RAMZAN WELFARE TRUST (RWT)

NATIONAL RESILIENCE PROGRAM (NRP) – PHASE I

APPLICATION & VULNERABILITY ASSESSMENT FORM

CASH ASSISTANCE FOR FOOD SUPPORT TO WIDOWS

APPLICATION INFORMATION

Application No.: _____

Date of Application: ____ / ____ / _____

Province: _____

District: _____

Tehsil: _____

Union Council: _____

Village/Mohalla: _____

Nearest Landmark: _____

National Beneficiary ID (Office Use): _____

SECTION A

APPLICANT'S PERSONAL INFORMATION

1. Full Name of Widow Applicant

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2. CNIC No.

---

3. Date of Birth

____ / ____ / _____

4. Age

_____ Years

5. Father's Name

---

6. Husband's Name (Late)

---

7. Date of Husband's Death

____ / ____ / _____

8. Place of Death

---

9. Death Certificate Available

☐ Yes

☐ No

Certificate No. _____

Issuing Authority _____

10. Mobile Number

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11. Alternate Contact Number

---

12. Disability Status

☐ No

☐ Yes

Type _____

13. Nationality

☐ Pakistani

14. Religion

SECTION B

RESIDENTIAL ADDRESS

Province _____

District _____

Tehsil _____

Union Council _____

Village/Mohalla _____

House No. _____

Postal Address _____

Nearest Landmark _____

SECTION C

HOUSEHOLD PROFILE

Total Household Members: _____

Number of Dependent Children (Below 18 Years): _____

Children Attending School: _____

Children Under Five Years: _____

Persons with Disabilities: _____

Senior Citizens (Above 60 Years): _____

Any Chronically Ill Family Member

☐ Yes

☐ No

Specify _____

Household Members

Name	Relationship	Age	Gender	Occupation	Monthly Income (PKR)

SECTION D

LIVELIHOOD & ECONOMIC STATUS

Current Monthly Household Income

PKR _____

Primary Source of Income

☐ None

☐ Daily Labour ☐ Pension ☐ Zakat ☐ Charity ☐ Small Business

☐ Agriculture ☐ Livestock ☐ Domestic Work ☐ Remittances ☐ Other _____

House Ownership

☐ Own ☐ Rented ☐ Living with Relatives ☐ Temporary Shelter ☐ Other _____

Essential Household Facilities

Facility	Yes	No
Electricity	☐	☐
Safe Drinking Water	☐	☐
Toilet	☐	☐
Cooking Gas	☐	☐

SECTION E

GOVERNMENT & SOCIAL PROTECTION ASSISTANCE SCREENING

Is the applicant currently receiving financial assistance from any Government or Non-Government programme?

☐ Yes

☐ No

If **YES**, please complete the following table:

Programme	Receiving	Amount	Frequency	Beneficiary ID/Card No.
Benazir Income Support Programme (BISP)	☐ Yes ☐ No	PKR _____	Monthly/Quarterly	_____
Benazir Kafalat Programme	☐ Yes ☐ No	PKR _____	Quarterly	_____
Benazir Nashonuma Programme	☐ Yes ☐ No	PKR _____	_____	_____
Benazir Taleemi Wazaif	☐ Yes ☐ No	PKR _____	_____	_____
Punjab Maryam Nawaz Rashan/Food Support Programme	☐ Yes ☐ No	PKR _____	_____	_____
Provincial Food Support Programme	☐ Yes ☐ No	PKR _____	_____	_____
Provincial Social Protection Programme	☐ Yes ☐ No	PKR _____	_____	_____
Pakistan Bait-ul-Mal	☐ Yes ☐ No	PKR _____	_____	_____
Zakat Committee Assistance	☐ Yes ☐ No	PKR _____	_____	_____
Bait-ul-Mal Food Support	☐ Yes ☐ No	PKR _____	_____	_____
NGO/INGO Assistance	☐ Yes ☐ No	PKR _____	_____	_____
UN Agency Assistance	☐ Yes ☐ No	PKR _____	_____	_____
Other Programme	☐ Yes ☐ No	PKR _____	_____	_____

Declaration Regarding Double Assistance

☐ I certify that I am **NOT** currently receiving regular food cash assistance from any government, donor-funded, NGO, or other welfare programme.

☐ I understand that if I conceal information regarding assistance received from another programme, my application may be rejected, cancelled, and any assistance recovered.

SECTION F

VULNERABILITY ASSESSMENT

Tick all applicable.

☐ Widow with no earning member

☐ Female-headed household

☐ No regular source of income ☐ Chronic illness

☐ Household below poverty line ☐ Person with disability

☐ Disabled child ☐ Orphan children

☐ Pregnant/Lactating woman ☐ Elderly dependent

☐ Disaster-affected household ☐ Conflict/displacement affected

☐ Extremely vulnerable household ☐ Food insecure household

☐ Other _____

SECTION G

REQUESTED ASSISTANCE

Applicant is requesting:

☐ One-Time Cash Assistance for Food

☐ Emergency Cash Assistance

☐ Monthly Food Cash Assistance

☐ Seasonal Food Assistance (Ramadan/Winter)

SECTION H

REQUIRED SUPPORTING DOCUMENTS

Please attach self-attested photocopies.

Required Documents	Attached
Applicant CNIC	☐
Husband's CNIC (if available)	☐
Husband's Death Certificate	☐
Family Registration Certificate (FRC)	☐
B-Forms of Children	☐
Disability Certificate (if applicable)	☐
Income Certificate (if available)	☐
Utility Bill/Residence Proof	☐
Two Passport-size Photographs	☐
Widow Certificate (if issued)	☐
Zakat Committee Certificate (if available)	☐
Any Other Supporting Documents	☐

SECTION I

APPLICANT'S DECLARATION

I hereby declare that all information provided in this application is true, complete, and accurate. I authorize Ramzan Welfare Trust to verify my information with government departments, social protection programmes, local authorities, community representatives, and other organizations. I understand that providing false information, concealing assistance received from another programme, or submitting forged documents will result in immediate disqualification,

cancellation of assistance, recovery of funds, and any other action deemed appropriate by Ramzan Welfare Trust.

Applicant Name: _____

Signature/Thumb Impression: _____

Date: ____ / ____ / _____

SECTION J

COMMUNITY VERIFICATION

Name of Verifier: _____

Designation: _____

Organization/Institution: _____

Mobile Number: _____

The information provided by the applicant has been verified through community consultation.

☐ Recommended

☐ Not Recommended

Remarks:

_____

_____

Signature: _____

Date: ____ / ____ / _____

SECTION K

HOME VISIT & VULNERABILITY ASSESSMENT (FIELD OFFICER)

Home Visit Conducted

☐ Yes

☐ No

Living Conditions

☐ Extremely Poor

☐ Poor

☐ Average

Food Security Status

☐ Severe Food Insecurity

☐ Moderate Food Insecurity

☐ Mild Food Insecurity

☐ Food Secure

Government Assistance Cross-Checked

☐ Yes

☐ No

Duplicate Beneficiary Found

☐ Yes

☐ No

Overall Vulnerability Score: _____ /100

Field Officer Recommendation

☐ Highly Recommended

☐ Recommended

☐ Wait List

☐ Not Recommended

Field Officer Name: _____

Signature: _____

Date: ____ / ____ / _____

SECTION L

OFFICE USE ONLY

Application Number: _____

Documents Verified

☐ Complete

☐ Incomplete

Government Assistance Screening Completed

☐ Yes

☐ No

Duplicate Beneficiary Check

☐ Cleared

☐ Duplicate Found

Eligibility Decision

☐ Eligible

☐ Wait List

☐ Not Eligible

Reason for Rejection (if applicable):

Type of Assistance Approved

☐ One-Time Cash Assistance

☐ Monthly Cash Assistance

☐ Emergency Cash Assistance

Approved Amount (PKR): _____

Approved By: _____

Designation: _____

Signature: _____

Approval Date: ____ / ____ / _____

Beneficiary Selection Criteria

To ensure fairness, transparency, and efficient use of charitable resources, Ramzan Welfare Trust may prioritize widows who:

- Have no regular source of income.
- Are not receiving regular food cash assistance from BISP, provincial food support programmes, Pakistan Bait-ul-Mal, Zakat, or similar government-funded cash assistance schemes.
- Support orphaned or dependent children.
- Have elderly or disabled dependents.
- Are experiencing severe food insecurity or other humanitarian vulnerabilities.
- Successfully complete document verification, community verification, and home assessment.