



## shelter LEGAL AID & FAMILY COUNSELING CENTRE

**Rgd Off-6637/595, Palmright Residency Road, Opposite to Kalinga Bidyapaitha, Near SUM HOSPITAL, Vill-Sampur, Po-Ghatikia, Bhubaneswar-751029, Dist-Khurda, ODISHA(INDIA)**

**Phone No-0674-2565204. Mobile -91-9437438766 & 91-8763186422./91-9937986808**

**E.Mail-dasshelter@yahoo.co.in /sheltersocialconsultancy@gmail.com/ Website- http://:www.sheltersociety.com**

### APPLICATION FOR FAMILY COUNSELLING / LEGAL AID / CONSULTANCY

(Free service provided for SC/ST/BPL & OTHERWISE ABLE persons on production of proof/certificate)

1)What service you apply for- **FAMILY COUNSELLING / LEGAL AID / CONSULTANCY** :-----

2)Type of service applied-(**FREE/PAID/DONATION/EXPENDITURE REIMBURMENT**):-----

3)Name of applicant :-

4)Address:-

5)Phone-/Email:-

6)Date of Birth: \_\_\_\_\_ Sex: M F

7)Marital Status: \_\_\_\_\_ Date of marriage: \_\_\_\_\_

8)Name/Address/Phone of Spouse/Partner: \_\_\_\_\_

9)Names of children: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

10)Highest level of education: \_\_\_\_\_

11)Employment status: \_\_\_\_\_

12)Religious affiliation: \_\_\_\_\_

13)Purpose of counselling:-

14)If child School: \_\_\_\_\_ Grade: \_\_\_\_\_

15)Name of PARENT/GUARDIAN(S)/ C/o – Emergency Contact -

16)Address and Relationship: \_\_\_\_\_

Dates of Counselling-----

Next date of Visit /Counselling-

I give permission for the above person to be contacted in the event of an emergency.

Client signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian/witness Signature—

Date-

### **FEED BACK—**

What is your view in today's Counselling—

If satisfied give your rating--Correct/Good/Very Good/Excellent-

If dissatisfied give your rating- Bad/ very bad/ worst/ manageable-

Client signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PERSONAL INFORMATION FOR LEGAL AID & FAMILY COUNSELLING**  
**Under shelter legal aid & family counselling centre**

- A. Have you ever seen a counsellor? \_\_\_\_\_
- B. The reason: \_\_\_\_\_
- C. What was helpful/ unhelpful about your previous counselling?:- \_\_\_\_\_
- D. Were you raised by someone other than your biological parents? \_\_\_\_\_
- E. Are you in more relationship \_\_\_\_\_
- F. How would relationship of your spouse? -very unhappy\_\_\_ unhappy\_\_\_ neither happy nor
- G. unhappy\_\_\_ happy\_\_\_ very happy\_\_\_
- H. Which of the following best describes your current relationship status? \_\_\_I am not dating
- I. anyone \_\_\_I date but not anyone special \_\_\_I have a steady boyfriend/girlfriend \_\_\_I am
- J. living with someone \_\_\_\_\_
- K. Name of Doctor: \_\_\_\_\_
- L. Date of last physical test: \_\_\_\_\_
- M. Current medical problems: \_\_\_\_\_
- N. Current medication and dosage: \_\_\_\_\_
- O. Any significant hospitalizations or traumas: \_\_\_\_\_
- P. Have you had any of conflict/dispute in the last 6 months?-----
- Q. Any dispute is there in PS-/Court/Village Head---
- R. Do you have addiction such as (smoking/ alcohol/ drug/ other) \_\_\_\_\_
- S. How supportive is your family or friends? Very supportive \_\_\_ Somewhat \_\_\_ Not at all \_\_\_
- T. Name of another person to whom to contact----
- U. I give permission for the person to be contacted in the event of an emergency.
- V. **FEED BACK**—What is your view in today's Counselling— give your rating under.

If satisfied --Correct/Good/Very Good/Excellent-

If dissatisfied- Bad/ very bad/ worst/ manageable-

W. Client signature: \_\_\_\_\_ Date: \_\_\_\_\_

X. Signature of contact person & date-

• For Office Use

• **PROGRESS REPORT OF FAMILY COUNSELLING/LEGAL AID/CONSULTANCY**

• **Dates of Counselling-----**

• **Next date of Visit /Counselling**

• **Fees /Donation/Expenditure / paid service---**

• **Counsellor**

• **Secretary**

• **Chairman**

**Contact Us**

*Tell us what you think about our services or anything else that comes to mind. We welcome all of your comments and suggestions. You can either contact us directly or use the contact form of the following address:-*

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