**Annex F.**

**CASELOAD INVENTORY MINIMUM PRESCRIBED CONTENT TEMPLATE**

For Residential-Based/Center-Based/Community-Based, the SWA may use the table below:

| **Case Control No.** | **Name** | **Sex** | **Sector/Case Category** | **Religion** | **Date of Birth** | **Place of Birth** | **Date of Admission** | **Age Upon Admission** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|   |   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |   |  |

| **Present Age (as of date of Reporting)** | **Length of Stay in the Facility/ Length Service Recipient** | **Source of Referral** | **Reason for Referral** | **Parenting Capability Assessment Report (PCAR** | **Initial Assessment/ Plan on the Case(Health/ Medical/ Developmental Condition** | **Programs/ Services Received** | **Remarks/ Case Progress)** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
|   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |

For child-caring agencies (CCAs) and child-placing agencies (CPAs), to adopt the prescribed template from the National Authority for Child Care (NACC).

**Note:** *As long as the minimum required content has been complied with, the SWDAs are without limitations to rearrange the information, adopt their own reporting style/template, and/or indicate additional information.*

**Name, License, and Position of Social Worker**

**Date**