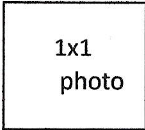
OFFICE OF THE SENIOR CITIZENS
Municipality of Bongabong



REGISTRATION FORM

Name: ____
(Surname) (Given Name) (Middle Name)
Place of Birth: ______________________ **Age:** ________ **Sex:** ________
Birthdate: ______________________ **Civil Status:** ________________
Address: ____
Educational Attainment: ______________________ **Occupation:** ________________
Annual Income: ______________________ **Other Skills:** ________________

FAMILY COMPOSITION

NAME	RELATIONSHIP	AGE	CIVIL STATUS	OCCUPATION

MEMBERSHIP TO SENIOR CITIZENS ASSOCIATIONS

Name of Associations: ____
Address of Associations: ____
Date of Membership: ____
If an Officer, date elected: ____

I hereby certify the above informations are true to the best of my knowledge and belief.

____
(Signature or Thumbmark of Senior Citizen)

NOT FOR SALE

____
Date Registration

Res. Cert. No.______________________
Issued On: ______________________
Issued at Bongabong, Or. Mdo.

Note: This registration form shall be secured
by the Senior Citizens from the OSCA
and to be submitted with two (2) 1x1 picture

DSWD
Department of Social Welfare and Development

Social Pension Beneficiary Update Form

PDPB-SPBUF v.4 March 6, 2019

Reference Code: ☐☐☐☐☐☐☐☐

SENIOR CITIZEN ID NO.	☐☐☐☐☐☐	☐ Encoded Time Started: ☐☐:☐☐ ○AM ○PM	Time Ended: ☐☐:☐☐ ○AM ○PM
○Grantee ↓GO TO 1	○Not Grantee → CONTINUE	Name of Respondent:	

I. IDENTIFICATION

1. Name of Pensioner/ Senior Citizen				
	Last Name	*First Name*	*Middle Name*	*Name Extension (Jr,Sr)*
2. Mother's Maiden Name				
	Last Name	*First Name*	*Middle Name*	*Name Extension (Jr,Sr)*
3. Names of Authorized Representatives	1.			
	2.			
	3.			
	Last Name	*First Name*	*Middle Name*	*Name Extension (Jr,Sr)*
4. Place of Birth				
	Region	*Province*	*City/Municipality*	*Barangay*
5. Address				
	Region	*Province*	*City/Municipality*	*Barangay*
	House No./Zone/Purok/Sitio			*Street*

6. Date of Birth	m m d d y y	7. Name of Guardian/Care Giver		9. Marital Status	○ 1 Single ○ 2 Married ○ 3 Widowed ○ 4 Separated ○ 5 Live-in ○ 6 Others
		8. Relationship of (7) to the Senior Citizen			
10. Sex	○ 1 Male ○ 2 Female	11. Contact Number		12. Household Size	

II. SOCIOECONOMIC INFORMATION

A. Income Sources and Financial Support

13. Do you receive any form of pension?

○ 1 Yes ↓GO TO 13
○ 2 No ↓ GO TO 14
○ 3 Don't know ↓ GO TO 14

14.What pension/s did you receive in the past 6 months? ***You may read the options.***

☐ 1 DSWD Social Pension
☐ 2 GSIS
☐ 3 SSS
☐ 4 AFPSLAI
☐ 5 Others_______________

15. . What are your sources of income and financial support in the past 6 months (other than your pension/s)? ***You may read the options. For each source, indicate if it is regular then record the estimated amount of income and divide by the household size, if applicable.***

A. Source	B. Is it regular?	C. Income
☐ 1 Wages/Salaries	○ 0 No ○ 1 Yes	PhP________/__=
☐ 2 Profits from Entrepreneurial Activities	○ 0 No ○ 1 Yes	PhP________/__=
☐ 3 Household Family Members/ Relatives	○ 0 No ○ 1 Yes	PhP________/__=
☐ 4 Domestic Family Members/ Relatives	○ 0 No ○ 1 Yes	PhP________/__=
☐ 5 International Family Members/Relatives	○ 0 No ○ 1 Yes	PhP________/__=
☐ 6 Friends/Neighbors	○ 0 No ○ 1 Yes	PhP________/__=
☐ 7 Transfers from the Government	○ 0 No ○ 1 Yes	PhP________/__=
☐ 8 Others__________	○ 0 No ○ 1 Yes	PhP________/__=

B. Health and Social Condition

16. Who are you living with?

○ 1 Living alone
○ 2 Living with spouse only
○ 3 Living with a child (including adopted children), child-in-law or grandchild
○ 4 Living with another relative (other than a spouse or child/grandchild)
○ 5 Living with unrelated people only, apart from the older person's spouse

17. Frailty Questions

17.1 Are you older than 85 years?	○ 0 No	○ 1 Yes
16.2 In general, do you have any health problems that require you to limit your activities?	○ 0 No	○ 1 Yes
17.3 Do you need someone to help you on a regular basis?	○ 0 No	○ 1 Yes
17.4 In general, do you have any health problems that require you to stay at home?	○ 0 No	○ 1 Yes
17.5 If you need help, can you count on someone close to you?	○ 0 No	○ 1 Yes
17.6 Do you regularly use a stick/walker/wheelchair to move about?	○ 0 No	○ 1 Yes

18. Do you have any disability?

○ 1 Yes - Disability:____________________ ○ 2 None

19. Do you have any critical illness or disease?

○ 1 Yes - Illness:____________________ ○ 2 None

20. On the average, how many meals did you have in a day during the past week?

○ 1 At most one ○ 2 Two ○ 3 At least three

III. UTILIZATION OF SOCIAL PENSION

21. Where do you spend your Social Pension? ***Do not read the options.***

☐ 1 Food
☐ 2 Medicines and Vitamins
☐ 3 Health check-up and other hospital/medical services
☐ 4 Clothing
☐ 5 Utilities (e.g. electric and water bills)
☐ 6 Debt payment
☐ 7 Livelihood/Entrepreneurial Activities
☐ 8 Others____________________

IV. INITIAL ASSESSMENT

22. Initial Impression

O 1 Eligible O 2 Not Eligible

Accomplishment by:

Name and Signature of Worker ____________________________

Date Accomplished ____________________________

DEPARTMENT OF HEALTH

Philippine Registry For Persons with Disability Version 3.0

Application Form

1. PERSONS WITH DISABILITY NUMBER (RR-PPMM-BBB-NNNNNNN) *

2. DATE APPLIED: * (mm/dd/yyyy)

Place 1"x1" Photo Here

3. PERSONAL INFORMATION *

LAST NAME: *	FIRST NAME: *	MIDDLE NAME: *	SUFFIX:

4. DATE OF BIRTH: * (mm/dd/yyyy)	AGE: * (if date of birth is not available)	5. RELIGION:	6. ETHNIC GROUP:

7. SEX: *
- O Male
- O Female

8. CIVIL STATUS: *
- O Single
- O Separated
- O Cohabitation (live-in)
- O Married
- O Widow/er

9. BLOOD TYPE:
O A+ O AB+ O B+ O O+
O A- O AB- O B- O O-

10. TYPE OF DISABILITY: *
- ☐ Deaf or Hard of Hearing
- ☐ Intellectual Disability
- ☐ Learning Disability
- ☐ Mental Disability
- ☐ Orthopedic Disability
- ☐ Physical Disability
- ☐ Psychosocial Disability
- ☐ Speech and Language Impairment
- ☐ Visual Disability

11. CAUSE OF DISABILITY: *
- ☐ Acquired
- ☐ Cancer
- ☐ Chronic Illness
- ☐ Congenital/Inborn
- ☐ Injury
- ☐ Rare Disease
- ☐ Autism

12. RESIDENCE ADDRESS *

House No. And Street:*	Barangay:*	Municipality:*	Province:*	Region:*

13. CONTACT DETAILS

Landline No.:	Mobile No.:	E-mail Address:

14. EDUCATIONAL ATTAINMENT: *
- O None
- O Elementary Education
- O High School Education
- O College
- O Postgraduate Program
- O Non-Formal Education
- O Vocational

15. STATUS OF EMPLOYMENT: *
- O Employed
- O Unemployed
- O Self-employed

15a. CATEGORY OF EMPLOYMENT: *
- O Government
- O Private

15b. TYPES OF EMPLOYMENT: *
- O Permanent/Regular
- O Seasonal
- O Casual
- O Emergency

16. OCCUPATION: *
- O Managers
- O Professionals
- O Technician and Associate Professionals
- O Clerical Support Workers
- O Service and Sales Workers
- O Skilled Agricultural, Forestry and Fishery Workers
- O Craft and Related Trade Workers
- O Plant and Machine Operators and Assemblers
- O Elementary Occupations
- O Armed Forces Occupations
- O Others, specify: ____________________

17. ORGANIZATION INFORMATION:

Organization Affiliated:	Contact Person:	Office Address:	Tel. Nos.:

18. ID REFERENCE NO.:

SSS NO.:	GSIS NO.:	Pag-IBIG NO.:	PhilHealth NO.:

19. FAMILY BACKGROUND:	LAST NAME	FIRST NAME	MIDDLE NAME
FATHER'S NAME:			
MOTHER'S NAME:			
GUARDIAN'S NAME:			
20. ACCOMPLISHED BY: *			
20a. NAME OF REPORTING UNIT:			
21. REGISTRATION NUMBER:			