victim of physical abuse (violence, sexual abuse)? If yes: by who?</p> <p>If not sure: Are there any signs of sexual or violent abuse?</p>	No
17	<p>Does the child show any symptoms of traumatism (i.e. abnormal behavior)? Describe</p>	No
18	<p>Has the child ever used drugs? If yes: which one? (soft: cigarettes and alcohol, hard: weed, heroine, cocain etc.) or did the child find its own ways of using narcotic substances, i.e. sniffing glue, spray, etc?</p>	No
19	<p>Has the child been victim of prostitution? (since when if applicable)</p>	no
20	<p>a. Does the child have experiences as a street child? Since when and which location?</p>	No
	<p>b. What did the child do on the streets to make its living?</p>	-----
21	<p>Does the child carry any transmittable diseases, i.e. HIV, TBC?</p>	They have been checked on 09 th July 2015, all results are negative
22	<p>Please, if you have any further information which will be of interest or importance for us write it in the space below or on a supplementary sheet indicating the number and attach it to the form.</p>	

Date: July 2015.