Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

April 15, 2025

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

***Name : Vilma V. Dua***

***Date of Birth : November 5, 1979***

***Age : 45 years old***

***Sex : Female***

***Civil Status : Separated***

***Educational Attainment : College Undergrad.***

***Occupation : None***

***Address : Brgy. I Poblacion Alaminos, Laguna***

***Contact Number : 0930-460-6242***

**II.**  **FAMILY COMPOSITION:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Relationship to Client** | **Age** | **Sex** | **Civil Status** | **Educational Attainment** | **Occupation** |
| ***Ramoncito Abdul*** | ***Live-in-partner*** | ***45*** | ***M*** | ***Single*** | ***Vocational Graduate*** | ***None*** |
| ***Jovan Vasquez*** | ***Son*** | ***17*** | ***M*** | ***Single*** | ***Grade 11*** | ***Student*** |

**III. PROBLEM PRESENTED:**

Client came to this office seeking for a Social Case Study Report for their request of ***financial/medical assistance from DOH-MAIP***.

**IV. CLIENT’S HISTORICAL BACKGROUND:**

Client and her family rent a house that is made up of ***light and concrete materials***. ***Client/patient was seen and examined at San Pablo City General Hospital San Pablo City, Laguna under the service of Dr. Navata and was diagnosed of T/C Gastric Pathology and was recommended for Whole Abdomen Ultrasound.*** Client’s family are really great financial difficulty to augment their medical and laboratory expenses thus she asked of ***financial*** support from your good office.

**V.** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of financial/medical assistance from ***DOH-MAIP***. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**JEACEL F. BIÑAS, RSW** MSWD OFFICER

License No. 0021579

Valid Until October 21, 2027

Noted by:

**HON. GLENN P. FLORES**

Municipal Mayor

Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

April 08, 2025

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Ace Israel N. Nuñez

Date of Birth : July 04, 2024

Age : 9 months

Sex : Male

Civil Status : Single

Educational Attainment : N/A

Occupation : None

Address : Brgy. San Andres Alaminos, Laguna

Contact Number : 0975-877-2440

**II.**  **FAMILY COMPOSITION:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Relationship to Client** | **Age** | **Sex** | **Civil Status** | **Educational Attainment** | **Occupation** |
| Isabel Niem | Mother | 26 | F | Single | Highschool Graduate | Housewife |
| Razel Nuñez | Father | 29 | M | Single | Highschool Graduate | Helper |

**III. PROBLEM PRESENTED:**

Client came to this office seeking for a Social Case Study Report for their request of financial/medical assistance from DOH.

**IV. CLIENT’S HISTORICAL BACKGROUND:**

Client and her family lives in their own house that is made up of light and concrete materials. Client’s son was admitted at Sto Tomas General Hospital Sto Tomas Batangas last April 5, 2025 due to cough, fever and difficulty of breathing up to present. Client’s family are really great financial difficulty to augment their medical expenses, hospital bill and continuous medication thus she asked of financial support from your good office.

**V.** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of financial/medical assistance from We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**JEACEL F. BIÑAS, RSW** MSWD OFFICER

License No. 0021579

Valid Until October 21, 2027

Noted by:

**HON. GLENN P. FLORES**

Municipal Mayor

Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

April 04, 2025

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Maria Teresa Umali

Date of Birth : May 27, 1972

Age : 52 years old

Sex : Female

Civil Status : Widow

Educational Attainment : Highschool Graduate

Occupation : None

Address : Brgy. San Andres Alaminos, Laguna

Contact Number : 0930-463-3745

**II.**  **FAMILY COMPOSITION:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Relationship to Client** | **Age** | **Sex** | **Civil Status** | **Educational Attainment** | **Occupation** |
| Luis Torres | Father | 79 | M | Widow | Elementary Level | None |
| Jomari Umali | Son | 30 | M | Single | Highschool Level | Pahinante |
| Riza Landig | Daughter-in-law | 24 | F | Single | Grandson | Sari-sari Store |
| Jericho Umali | Grandson | 9 | M | Single | Grade 4 | Student |
| Thomson Umali | Grandson | 1 | M | Single | N/a | N/a |

**III. PROBLEM PRESENTED:**

Client came to this office seeking for a Social Case Study Report for their request of financial/medical assistance from Barangay Budget 2025 as “Kaloob Tulong”.

**IV. CLIENT’S HISTORICAL BACKGROUND:**

Client and her family lives in their own house that is made up of light and concrete materials. Client’s niece was admitted at St. John The Baptist Medical Center, Inc. last February 20-25, 2025 and was diagnosed of UTI, Dehydratuin moderate under the service of Dr. Rowena A. Pua. Client’s family are really great financial difficulty to augment their medical expenses, follow check up and continuous medication thus she asked of financial support from your good office.

**V.** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of financial/medical assistance from “Kaloob Tulong”. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**NORIDDI A. CARREON, RSW** MSWDO Designate

License No. 8057

Valid Until March 24, 2026

Noted by:

**HON. GLENN P. FLORES**

Municipal Mayor

Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

April 02, 2025

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Rogelia A. Averion

Date of Birth : December 06, 1965

Age : 59 years old

Sex : Female

Civil Status : Married

Educational Attainment : Highschool Graduate

Occupation : None

Address : Brgy. San Miguel Alaminos, Laguna

Contact Number : 0963-410-3877

**II.**  **FAMILY COMPOSITION:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Relationship to Client** | **Age** | **Sex** | **Civil Status** | **Educational Attainment** | **Occupation** |
| Moises Averion Jr. | Son | 26 | F | Single | 4th year college | Student |
| Moises Averion Sr. | Husband | 58 | M | Married | Highschool Level | DECEASED |

**III. PROBLEM PRESENTED:**

Client came to this office seeking for a Social Case Study Report for their request of burial assistance from DOH-MAIP.

**IV. CLIENT’S HISTORICAL BACKGROUND:**

Client and her family lives in their own house that is made up of light and concrete materials. Client husband died last March 23, 2025 due to Sepsis and Nosocomial Pneumonia, Cerebrovascular Disease Bleed, Status Epilepticus; Chronic Kidney Disease Secondary to Hypertensive Nephrosclerosis. Client’s family are really great financial difficulty to augment their buriall expenses, thus she asked of financial support from your good office.

**V.** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of burial assistance from SWADCA OFFICE. Said request will be process by his wife Rogelia A. Averion. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**NORIDDI A. CARREON, RSW** MSWDO Designate

License No. 8057

Valid Until March 24, 2026

Noted by:

**HON. GLENN P. FLORES**

Municipal Mayor

Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

April 02, 2025

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : June Rodelas Jawili

Date of Birth : December 23, 1974

Age : 50 years old

Sex : Male

Civil Status : Married

Educational Attainment : Highschool Graduate

Occupation : PWD/Laborer

Address : Brgy. San Gregoriol Alaminos, Laguna

Contact Number : 0920-299-8321

**II.**  **FAMILY COMPOSITION:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Relationship to Client** | **Age** | **Sex** | **Civil Status** | **Educational Attainment** | **Occupation** |
| Leonida Baby Manalo | Common law-wife | 47 | F | Single | Highschool Garduate | Housewife |
| Ahderene Jawili | Daughter | 18 | F | Single | 1st Year College | Student |

**III. PROBLEM PRESENTED:**

Client came to this office seeking for a Social Case Study Report for their request of financial/medical assistance from the Office of the President through Hon. Ferdinand “Bongbong “ Marcos.

**IV. CLIENT’S HISTORICAL BACKGROUND:**

Client and her family lives in their own house that is made up of light and concrete materials. Client’s common law husband was diagnosed of Chronic Kidney Disease V Secondary to Uric Acid Nephropathy with Psychosocial Disability. Client’s family are really great financial difficulty to augment their medical expenses, follow up check up and continuous medication thus she asked of financial support from your good office.

**V.** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of financial/medical assistance from the Office of the President. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**NORIDDI A. CARREON, RSW** MSWDO Designate

License No. 8057

Valid Until March 24, 2026

Noted by:

**HON. GLENN P. FLORES**

Municipal Mayor

Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

March 31, 2025

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Rogelia A. Averion

Date of Birth : December 06, 1965

Age : 59 years old

Sex : Female

Civil Status : Married

Educational Attainment : Highschool Graduate

Occupation : None

Address : Brgy. San Miguel Alaminos, Laguna

Contact Number : 0963-410-3877

**II.**  **FAMILY COMPOSITION:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Relationship to Client** | **Age** | **Sex** | **Civil Status** | **Educational Attainment** | **Occupation** |
| Moises Averion Jr. | Son | 26 | F | Single | 4th year college | Student |
| Moises Averion Sr. | Husband | 58 | M | Married | Highschool Level | DECEASED |

**III. PROBLEM PRESENTED:**

Client came to this office seeking for a Social Case Study Report for their request of burial assistance from SWADCA Office Sta Cruz, Laguna

**IV. CLIENT’S HISTORICAL BACKGROUND:**

Client and her family lives in their own house that is made up of light and concrete materials. Client husband died last March 23, 2025 due to Sepsis and Nosocomial Pneumonia, Cerebrovascular Disease Bleed, Status Epilepticus; Chronic Kidney Disease Secondary to Hypertensive Nephrosclerosis. Client’s family are really great financial difficulty to augment their buriall expenses, thus she asked of financial support from your good office.

**V.** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of financial/medical assistance from “Kaloob Tulong”. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**JEACEL F. BIÑAS, RSW** MSWD OFFICER

License No. 0021579

Valid Until October 21, 2027

Noted by:

**HON. GLENN P. FLORES**

Municipal Mayor

Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

March 27, 2025

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Maribel V. Villaluna

Date of Birth : September 15,1984

Age : 40 years old

Sex : Female

Civil Status : Single

Educational Attainment : Highschool Graduate

Occupation : Vendor

Address : Brgy. San Juan Alaminos, Laguna

Contact Number : 0995-357-6985

**II.**  **FAMILY COMPOSITION:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Relationship to Client** | **Age** | **Sex** | **Civil Status** | **Educational Attainment** | **Occupation** |
| Marlon V. Villaluna | Brother | 38 | M | Married | Highschool Graduate | Vendor |
| Corazon E. Villaluna | Sister-in-law | 72 | F | Married | College Undergrad | PWD |
| Jennifer Villaluna | Sister-in-law | 39 | F | Married | Highschool Graduate | None |
| Rico Villaluna | Brother | 49 | M | Brother | Highschool Graduate | Driver |
| Felix Marcus Poot | Son | 10 | M | Sister | Grade iv | Student |

**III. PROBLEM PRESENTED:**

Client came to this office seeking for a Social Case Study Report for their request of financial/medical assistance from DOH-MAIP.

**IV. CLIENT’S HISTORICAL BACKGROUND:**

Client and her family lives in their own house that is made up of light and concrete materials. Client/patient consulted last March 27, 2025 at San Pablo Doctors Hospital and was diagnosed of Gerd and was advised for Gastroscopy. Client’s family are really great financial difficulty to augment their medical expenses, follow check up and laboratory expenses thus she asked of financial support from your good office.

**V.** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of financial/medical assistance from DOH-MAIP. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**JEACEL F. BIÑAS, RSW** MSWD OFFICER

License No. 0021579

Valid Until October 21, 2027

Noted by:

**HON. GLENN P. FLORES**

Municipal Mayor

Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

March 24, 2025

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Lowella Cahilig Azores

Date of Birth : April 23, 2000

Age : 24 years old

Sex : Female

Civil Status : Single

Educational Attainment : ALS Graduate

Occupation : Production Operator

Address : Brgy. San Gregorio Alaminos, Laguna

Contact Number : 0991-636-2651

**II.**  **FAMILY COMPOSITION:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Relationship to Client** | **Age** | **Sex** | **Civil Status** | **Educational Attainment** | **Occupation** |
| Mary Ann Azores | Mother | 46 | F | Married | Highschool Graduate | None |
| Amber Azores | Brother | 4 | M | Single | Day Care | Pupil |
| Raiko Ken Azores | Brother | 6 | M | Single | Grade 1 | Student |
| Emerald Azores | Sister | 14 | F | Single | Highschool | Student |

**III. PROBLEM PRESENTED:**

Client came to this office seeking for a Social Case Study Report for their request of financial/medical assistance from Barangay Budget 2025 as “Kaloob Tulong”.

**IV. CLIENT’S HISTORICAL BACKGROUND:**

Client and her family lives in their own house that is made up of light and concrete materials. Client/patient was seen at Community General Hospital San Pablo City under the service of Dr. Joel Paraiso with a diagnosis of Cervical Spondylosis and Occipital Neuralgia. Client’s family are really great financial difficulty to augment their medical expenses, follow check up and continuous medication thus she asked of financial support from your good office.

**V.** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of financial/medical assistance from “Kaloob Tulong”. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**JEACEL F. BIÑAS, RSW** MSWD OFFICER

License No. 0021579

Valid Until October 21, 2027

Noted by:

**HON. GLENN P. FLORES**



Municipal Mayor

Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

March 24, 2025

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Melissa Acopio

Date of Birth : June 15, 1973

Age : 51 years old

Sex : Female

Civil Status : Married

Educational Attainment : College Graduate

Occupation : Housewife

Address : Brgy. San Miguel Alaminos, Laguna

Contact Number : 0961-231-8325

**II.**  **FAMILY COMPOSITION:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Relationship to Client** | **Age** | **Sex** | **Civil Status** | **Educational Attainment** | **Occupation** |
| Edgar Acopio | Husband | 55 | M | Married | Highschool Graduate | Farmers |
| Mark Laurence Acopio | Son | 22 | M | Single | 3rd Year College | Student |
| Alyssa Camille Acopio | Daughter | 26 | F | Single | College Graduate | Factory Worker |
|  |  |  |  |  |  |  |

**III. PROBLEM PRESENTED:**

Client came to this office seeking for a Social Case Study Report for their request of financial/medical assistance from the Office of the HouseSpeaker through Hon. Martin G. Romualdez”.

**IV. CLIENT’S HISTORICAL BACKGROUND:**

Client and her family lives in their own house that is made up of light and concrete materials. Client/patient was diagnosed of Chronic Kidney Disease V Secondary to Diabetic Nephropathy and is maintained on two hemodialysis per wweek at Community General Hospital. Client’s family are really great financial difficulty to augment their medical expenses, follow check up and continuous medication thus she asked of financial support from your good office.

**V.** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of financial/medical assistance from the Office of the Housespeaker through Hon. Martin G. Romualdez. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**JEACEL F. BIÑAS, RSW** MSWD OFFICER

License No. 0021579

Valid Until October 21, 2027

Noted by:

**HON. GLENN P. FLORES**

Municipal Mayor

Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

March 24, 2025

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Katherine Lacsam Pinili

Date of Birth : November 9, 1982

Age : 43 years old

Sex : Female

Civil Status : Single

Educational Attainment : Elementary Graduate

Occupation : Catering

Address : Purok 2 Brgy. San Benito Alaminos, Laguna

Contact Number : 0963-646-4233

**II.**  **FAMILY COMPOSITION:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Relationship to Client** | **Age** | **Sex** | **Civil Status** | **Educational Attainment** | **Occupation** |
| Rodrigo Bigal | Husband | 43 | M | Single | Elementary Graduate | Const. Worker |
| John Karlo Pinili | Son | 21 | M | Single | Highschool Graduate | None |
| Jane Lydel Evangelista | Daughter-in-law | 23 | F | Single | Highschool Graduate | None |
| Mark Jay Fandiño | Son-in-law | 18 | M | Single | Highschool Graduate | None |
| Karylle Pinili | Daughter | 19 | F | Single | Highschool Graduate | None |
| Kelzy Fandiño | Granddaughter | 2 | M | Single | N/a | N/a |

**III. PROBLEM PRESENTED:**

Client came to this office seeking for a Social Case Study Report for their request of financial/medical assistance from Barangay Budget 2025 as “Kaloob Tulong”.

**IV. CLIENT’S HISTORICAL BACKGROUND:**

Client and her family lives in their own house that is made up of light and concrete materials. Patient/client son consulted last March 24, 2025 at San Pablo General Hospital under the service of Dr. Mannuel Feliciano Alican and was diagnosed of Corrective Osteotomy left distal radius. Client’s family are really great financial difficulty to augment their medical expenses, follow check up and continuous medication thus she asked of financial support from your good office.

**V.** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of financial/medical assistance from “Kaloob Tulong”. Said request will be process by her mother Katherine L. Pinili. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**JEACEL F. BIÑAS, RSW** MSWD OFFICER

License No. 0021579

Valid Until October 21, 2027

Noted by:

**HON. GLENN P. FLORES**

Municipal Mayor

Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

March 19, 2025

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Marites San Jose

Date of Birth : April 29, 1986

Age : 38 years old

Sex : Female

Civil Status : Single

Educational Attainment : Highschool Graduate

Occupation : None

Address : Brgy. II Poblacion Alaminos, Laguna

Contact Number : 0963-646-4233u

**II.**  **FAMILY COMPOSITION:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Relationship to Client** | **Age** | **Sex** | **Civil Status** | **Educational Attainment** | **Occupation** |
| Wenifreda San Jose | Mother | 75 | F | Widow | Elementary Graduate | None |
| Ruffa San Jose | Sister | 35 | F | Single | Highschool Graduate | None |
| Jeuw Andrei Labrador | Nephew | 21 | M | Single | Highschool Graduate | Prod. Operator |
| Joshuawh Niño Labrador | Nephew | 25 | M | Single | Highschool Graduate | Waiter |
| John Henry Matanguihan | Nephew | 19 | M | Single | 2nd year College | Student |
| Albert Barachina | Brother-in-law | 35 | M | Single | Elementary Grad. | Tricycle Driver |
| Alexa Jane Barachina | Niece | 13 | F | Single | Grade 7 | Student |
| Audrey Barachina | Niece | 3 | F | Single | N/A |  |

**III. PROBLEM PRESENTED:**

Client came to this office seeking for a Social Case Study Report for their request of financial/medical assistance from DOH-MAIP.

**IV. CLIENT’S HISTORICAL BACKGROUND:**

Client and her family lives in their own house that is made up of light and concrete materials. Patient/client’s sister was confined and treated at San Pablo Doctors Hospital due to Anemia secondary to Abnormal uterine bleeding, pelvic inflammation disease, endometrial polyps vs hyperplasia from March 14, 2025 up to present. Client’s family are really great financial difficulty to augment their hospital bill and medical expenses, thus she asked of financial support from your good office.

**V.** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of financial/medical assistance DOH-MAIP. Said request will be process by her sister Ruffa San Jose. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**JEACEL F. BIÑAS, RSW** MSWD OFFICER

License No. 0021579

Valid Until October 21, 2027

Noted by:

**HON. GLENN P. FLORES**

Municipal Mayor

Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

March 17, 2025

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Ma. Rhea B. Mendoza

Date of Birth : Jamuary 24, 1972

Age : 53 years old

Sex : Female

Civil Status : Widow

Educational Attainment : Highschool Graduate

Occupation : None

Address : Brgy. San Juan Alaminos, Laguna

Contact Number : None

Monthly Income : None

**II.**  **FAMILY COMPOSITION:**

NAME RELATION CIVIL AGE SEX EDUCATIONAL OCCUPATION

TO HEAD STATUS ATTAINMENT

Archie Mendoza Son Married 27 M College Graduate Prod. Operator

Mariel Mendoza Daughter Single 23 F College Graduate Office Clerk

Anille Mendoza Daughter-in-law Married 29 F College Graduate None

Candice Mendoza Granddaughter Single 3 F N/a

**III. PROBLEM PRESENTED:**

Client came to this office seeking for a Social Case Study Report for their request of financial/medical assistance from Barangay Budget 2025 as “Kaloob Tulong”.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client and his family lives in their own house that is made up of light and concrete materials. Client’s husband died last March 10, 2025 due to Severe Anemia and Chronic Kidney Disease. Client’s family are really great financial difficulty to augment their burial expenses, and thus he asked of financial support from your good office.

**V.** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of financial/medical assistance Kaloob Tulong. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**JEACEL F. BIÑAS, RSW** MSWD OFFICER

License No. 0021579

Valid Until October 21, 2027

Noted by:

**HON. GLENN P. FLORES**

Municipal Mayor

Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

March 19, 2025

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Cristina Nuñez

Date of Birth : August 24, 1975

Age : 49 years old

Sex : Female

Civil Status : Married

Educational Attainment : Highschool Graduate

Occupation : None

Address : Brgy. San Juan Alaminos, Laguna

Contact Number : 0951-517-7331

**II.**  **FAMILY COMPOSITION:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Relationship to Client** | **Age** | **Sex** | **Civil Status** | **Educational Attainment** | **Occupation** |
| Jose P. Nuñez | Husband | 66 | M | Married | Elementary Graduate | Tire Man |
| John Christian Nuñez | Son | 27 | M | Single | College Graduate | Machine Operator |

**III. PROBLEM PRESENTED:**

Client came to this office seeking for a Social Case Study Report for their request of financial/medical assistance from Barangay as “Kaloob Tulong”.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client and her family live in their owned house that is made up of light and concrete materials. Client’s husband was diagnosed of right hip femoral week fracture due to a vehicular accident and needs surgery. Patient was advised for some medicine for intake and pain medicine thus she asked of financial support from your good office.

**V.** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of financial/medical assistance in the amount of Php 2,000 from Kaloob Tulong. Said request will be process by his wife Cristina Nuñez. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**JEACEL F. BIÑAS, RSW** MSWD OFFICER

License No. 0021579

Valid Until October 21, 2027

Noted by:

**HON. GLENN P. FLORES**

Municipal Mayor

Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

March 17, 2025

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Ma. Rhea B. Mendoza

Date of Birth : Jamuary 24, 1972

Age : 53 years old

Sex : Female

Civil Status : Widow

Educational Attainment : Highschool Graduate

Occupation : None

Address : Brgy. San Juan Alaminos, Laguna

Contact Number : None

Monthly Income : None

**II.**  **FAMILY COMPOSITION:**

NAME RELATION CIVIL AGE SEX EDUCATIONAL OCCUPATION

TO HEAD STATUS ATTAINMENT

Archie Mendoza Son Married 27 M College Graduate Prod. Operator

Mariel Mendoza Daughter Single 23 F College Graduate Office Clerk

Anille Mendoza Daughter-in-law Married 29 F College Graduate None

Candice Mendoza Granddaughter Single 3 F N/a

**III. PROBLEM PRESENTED:**

Client came to this office seeking for a Social Case Study Report for their request of financial/medical assistance from Barangay Budget 2025 as “Kaloob Tulong”.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client and his family lives in their own house that is made up of light and concrete materials. Client’s husband died last March 10, 2025 due to Severe Anemia and Chronic Kidney Disease. Client’s family are really great financial difficulty to augment their burial expenses, and thus he asked of financial support from your good office.

**V.** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of financial/medical assistance Kaloob Tulong. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**JEACEL F. BIÑAS, RSW** MSWD OFFICER

License No. 0021579

Valid Until October 21, 2027

Noted by:

**HON. GLENN P. FLORES**

Municipal Mayor

Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

March 14, 2025

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Sotero E. Javier

Date of Birth : April 22, 1953

Age : 71 years old

Sex : Male

Civil Status : Married

Educational Attainment : Elementary Graduate

Occupation : BPSO

Address : Brgy. San Benito Alaminos, Laguna

Contact Number : None

Monthly Income : 3,000

**II.**  **FAMILY COMPOSITION:**

NAME RELATION CIVIL AGE SEX EDUCATIONAL OCCUPATION

TO HEAD STATUS ATTAINMENT

Rosa A. Javier Wife Married 70 F Elementary Grad. None

**III. PROBLEM PRESENTED:**

Client came to this office seeking for a Social Case Study Report for their request of financial/medical assistance from Barangay Budget 2025 as “Kaloob Tulong”.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client and his family lives in their own house that is made up of light and concrete materials. Client consulted last March 14, 2025 under the service of Dra. Clarinda S. Magampon and with a medical condition of low back pain. Client’s family are really great financial difficulty to augment their medical expenses, follow up check up and continuous medication thus he asked of financial support from your good office.

**V.** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of financial/medical assistance Kaloob Tulong. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**JEACEL F. BIÑAS, RSW** MSWD OFFICER

License No. 0021579

Valid Until October 21, 2027

Noted by:

**HON. GLENN P. FLORES**

Municipal Mayor

Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

March 11, 2025

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Jocelyn R. Foscalbo

Date of Birth : February 09, 2000

Age : 25 years old

Sex : Female

Civil Status : Single

Educational Attainment : College Undergraduate

Occupation : None

Address : Brgy. Palma 1 Alaminos, Laguna

Contact Number : 09286322636

Monthly Income : None

**II.**  **FAMILY COMPOSITION:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Relationship to Client** | **Age** | **Sex** | **Civil Status** | **Educational Attainment** | **Occupation** |
| Wilma B. Catindig | Mother | 44 | F | Married | Highschool Graduate | None |
| Janine Rose Catindig | Daughter | 23 | F | Single | 1st Year College | Student |
| Jean Franchette Catindig | Daughter | 20 | F | Single | 1st Year College | Student |

**III. PROBLEM PRESENTED:**

Client/patient’s daughter came to this office seeking for a Social Case Study Report for their request of financial/medical assistance from the Office of the Governor through Hon. Ramil L. Hernandez.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client and her family rent a house that is made up of concrete materials. Client mother was admitted last February 20, 2025 at Lipa Medix Medical Center under the service of Dr. Arleen Gualberto due to dizziness, loss of consciousness, chest pain. After physical examination, patient was diagnosed of Hypertensive Cardiovascular Disease and Hyperthyroidism and now still admitted. Client’s family are in financial difficulty to augment her continuous medical needs, treatment and their hospital bills thus she ask for some financial support from your good office.

**V.** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of financial/medical assistance from the Office of the Governor through Hon. Ramil L. Hernandez. Said request will be process by his daughter Jane Rose Anne Catindig on his behalf. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**JEACEL F. BIÑAS, RSW** MSWD OFFICER

License No. 0021579

Valid Until October 21, 2027

Noted by:

**HON. GLENN P. FLORES**

Municipal Mayor

Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

March 11, 2025

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Brian John B. Lopez

Date of Birth : April 21, 1984

Age : 40 years old

Sex : Male

Civil Status : Married

Educational Attainment : College Graduate

Occupation : Factory Worker

Address : Brgy. San Benito Alaminos, Laguna

Contact Numeber : 09662232314

Monthly Income : 10,000

**II.**  **FAMILY COMPOSITION:**

NAME RELATION CIVIL AGE SEX EDUCATIONAL OCCUPATION

TO HEAD STATUS ATTAINMENT

Aliyah Lopez Daughter Single 17 F Seniorhighschool Grad. Student

Faullen Dhane Lopez Son Single 10 M Grade 2 Student

**III. PROBLEM PRESENTED:**

Client came to this office seeking for a Social Case Study Report for their request of financial/medical assistance from Barangay Budget 2025 as “Kaloob Tulong”.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client and his family lives in their own house that is made up of light and concrete materials.Client consulted last February 24, 2025 under the service of Dr. Ray Joseph R. Badulis with a clinical impression of Obstructive Uropathy right secondary to pelviolithiasis and was recommended to do ESWL right. Client’s family are really great financial difficulty to augment their medical expenses, follow up check up and continuous medication thus he asked of financial support from your good office.

**V.** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of financial/medical assistance Kaloob Tulong. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**JEACEL F. BIÑAS, RSW** MSWD OFFICER

License No. 0021579

Valid Until October 21, 2027

Noted by:

**HON. GLENN P. FLORES**

Municipal Mayor

Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

March 03, 2025

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Clemente H. Ornales

Date of Birth : November 23, 1961

Age : 63 years old

Sex : Male

Civil Status : Married

Educational Attainment : College Undergraduate

Occupation : None

Address : Brgy. Del Carmen Alaminos, Laguna

Contact Number : 09394604691

Monthly Income : None

**II.**  **FAMILY COMPOSITION:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Relationship to Client** | **Age** | **Sex** | **Civil Status** | **Educational Attainment** | **Occupation** |
| Olivia C. Ornales | Wife | 59 | F | Married | Highschool Graduate | None |
| John Clemen Ornales | Son | 24 | M | Single | College Grad. | Barista |

**III. PROBLEM PRESENTED:**

Client/patient came to this office seeking for a Social Case Study Report for their request of financial/medical assistance from DOH.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client and his family live in a house that is made up of concrete materials. Client had been examined last February 26, 2025 under the service of Dr. Verna Mae J. Escalanda and was diagnosed of Diabetes Mellitus Type 2. Client’s family are in financial difficulty to augment his continuous medical needs, treatment and medication thus he ask for some financial support from your good office.

**V.** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of financial/medical assistance from DOH. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**JEACEL F. BIÑAS, RSW** MSWD OFFICER

License No. 0021579

Valid Until October 21, 2027

Noted by:

**HON. GLENN P. FLORES**

Municipal Mayor

Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

February 24, 2025

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Brian John B. Lopez

Date of Birth : April 21, 1984

Age : 40 years old

Sex : Male

Civil Status : Married

Educational Attainment : College Graduate

Occupation : Factory Worker

Address : Brgy. San Benito Alaminos, Laguna

Contact Numeber : 09662232314

Monthly Income : 10,000

**II.**  **FAMILY COMPOSITION:**

NAME RELATION CIVIL AGE SEX EDUCATIONAL OCCUPATION

TO HEAD STATUS ATTAINMENT

Aliyah Lopez Daughter Single 17 F Seniorhighschool Grad. Student

Faullen Dhane Lopez Son Single 10 M Grade 2 Student

**III. PROBLEM PRESENTED:**

Client came to this office seeking for a Social Case Study Report for their request of financial/medical assistance from Barangay Budget 2025 as “Kaloob Tulong”.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client and his family lives in their own house that is made up of light and concrete materials.Client consulted last February 24, 2025 under the service of Dr. Ray Joseph R. Badulis with a clinical impression of Obstructive Uropathy right secondary to pelviolithiasis and was recommended to do ESWL right. Client’s family are really great financial difficulty to augment their medical expenses, follow up check up and continuous medication thus he asked of financial support from your good office.

**V.** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of financial/medical assistance Kaloob Tulong. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**JEACEL F. BIÑAS, RSW** MSWD OFFICER

License No. 0021579

Valid Until October 21, 2027

Noted by:

**HON. GLENN P. FLORES**

Municipal Mayor

Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

February 24, 2025

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Jane Rose Anne B. Catindig

Date of Birth : February 09, 2000

Age : 25 years old

Sex : Female

Civil Status : Single

Educational Attainment : College Undergraduate

Occupation : None

Address : Brgy. Palma 1 Alaminos, Laguna

Contact Number : 09286322636

Monthly Income : None

**II.**  **FAMILY COMPOSITION:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Relationship to Client** | **Age** | **Sex** | **Civil Status** | **Educational Attainment** | **Occupation** |
| Wilma B. Catindig | Mother | 44 | F | Married | Highschool Graduate | None |
| Janine Rose Catindig | Daughter | 23 | F | Single | 1st Year College | Student |
| Jean Franchette Catindig | Daughter | 20 | F | Single | 1st Year College | Student |

**III. PROBLEM PRESENTED:**

Client/patient’s daughter came to this office seeking for a Social Case Study Report for their request of financial/medical assistance from the Office of the Governor through Hon. Ramil L. Hernandez.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client and her family rent a house that is made up of concrete materials. Client mother was admitted last February 20, 2025 at Lipa Medix Medical Center under the service of Dr. Arleen Gualberto due to dizziness, loss of consciousness, chest pain. After physical examination, patient was diagnosed of Hypertensive Cardiovascular Disease and Hyperthyroidism and now still admitted. Client’s family are in financial difficulty to augment her continuous medical needs, treatment and their hospital bills thus she ask for some financial support from your good office.

**V.** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of financial/medical assistance from the Office of the Governor through Hon. Ramil L. Hernandez. Said request will be process by his daughter Jane Rose Anne Catindig on his behalf. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**JEACEL F. BIÑAS, RSW** MSWD OFFICER

License No. 0021579

Valid Until October 21, 2027

Noted by:

**HON. GLENN P. FLORES**

Municipal Mayor

Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

February 24, 2025

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Wilma B. Catindig

Date of Birth : July 13, 1980

Age : 44 years old

Sex : Female

Civil Status : Married

Educational Attainment : Highschool Graduate

Occupation : None

Address : Brgy. 4 Poblacion Alaminos, Laguna

Contact Number : 09286322636

Monthly Income : None

**II.**  **FAMILY COMPOSITION:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Relationship to Client** | **Age** | **Sex** | **Civil Status** | **Educational Attainment** | **Occupation** |
| Jane Rose Anne Catindig | Daughter | 25 | F | Single | College Undergrad. | None |
| Janine Rose Catindig | Daughter | 23 | F | Single | 1st Year College | Student |
| Jean Franchette Catindig | Daughter | 20 | F | Single | 1st Year College | Student |

**III. PROBLEM PRESENTED:**

Client/patient’s daughter came to this office seeking for a Social Case Study Report for their request of financial/medical assistance from DOH-MAIP.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client and her family rent a house that is made up of concrete materials. Client mother was admitted last February 20, 2025 at Lipa Medix Medical Center under the service of Dr. Arleen Gualberto due to dizziness, loss of consciousness, chest pain. After physical examination, patient was diagnosed of Hypertensive Cardiovascular Disease and Hyperthyroidism and now still admitted. Client’s family are in financial difficulty to augment her continuous medical needs, treatment and their hospital bills thus she ask for some financial support from your good office.

**V.** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of financial/medical assistance from the DOH-MAIP. Said request will be process by his daughter Jane Rose Anne Catindig on his behalf. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**JEACEL F. BIÑAS, RSW** MSWD OFFICER

License No. 0021579

Valid Until October 21, 2027

Noted by:

**HON. GLENN P. FLORES**

Municipal Mayor

Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

February 20, 2025

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Sancho M. Avecilla

Date of Birth : June 05, 1965

Age : 59 years old

Sex : Male

Civil Status : Married

Educational Attainment : Elementary Graduate

Occupation : None

Address : Brgy. I Poblacion Alaminos, Laguna

Contact Number : 09272712094

Monthly Income : None

**II.**  **FAMILY COMPOSITION:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Relationship to Client** | **Age** | **Sex** | **Civil Status** | **Educational Attainment** | **Occupation** |
| Jonalyn V. Avecilla | Daughter | 31 | F | Married | College Level | Store Owner |
| Loreta V. Avecilla | Spouse | 53 | F | Married | Highschool Graduate | Food Vendor |
| Jerome V. Avecilla | Son | 27 | M | Single | Highschool Graduate | None |
| Jefferson V. Avecilla | Son | 24 | M | Single | Highschool Graduate | None |
| Sandra V. Avecilla | Daughter | 12 | F | Single | Grade 6 | Student |

**III. PROBLEM PRESENTED:**

Client’s daughter came to this office seeking for a Social Case Study Report for their request of financial/medical assistance from DSWD Central Office Batasan Pambansa.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client and his family lives in their own house that is made up of light and concrete materials. Client’s father got confined at Community General Hospital in San Pablo City last February 04, 2025 up to present due to changes in sensorium under the service of Dr. Alvin Joseph Mercado and was diagnosed with Acute Respiratory Failure Multifactorial, Cerebrovascular Accident, Congestive Heart Failure, End Stage Renal Disease. Client’s family are in financial difficulty to augment his continuous medical needs and treatment thus she ask for some financial support from your good office.

**V.** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of financial/medical assistance from the DSWD Central Office Batasan Pambansa. Said request will be process by his daughter Jonalyn V. Avecilla on his behalf. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**JEACEL F. BIÑAS, RSW** MSWD OFFICER

License No. 0021579

Valid Until October 21, 2027

Noted by:

**HON. GLENN P. FLORES**

Municipal Mayor

Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

February 20, 2025

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Maria Doris C. Gomez

Date of Birth : October 10, 1986

Age : 38 years old

Sex : Female

Civil Status : Married

Educational Attainment : Highschool Graduate

Occupation : Promodiser

Address : Brgy. IV Poblacion Alaminos, Laguna

Contact Number : 09673623103

Monthly Income : 16,000

**II.**  **FAMILY COMPOSITION:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Relationship to Client** | **Age** | **Sex** | **Civil Status** | **Educational Attainment** | **Occupation** |
| Ruel Santiago | Live-in-Partner | 33 | M | Single | Highschool Graduate | Foreman |
| Janelle Gomez | Daughter | 20 | F | Single | 2nd year College | Student |

**III. PROBLEM PRESENTED:**

Client came to this office seeking for a Social Case Study Report for their request of financial/medical assistance from DOH-MAIP.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client’s lives in their own house that is made up of concrete materials. Client/patient was seen and examined at Fule-Villanueva Medical Clinic under the service of Dr. Percy Fule-Villanueva last February 18, 2025 and was diagnosed of Hyperthyroidism Tachycardia and advised for 2D Echocardiogram with Doppler, Chest PA , FT3, FT4, TSH and ultrasound thyroid . Client’s family are in financial difficulty to augment her laboratory expenses and continuous medication thus she ask for some financial support from your good office.

**V.** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of financial/medical assistance from the DOH-MAIP. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**JEACEL F. BIÑAS, RSW** MSWD OFFICER

License No. 0021579

Valid Until October 21, 2027

Noted by:

**HON. GLENN P. FLORES**

Municipal Mayor

Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

February 19, 2025

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Oreste G. Angeles

Date of Birth : December 13, 1968

Age : 56 years old

Sex : Male

Civil Status : Married

Educational Attainment : College Graduate

Occupation : Production Operator

Address : Brgy. Lusacan Tiaong, Quezon

Contact Number : 09989919926

Monthly Income : 15,000

**II.**  **FAMILY COMPOSITION:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Relationship to Client** | **Age** | **Sex** | **Civil Status** | **Educational Attainment** | **Occupation** |
| Cecil M. Angeles | Wife | 51 | F | Married | Colleg Graduate | Teacher |
| Calix Jansen M. Angeles | Son | 12 | M | Single | Grade 7 | Student |
| Charles Richard M. Angeles | Son | 8 | M | Single | Grade 2 | Student |

**III. PROBLEM PRESENTED:**

Client came to this office seeking for a Social Case Study Report for their request of financial/medical assistance from DOH.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client’s brother-in-law lives in their own house that is made up of concrete materials. Patient was disoriented but no deterioration in sensorium no focal motor weakness, still with dysphasia with Atrial Fibrillation on monitor neuro,Enlargement of the heart. Client’s family are in financial difficulty to augment their medical expenses and hospital bill thus she ask for some financial support from your good office.

**V.** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of financial/medical assistance from the DOH. Said request will be process by his sister-in-law Mylene Angeles on his behalf. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**JEACEL F. BIÑAS, RSW** MSWD OFFICER

License No. 0021579

Valid Until October 21, 2027

Noted by:

**HON. GLENN P. FLORES**

Municipal Mayor

Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

February 6, 2025

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Juvan G. Villanueva

Date of Birth : October 26, 1999

Age : 25 years old

Sex : Male

Civil Status : Single

Educational Attainment : Senior Highschool Graduate

Occupation : Salesman

Address : Brgy. San Juan Alaminos, Laguna

**II.**  **FAMILY COMPOSITION:**

NAME RELATION CIVIL AGE SEX EDUCATIONAL OCCUPATION

TO HEAD STATUS ATTAINMENT

Jennifer Z. Gablino Mother Single 53 F Highschool Graduate None

Larito G. Villanueva Jr. Brother Single 28 M College Graduate Staff

John Mig G. Villanueva Brother Single 21 M 3rd Year College Student

Gerome G. Villanueva Brother Single 17 M Grade 11 Student

**III. PROBLEM PRESENTED:**

Client /patient’s sister came to this office seeking for a Social Case Study Report for their request of financial/medical assistance from DOH-MAIP.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client and his family live a house that is made up of light and concrete materials. Client’s brother was examined last February 4, 2025 at Community General Hospital San Pablo City, Laguna under the service of Dr. Abraham and was diagnosed of Migraine Headache and was recommended for Plain Cranial Ct Scan. Client’s family are really great financial difficulty to augment their medical and laboratory expenses thus she asked of financial support from your good office.

**V.** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of financial/medical assistance from the DOH-MAIP. Said request will be process of his sister Joane G. Villanueva. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**JEACEL F. BIÑAS, RSW** MSWD OFFICER

License No. 0021579

Valid Until October 21, 2027

Noted by:

**HON. GLENN P. FLORES**

Municipal Mayor

Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

February 18, 2025

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Gheruel J. Mendoza

Date of Birth : November 20, 2004

Age : 20 years old

Sex : Male

Civil Status : Single

Educational Attainment : 3rd Year College

Occupation : Student

Address : Brgy. San Andres Alaminos, Laguna

Contact Number : 09450876112

Monthly Income : None

**II.**  **FAMILY COMPOSITION:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Relationship to Client** | **Age** | **Sex** | **Civil Status** | **Educational Attainment** | **Occupation** |
| Rogelio P. Mendoza | Husband | 41 | M | Married | College Undergrad. | None |
| Ghenie J. Mendoza | Daughter | 22 | F | Single | College Graduate | Pharmacist |
| Cynthia J. Mendoza | Mother | 47 | F | Married | College Graduate | Sb Staff |
| Ghenicks J. Mendoza | Daughter | 17 | F | Single | Grade 11 | Student |
| Ghabriel J. Mendoza | Son | 11 | M | Single | Grade 6 | Student |

**III. PROBLEM PRESENTED:**

Client /patient’s mother came to this office seeking for a Social Case Study Report for their request of financial/medical assistance from DOH.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client and her family lives in their own house that is made up of concrete materials. Client son was examined under the service of Dr. Ulysses N. Dorotheo and was diagnosed of Traumatic Opti Neuropathy and was recommended for Perimetry/Visual Field Test, Humphrey 30-2, size III, SITA-fast, both eyes . Client’s family are in financial difficulty to augment their medical and laboratory expenses thus she ask for some financial support from your good office.

**V.** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of financial/medical assistance from the DOH. Said request will be process by his mother Cynthia J. Mendoza. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**JEACEL F. BIÑAS, RSW** MSWD OFFICER

License No. 0021579

Valid Until October 21, 2027

Noted by:

**HON. GLENN P. FLORES**

Municipal Mayor

Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

February 10, 2025

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Merly Villanueva

Date of Birth : April 30, 1963

Age : 60 years old

Sex : Female

Civil Status : Married

Educational Attainment : Highschool Graduate

Occupation : None

Address : Brgy. Palma 2 Alaminos, Laguna

Contact Number : 09956430633

Monthly Income : None

**II.**  **FAMILY COMPOSITION:**

NAME RELATION CIVIL AGE SEX EDUCATIONAL OCCUPATION

TO HEAD STATUS ATTAINMENT

Kenneth Villanueva Son Married 27 M Highschool Grad. Buy and Sell

Symer Villanueva Son Married 39 M Highschool Grad. None

Cristina Llagas Daughter-in-Law Married 42 F Highschool Grad. None

Sonny Villanueva Husband Married 61 M Highschool Levle. None

**III. PROBLEM PRESENTED:**

Client /patient’s spouse came to this office seeking for a Social Case Study Report for their request of financial/medical assistance from DOH-MAIP.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client and his family live a house that is made up of concrete materials. Client’s spouse was admitted last February 3, 2025 at Community General Hospital San Pablo City under the service of Dr. Leandro Masanga due to vomiting and was diagnosed of CAP Moderate Risk, Bronchiectasis t/c Cavitary TB.. Client’s family are really great financial difficulty to augment their medical expenses, hospital bill and continuous medication thus she asked of financial support from your good office.

**V.** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of financial/medical assistance from the DOH-MAIP. Said request will be process by her spouse Sonny Villanueva. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**JEACEL F. BIÑAS, RSW** MSWD OFFICER

License No. 0021579

Valid Until October 21, 2027

Noted by:

**HON. GLENN P. FLORES**

Municipal Mayor

Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

February 7, 2025

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Merly Villanueva

Date of Birth : April 30, 1963

Age : 60 years old

Sex : Female

Civil Status : Married

Educational Attainment : Highschool Graduate

Occupation : None

Address : Brgy. Palma 2 Alaminos, Laguna

Contact Number : 09956430633

Monthly Income : None

**II.**  **FAMILY COMPOSITION:**

NAME RELATION CIVIL AGE SEX EDUCATIONAL OCCUPATION

TO HEAD STATUS ATTAINMENT

Kenneth Villanueva Son Married 27 M Highschool Grad. Buy and Sell

Symer Villanueva Son Married 39 M Highschool Grad. None

Cristina Llagas Daughter-in-Law Married 42 F Highschool Grad. None

Sonny Villanueva Husband Married 61 M Highschool Levle. None

**III. PROBLEM PRESENTED:**

Client /patient’s spouse came to this office seeking for a Social Case Study Report for their request of financial/medical assistance from DOH-MAIP.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client and his family live a house that is made up of concrete materials. Client’s spouse was admitted last February 3, 2025 at Community General Hospital San Pablo City under the service of Dr. Leandro Masanga due to vomiting and was diagnosed of CAP Moderate Risk, Bronchiectasis t/c Cavitary TB.. Client’s family are really great financial difficulty to augment their medical expenses, hospital bill and continuous medication thus she asked of financial support from your good office.

**V.** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of financial/medical assistance from the DOH-MAIP. Said request will be process by her spouse Sonny Villanueva. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**JEACEL F. BIÑAS, RSW** MSWD OFFICER

License No. 0021579

Valid Until October 21, 2027

Noted by:

**HON. GLENN P. FLORES**

Municipal Mayor

Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

February 6, 2025

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Mayo Yedra

Date of Birth : May 1, 1963

Age : 61 years old

Sex : Male

Civil Status : Married

Educational Attainment : Highschool Graduate

Occupation : Brgy. Councilor

Address : Brgy. Benito Alaminos, Laguna

Contact Numeber : 09387877041

Monthly Income :

**II.**  **FAMILY COMPOSITION:**

NAME RELATION CIVIL AGE SEX EDUCATIONAL OCCUPATION

TO HEAD STATUS ATTAINMENT

Lucila Yedra Wife Married 58 F Highschool Grad. None

Michael Yedra Son Single 37 M Highschool Grad. Garbage Collector

Limuel Yedra Son Single 36 M Highschool Grad. None

Liezel Yedra Daughter Married 32 F Highschool Grad. None

**III. PROBLEM PRESENTED:**

Client /patient’s live-in-partner came to this office seeking for a Social Case Study Report for their request of financial/medical assistance from Barangay Budget 2025 as “Kaloob Tulong”.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client and his family live a house that is made up of light and concrete materials. Client’s father was examined last February 3, 2025 under the service of Dr. Carmina Bartolome Pervera with a clinical impression of Hypertension Stage II, Hyperuceremia r/o DM II. Client’s family are really great financial difficulty to augment their medical expenses, follow up check up and continuous medication thus she asked of financial support from your good office.

**V.** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of financial/medical assistance from the DOH-MAIP. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**JEACEL F. BIÑAS, RSW** MSWD OFFICER

License No. 0021579

Valid Until October 21, 2027

Noted by:

**HON. GLENN P. FLORES**

Municipal Mayor

Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

February 6, 2025

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Maycel Yedra

Date of Birth : April 17, 1996

Age : 28 years old

Sex : Female

Civil Status : Single

Educational Attainment : Highschool Graduate

Occupation : None

Address : Brgy. Benito Alaminos, Laguna

Contact Numeber : 09632969595

**II.**  **FAMILY COMPOSITION:**

NAME RELATION CIVIL AGE SEX EDUCATIONAL OCCUPATION

TO HEAD STATUS ATTAINMENT

Lordan Buquil Live-in-Partner Single 38 M Elementary Grad. Garbage Collector

Reynan Buquil Son Single 6 M N/A

Reyana Buquil Daughter Single 2 F N/A

**III. PROBLEM PRESENTED:**

Client /patient’s live-in-partner came to this office seeking for a Social Case Study Report for their request of financial/medical assistance from Barangay Budget 2025 as “Kaloob Tulong”.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client and his family live a house that is made up of light and concrete materials. Client’s live-in-partner was admitted at Batanagas Medical Center last February 1, 2025 with complaint of scrotal swelling and was diagnosed of Epididymitis and recommended for follow up checkup at Uro OPD after completion of antibiotics. Client’s family are really great financial difficulty to augment their medical expenses, follow up check up and continuous medication thus she asked of financial support from your good office.

**V.** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of financial/medical assistance from the DOH-MAIP. Said request will be process of his live-in-partner Maycel Yedra. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**JEACEL F. BIÑAS, RSW** MSWD OFFICER

License No. 0021579

Valid Until October 21, 2027

Noted by:

**HON. GLENN P. FLORES**

Municipal Mayor

Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

February 6, 2025

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Juvan G. Villanueva

Date of Birth : October 26, 1999

Age : 25 years old

Sex : Male

Civil Status : Single

Educational Attainment : Senior Highschool Graduate

Occupation : Salesman

Address : Brgy. San Juan Alaminos, Laguna

**II.**  **FAMILY COMPOSITION:**

NAME RELATION CIVIL AGE SEX EDUCATIONAL OCCUPATION

TO HEAD STATUS ATTAINMENT

Jennifer Z. Gablino Mother Single 53 F Highschool Graduate None

Larito G. Villanueva Jr. Brother Single 28 M College Graduate Staff

John Mig G. Villanueva Brother Single 21 M 3rd Year College Student

Gerome G. Villanueva Brother Single 17 M Grade 11 Student

**III. PROBLEM PRESENTED:**

Client /patient’s sister came to this office seeking for a Social Case Study Report for their request of financial/medical assistance from DOH-MAIP.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client and his family live a house that is made up of light and concrete materials. Client’s brother was examined last February 4, 2025 at Community General Hospital San Pablo City, Laguna under the service of Dr. Abraham and was diagnosed of Migraine Headache and was recommended for Plain Cranial Ct Scan. Client’s family are really great financial difficulty to augment their medical and laboratory expenses thus she asked of financial support from your good office.

**V.** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of financial/medical assistance from the DOH-MAIP. Said request will be process of his sister Joane G. Villanueva. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**JEACEL F. BIÑAS, RSW** MSWD OFFICER

License No. 0021579

Valid Until October 21, 2027

Noted by:

**HON. GLENN P. FLORES**

Municipal Mayor

Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

February 5, 2025

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Rosemay Flores

Date of Birth : November 24, 1992

Age : 32 years old

Sex : Female

Civil Status : Single

Educational Attainment : College Graduate

Occupation : Teacher

Address : Brgy. San Gregorio Alaminos, Laguna

**II.**  **FAMILY COMPOSITION:**

NAME RELATION CIVIL AGE SEX EDUCATIONAL OCCUPATION

TO HEAD STATUS ATTAINMENT

Jonathan Ruzon Live-in-Partner Single 32 M Highschool Grad. Driver

Jeorgerein Ruzon Son Single 13 M Grade 8 Student

Ayah Quinelle F. Ruzon Daughter Single 4 F Kinder Student

**III. PROBLEM PRESENTED:**

Client /patient’s live-in-partner came to this office seeking for a Social Case Study Report for their request of financial/medical assistance from DOH-MAIP.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client and his family lives a house that is made up of light and concrete materials. Client’s live-in-partner was admitted from February 1-3,2025 at STS. Frances & Paul General Hospital, Inc. San Pablo City Laguna under the service of Dr. Rizalina Reyes due to vaginal bleeding and was diagnosed of Abnormal Uterine Bleeding S/P Dilation & Curettage. Client’s family are really great financial difficulty to augment their medical expenses, treatment and continuous medication incurred thus she asked of financial support from your good office.

**V.** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of financial/medical assistance from the DOH-MAIP. Said request will be process of her live-in-partner Jonathan Ruzon. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**JEACEL F. BIÑAS, RSW** MSWD OFFICER

License No. 0021579

Valid Until October 21, 2027

Noted by:

**HON. GLENN P. FLORES**

Municipal Mayor

Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

January 06, 2025

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Wendel B. Ramos

Date of Birth : February 03, 2003

Age : 23 years old

Sex : Male

Civil Status : Single

Educational Attainment : Highschool Level

Occupation : Company Driver

Address : Brgy. Palma Alaminos, Laguna

**II.**  **FAMILY COMPOSITION:**

NAME RELATION CIVIL AGE SEX EDUCATIONAL OCCUPATION

TO HEAD STATUS ATTAINMENT

Ma. Ava Ramos Mother Married 46 F Highschool Level Sewer

Epifanio Ramos Father Married 47 M Highschool Level. Sewer

Maxile Angela Ramos Sister Single 23 F Seniorhighschool Grad. Company Worker

Wean Ramos Sister Single 15 F Grade 8 Student

Ricky Boy Ramos Brother Single 7 M Grade 2 Student

**III. PROBLEM PRESENTED:**

Client /patient’s mother came to this office seeking for a Social Case Study Report for their request of financial/medical assistance from DOH-MAIP.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client and his family lives a house that is made up of light and concrete materials. Client’s son was admitted last February 2, 2025 due to anal pain at Community General Hospital San Pablo City, Laguna under the service of Dr. Raymund C. Velasquez and was diagnosed of Fistula in Ano with Abscess on the right. Client’s family are really great financial difficulty to augment their medical expenses, hospital bill and continuous medication incurred thus she asked of financial support from your good office.

**V.** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of financial/medical assistance from the DOH-MAIP. Said request will be process of his mother Ma. Ava Ramos. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**JEACEL F. BIÑAS, RSW** MSWD OFFICER

License No. 0021579

Valid Until October 21, 2027

Noted by:

**HON. GLENN P. FLORES**

Municipal Mayor

Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

January 06, 2025

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Kathleen M. Lumabas

Date of Birth : October 10, 2001

Age : 23 years old

Sex : Female

Civil Status : Single

Educational Attainment : 1st year College

Occupation : Student

Address : Brgy. Palma Alaminos, Laguna

**II.**  **FAMILY COMPOSITION:**

NAME RELATION CIVIL AGE SEX EDUCATIONAL OCCUPATION

TO HEAD STATUS ATTAINMENT

Yolanda M. Lumabas Mother Married 51 F Highschool Level Sick at Present

Pedro T. Lumabas Father Married 58 M Highschool Grad. Laborer

Ian M. Lumabas Brother Single 26 M College Level None

**III. PROBLEM PRESENTED:**

Client /patient’s daughter came to this office seeking for a Social Case Study Report for their request of financial/medical assistance from the Office of Governor Ramil L. Hernandez.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client and his family lives a house that is made up of light and concrete materials. Client’s mother was examined at Batangas Medical Center last November 6, 2024 under the service of Dr. Melody Deniese I. Agbing and was diagnosed of Breast Cancer Stage IV. Client’s family are really great financial difficulty to augment his medical expenses, treatment and continuous medication incurred thus she asked of financial support from your good office.

**V.** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of financial/medical assistance from the DOH. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**JEACEL F. BIÑAS, RSW** MSWD OFFICER

License No. 0021579

Valid Until October 21, 2027

Noted by:

**HON. GLENN P. FLORES**

Municipal Mayor

Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

January 06, 2025

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Khyle Jasther C. Mercado

Date of Birth : October 11, 2022

Age : 2

Sex : Male

Civil Status : Single

Educational Attainment : N/A

Occupation : N/A

Address : Brgy. San Juan Alaminos, Laguna

**II.**  **FAMILY COMPOSITION:**

NAME RELATION CIVIL AGE SEX EDUCATIONAL OCCUPATION

TO HEAD STATUS ATTAINMENT

Kim Patrick Mercado Father Married 28 M Highschool Grad. Track Helper

Jasthine Mercado Mother Married 29 F Highschool Grad. Prod. Operator

**III. PROBLEM PRESENTED:**

Client /patient’s father came to this office seeking for a Social Case Study Report for their request of financial/medical assistance from the DOH.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client and his family rent a house that is made up of concrete materials. Client’s son was confined at St. Frances Cabrini Medical Center Sto Tomas Batangas under Dr. Maria Lina Sumang and was diagnosed of Infectious Diarrhea/Intestinal Amoebiasis, Moderate Dehydration. Client’s family are really great financial difficulty to augment his medical expenses, hospital bill and continuous medication incurred thus he asked of financial support from your good office.

**V.** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of financial/medical assistance from the DOH. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**JEACEL F. BIÑAS, RSW** MSWD OFFICER

License No. 0021579

Valid Until October 21, 2027

Noted by:

**HON. GLENN P. FLORES**

Municipal Mayor

Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

January 06, 2025

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Pepito Aquino Jr.

Date of Birth : December 31, 1979

Age : 45

Sex : Male

Civil Status : Married

Educational Attainment : Highschool Graduate

Occupation : MDR Rescuer

Address : Brgy. Palma Alaminos, Laguna

**II.**  **FAMILY COMPOSITION:**

NAME RELATION CIVIL AGE SEX EDUCATIONAL OCCUPATION

TO HEAD STATUS ATTAINMENT

Lea P. Aquino Wife Married 33 F Highschool Grad. Job Order

Ezekiel P. Aquino Son Single 8 M Grade 2 Student

**III. PROBLEM PRESENTED:**

Client /patient’s came to this office seeking for a Social Case Study Report for their request of financial/medical assistance from the DOH-MAIP.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client and his family lives in a house that is made up of light and concrete materials. Client’s husband was examined last December 5, 2024 at San Pablo City District Hospital under the service of Beverly D. Menendez M.D. and was diagnosed of Acute Cerebrovascular Disease, Hypertension, Controlled. Client’s family are really great financial difficulty to augment his medical expenses, continuous medication and therapy incurred thus he asked of financial support from your good office.

**V.** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of financial/medical assistance from the DOH-MAIP. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**JEACEL F. BIÑAS, RSW** MSWD OFFICER

License No. 0021579

Valid Until October 21, 2027

Noted by:

**HON. GLENN P. FLORES**

Municipal Mayor

Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

January 06, 2025

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Antonio R. Linong

Date of Birth : April 18, 1973

Age : 51

Sex : Male

Civil Status : Married

Educational Attainment : Elementary Graduate

Occupation : Coco Handicraft

Address : Brgy. San Miguel, Alaminos, Laguna

**II.**  **FAMILY COMPOSITION:**

NAME RELATION CIVIL AGE SEX EDUCATIONAL OCCUPATION

TO HEAD STATUS ATTAINMENT

Ashley Linong Son Single 21 M 3rd Year College Student

Lorna Linong Wife Married 48 F Highschool Grad. None

**III. PROBLEM PRESENTED:**

Client /patient’s came to this office seeking for a Social Case Study Report for their request of financial/medical assistance from the DOH.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client and his family lives in a house that is made up of light and concrete materials. Patient was examined last January 30,2025 due to left upper quadrant pain at SPC Medical Center San Pablo City under the service of Dr. Julius M. Andor with a clinical impression of r/o Colonic Mass/ Pathology and was advised to undergo colonoscopy and whole abdominal CT Scan w/ contrast. Client’s family are really great financial difficulty to augment her medical and laboratory expenses incurred and continuous medication thus he asked of financial support from your good office.

**V.** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of financial/medical assistance from the DOH. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**JEACEL F. BIÑAS, RSW** MSWD OFFICER

License No. 0021579

Valid Until October 21, 2027

Noted by:

**HON. GLENN P. FLORES**

Municipal Mayor

 Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

January 06, 2025

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Cesar M. Magampon

Date of Birth : October 19, 1982

Age : 42 Years Old

Sex : Male

Civil Status : Married

Educational Attainment : Vocational

Occupation : Operator

Address : Brgy. San Juan, Alaminos, Laguna

**II.**  **FAMILY COMPOSITION:**

NAME RELATION CIVIL AGE SEX EDUCATIONAL OCCUPATION

TO HEAD STATUS ATTAINMENT

Myreen B. Magampon Wife Married 40 F emale College Graduate. Finance Service

Raine Genzel B. Magampon Son Single 18 Male 1st Year College Student

Ken Railly B. Magampon Son Single 16 Male Grade 11 Student

Rhiana Nicole B. Magampon Daughter Single 13 Female Grade 7 Student

**III. PROBLEM PRESENTED:**

Client /patient’s came to this office seeking for a Social Case Study Report for their request of financial/medical assistance from the DOH-MAIP.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client and his family lives in a house that is made up of light and concrete materials. Patient was diagnosed of Medial and lateral meniscus tear in left knee and was advised to undergo Orthopedic Surgery. Client family are really great financial difficulty to augment her medical expenses incurred and continuous medical needs and treatment thus he asked of financial support from your good office.

**V.** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of financial/medical assistance from the DOH-MAIP. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**JEACEL F. BIÑAS, RSW** MSWD OFFICER

License No. 0021579

Valid Until October 21, 2027

Noted by:

**HON. GLENN P. FLORES**

Municipal Mayor

 Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

January 06, 2025

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Fernan P. Caranzo

Date of Birth : February 28, 1997

Age : 26 Years Old

Sex : Male

Civil Status : Single

Educational Attainment : High School Graduate

Occupation : Construction Worker

Address : Brgy. San Benito, Alaminos, Laguna

**II.**  **FAMILY COMPOSITION:**

NAME RELATION CIVIL AGE SEX EDUCATIONAL OCCUPATION

TO HEAD STATUS ATTAINMENT

Doralyn P. Cabatac Mother Married 52 Female High School Grad. None

Mariolan C. Caranzo Son Single 28 Male High School Grad. Construction Worker

Jennifer C. Caranzo Daughter Single 35 Female High School Grad. Farmer

Jayvic P. Caranzo Daughter Single 33 Male HS Undergrad Construction Worker

**III. PROBLEM PRESENTED:**

Client /patient’s brother came to this office seeking for a Social Case Study Report for their request of burial assistance from the Office of the House Speaker through Hon. Martin Romualdez

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client and his family lives in a house that is made up of light and concrete materials. Patient was involved in an vehicular accident on December 14, 2024 and was diagnosed of Traumatic Brain Injury, Severe. The underlying cause of his death was motor vehicle crash, complete transection left upper extremities. Client family are really great financial difficulty to augment her burial expenses incurred and continuous needs and treatment thus he asked of burial support from your good office.

**V.** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of burial assistance from the Office of the House Speaker through Hon. Martin Romualdez. Said request will be process by his brother Mariolan Caranzo on his behalf. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**JEACEL F. BIÑAS, RSW** MSWD OFFICER

License No. 0021579

Valid Until October 21, 2027

Noted by:

**HON. GLENN P. FLORES**

Municipal Mayor

 Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

January 06, 2025

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Florenda Dela Fuente

Date of Birth : December 01, 1963

Age : 61 Years Old

Sex : Female

Civil Status : Married

Educational Attainment : Grade 6

Occupation : None

Address : Brgy. San Juan, Alaminos, Laguna

**II.**  **FAMILY COMPOSITION:**

NAME RELATION CIVIL AGE SEX EDUCATIONAL OCCUPATION

TO HEAD STATUS ATTAINMENT

Freddie Dela Fuente Husband Married 62 Male High School Grad. Buy and Sell

Dell Jean M. Dela Fiente Daughter Single 28 Female High School Grad. Part Time Singer

Xherlace Dela Fuente Daughter Single 10 Female Grade 5 Student

Alessia Dela Fuente Daughter Single 5 Female Kinder Student

**III. PROBLEM PRESENTED:**

Client /patient’s mother came to this office seeking for a Social Case Study Report for their request of financial/medical assistance from Governor Ramil L. Hernandez.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client and her family rent house that is made up of light and concrete materials. Client got confined at ST. FRANCES CABRINI MEDICAL CENTER INC. last December 08, 2024 up to December 29, 2024 due to an vehicular accident and was diagnosed of Traumatic Brain Injury, Mild. Client family are really great financial difficulty to augment her hospitalization expenses incurred and continuous medical needs and treatment thus she asked of financial/medical support from your good office.

**V.** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of financial/medical assistance from Governor Ramil L. Hernandez. Said request will be process by her mother Florenda Dela Fuente on her behalf. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**JEACEL F. BIÑAS, RSW** MSWD OFFICER

License No. 0021579

Valid Until October 21, 2027

Noted by:

**HON. GLENN P. FLORES**

Municipal Mayor

 Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

January 02, 2025

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Merlinda B. Otake

Date of Birth : August 28, 1959

Age : 65 Years Old

Sex : Female

Civil Status : Widow

Educational Attainment : High School Graduate

Occupation : None/Sick at present

Address : Brgy. 4 Poblacion, Alaminos, Laguna

**II.**  **FAMILY COMPOSITION:**

NAME RELATION CIVIL AGE SEX EDUCATIONAL OCCUPATION

TO HEAD STATUS ATTAINMENT

Joel Bodullo Brother Single 61 Male College Level None

Rowena Salvame Sister in-law Single 49 Female High School Grad. Home Maker

Kezuo Otake Son Single 41 Male College Grad. PWD

Joel Jr. Bodullo Nephew Single 15 Male Grade 9 Student

Jacob Bodullo Nephew Single 10 Male Grade 5 Student

**III. PROBLEM PRESENTED:**

Client /patient’s brother came to this office seeking for a Social Case Study Report for their request of financial/medical assistance from DOH.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client and her family rent house that is made up of light and concrete materials. Client got confined at Community General Hospital of San Pablo City last November 30, 2024 up to present due to difficulty of breathing under the service of Dr. Martin Jamias and was diagnosed of Achalasia t/c Esophageal New Growth; Electrolyte Imbalance sec. to Hypokalemia. Client family are really great financial difficulty to augment her hospitalization expenses incurred and continuous medical needs and treatment thus she asked of financial/medical support from your good office.

**V.** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of financial/medical assistance from DOH. Said request will be process by her brother Joel Bodullo on her behalf. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**NORIDDI A. CARREON, RSW** MSWDO Designate

License No. 8057

Valid Until March 24, 2026

Noted by:

**HON. GLENN P. FLORES**

Municipal Mayor

 Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

October 28, 2024

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Kai Malaya D. Salazar

Date of Birth : November 1, 2020

Age : 3 Years Old

Sex : Female

Civil Status : Single

Educational Attainment : N/A

Occupation : N/A

Address : #005 Purok 7 Brgy. San Juan, Alaminos, Laguna

**II.**  **FAMILY COMPOSITION:**

NAME RELATION CIVIL AGE SEX EDUCATIONAL OCCUPATION

TO HEAD STATUS ATTAINMENT

Cedielyn D. Salazar Mother Married 31 Female College Graduate Home Maker

Reinier Louise Salazar Father Married 32 Male College Graduate Online

**III. PROBLEM PRESENTED:**

Client /patient’s mother came to this office seeking for a Social Case Study Report for their request of financial assistance from DOH-MAIP.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client and her family rent house that is made up of light and concrete materials. Client got confined at Community General Hospital of San Pablo City last October 19, 2024 up to October 25, 2024 and was diagnosed of Pediatric Community Acquired Pneumonia Moderate Risk and prescribed maintenance medications thus she asked of financial support from your good office.

**V.** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of financial/medical assistance from DOH-MAIP. Said request will be process by her mother Cedielyn D, Salazar on her behalf. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**NORIDDI A. CARREON, RSW** MSWDO Designate

License No. 8057

Valid Until March 24, 2026

CTC No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Issued: \_\_\_\_\_\_\_\_\_\_\_

Place Issued: \_\_\_\_\_\_\_\_\_\_\_



Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

October 28, 2024

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Pricilo A. Castillo

Date of Birth : July 8, 1972

Age : 52 Years Old

Sex : Male

Civil Status : Single

Educational Attainment : Vocational Graduate

Occupation : Cook

Address : #56 Del Pilar St. Brgy. I Poblacion, Alaminos, Laguna

**II.**  **FAMILY COMPOSITION:**

NAME RELATION CIVIL AGE SEX EDUCATIONAL OCCUPATION

TO HEAD STATUS ATTAINMENT

Maricel Escarie Common-Law-Wife Single 43 Female High School Grad. Small Store

Lucille Castillo Sister Single 63 Female Vocational Grad. Senior Citizen

Kenjie Castillo Son Single 12 Male Grade 7 Student

Kyle Tyler Castillo Son Single 10 Male Grade 5 Student

**III. PROBLEM PRESENTED:**

Client /patient’s common-law-wife came to this office seeking for a Social Case Study Report for their request of medical assistance from DOH-MAIP.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client and his family live in his mother owned house that is made up of light and concrete materials. Client consulted last October 14, 2024 at SPC Medical Center under the supervision of Dr. Rosalie Mercado, MD, FPCP, FPCC. He was diagnosed of Chronic Ischemic Heart Disease and prescribed maintenance medications thus he asked of medical support from your good office.

**V.** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of medical assistance from DOH-MAIP. Said request will be process by his common-law-wife on his behalf. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**NORIDDI A. CARREON, RSW** MSWDO Designate

License No. 8057

Valid Until March 24, 2026

CTC No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Issued: \_\_\_\_\_\_\_\_\_\_\_

Place Issued: \_\_\_\_\_\_\_\_\_\_\_



Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

October 14, 2024

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Anaiah Faith P. Palmaria

Date of Birth : December 24, 2022

Age : 1 Year Old and 9 months

Sex : Female

Civil Status : Single

Educational Attainment : N/A

Occupation : N/A

Address : Del Pilar St. Brgy. II Poblacion, Alaminos, Laguna

**II.**  **FAMILY COMPOSITION:**

NAME RELATION CIVIL AGE SEX EDUCATIONAL OCCUPATION

STATUS ATTAINMENT

Jose Angelo Palmaria Father Single 38 Male High School Grad. MC rider

Mary Rose Plutado Mother Single 27 Female College Graduate Home Maker

Lawrence Supetran Cousin Single 13 Male Grade 6 Student

Vincent Lei Supetran Cousin Single 10 Male Grade 4 Student

**III. PROBLEM PRESENTED:**

Client /patient’s father came to this office seeking for a Social Case Study Report for their request of medical assistance from DOH-MAIP.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client and her family rent a house that is made up of light and concrete materials. Client was admitted last October 6, 2024 up to present at San Pablo Doctors Hospital and was diagnosed with Community Acquired Pneumonia Moderate Risk. Client family has really great financial difficulty for her hospitalization expenses incurred and continuous medical needs and treatment thus she asked of medical support from your good office.

**V.** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of medical assistance from DOH-MAIP. Said request will be process by her father Jose Angelo Palmaria on her behalf. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**NORIDDI A. CARREON, RSW** MSWDO Designate

License No. 8057

Valid Until March 24, 2026

CTC No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Issued: \_\_\_\_\_\_\_\_\_\_\_

Place Issued: \_\_\_\_\_\_\_\_\_\_\_



 Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

October 14, 2024

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Zalde R. Alvarez

Date of Birth : August 7, 1961

Age : 63 Years Old

Sex : Male

Civil Status : Married

Educational Attainment : College Level

Occupation : None

Address : Brgy. Del Carmen, Alaminos, Laguna

**II.**  **FAMILY COMPOSITION:**

NAME RELATION CIVIL AGE SEX EDUCATIONAL OCCUPATION

STATUS ATTAINMENT

Nelia Alvarez Wife Married 57 Female High School Level Jobless

Neldie Sarmiento Daughter Married 34 Female College Graduate Jobless

Adrian Alvarez Son Son 18 Male Grade 12 Student

**III. PROBLEM PRESENTED:**

Client /patient’s niece came to this office seeking for a Social Case Study Report for their request of medical/financial assistance from Hon. Senator Allan Peter Cayetano.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client and his family live in their owned house that is made up of light and concrete materials. Client was admitted and diagnosed with Chronic Kidney Disease Bilateral Pleural Effusion Secondary to Pneumonia. He only receives a minimal pension which is insufficient for his hospitalization expenses incurred and medical needs and treatment thus he asks of some medical/financial support from your good office.

**V.** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of medical /financial assistance from Hon. Senator Allan Peter Cayetano. Said request will be process by his niece Mary Grace Mendoza on his behalf. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**NORIDDI A. CARREON, RSW** MSWDO Designate

License No. 8057

Valid Until March 24, 2026

CTC No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Issued: \_\_\_\_\_\_\_\_\_\_\_

Place Issued: \_\_\_\_\_\_\_\_\_\_\_



 Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

October 14, 2024

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Zalde R. Alvarez

Date of Birth : August 7, 1961

Age : 63 Years Old

Sex : Male

Civil Status : Married

Educational Attainment : College Level

Occupation : None

Address : Brgy. Del Carmen, Alaminos, Laguna

**II.**  **FAMILY COMPOSITION:**

NAME RELATION CIVIL AGE SEX EDUCATIONAL OCCUPATION

STATUS ATTAINMENT

Nelia Alvarez Wife Married 57 Female High School Level Jobless

Neldie Sarmiento Daughter Married 34 Female College Graduate Jobless

Adrian Alvarez Son Son 18 Male Grade 12 Student

**III. PROBLEM PRESENTED:**

Client/patient’s niece came to this office seeking for a Social Case Study Report for their request of medical/financial assistance from DOH.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client and his family live in their owned house that is made up of light and concrete materials. Client was admitted and diagnosed with Chronic Kidney Disease Bilateral Pleural Effusion Secondary to Pneumonia. He only receives a minimal pension which is insufficient for his medical needs and treatment thus he asks of some medical support for his hospitalization expenses incurred from your good office.

**V.** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of medical/financial assistance from DOH. Said request will be process by his niece Mary Grace Mendoza on his behalf. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**NORIDDI A. CARREON, RSW** MSWDO Designate

License No. 8057

Valid Until March 24, 2026

CTC No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Issued: \_\_\_\_\_\_\_\_\_\_\_

Place Issued: \_\_\_\_\_\_\_\_\_\_\_



 Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

October 14, 2024

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Zalde R. Alvarez

Date of Birth : August 7, 1961

Age : 63 Years Old

Sex : Male

Civil Status : Married

Educational Attainment : College Level

Occupation : None

Address : Brgy. Del Carmen, Alaminos, Laguna

**II.**  **FAMILY COMPOSITION:**

NAME RELATION CIVIL AGE SEX EDUCATIONAL OCCUPATION

STATUS ATTAINMENT

Nelia Alvarez Wife Married 57 Female High School Level Jobless

Neldie Sarmiento Daughter Married 34 Female College Graduate Jobless

Adrian Alvarez Son Son 18 Male Grade 12 Student

**III. PROBLEM PRESENTED:**

Client /patient’s came to this office seeking for a Social Case Study Report for their request of medical assistance from DOH-MAIP.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client and her family live in their owned house that is made up of light and concrete materials. Client was admitted and diagnosed with Chronic Kidney Disease Bilateral Pleural Effusion Secondary to Pneumonia. He only receives a minimal pension which is insufficient for his medical needs and treatment thus he asks of medical support for his hospitalization expenses incurred from your good office.

**V.** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of assistance from DOH-MAIP. Said request will be process by his niece Mary Grace Mendoza on his behalf. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**NORIDDI A. CARREON, RSW** MSWDO Designate

License No. 8057

Valid Until March 24, 2026

CTC No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Issued: \_\_\_\_\_\_\_\_\_\_\_

Place Issued: \_\_\_\_\_\_\_\_\_\_\_



Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

October 4, 2024

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Aileen L. Martinez

Date of Birth : November 25, 1996

Age : 27 Years Old

Sex : Female

Civil Status : Married

Educational Attainment : High School Graduate

Occupation : None

Address : Brgy. Palma, Alaminos, Laguna

**II.**  **FAMILY COMPOSITION:**

NAME RELATION CIVIL AGE SEX EDUCATIONAL OCCUPATION

STATUS ATTAINMENT

Marvin Martinez Husband Married 28 Male High School Grad. Prod. Operator

Cassie Bella Martinez Daughter Single 3 Female N/A

**III. PROBLEM PRESENTED:**

Client came to this office seeking for a Social Case Study Report for her request of medical assistance from DOH-MAIP.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client and her family live in their owned house that is made up of light and concrete materials. Client asks for medical support for her continuous medical needs and treatment from your good office.

**V.** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of medical assistance from DOH-MAIP. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**NORIDDI A. CARREON, RSW** MSWDO Designate

License No. 8057

Valid Until March 24, 2026

CTC No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Issued: \_\_\_\_\_\_\_\_\_\_\_

Place Issued: \_\_\_\_\_\_\_\_\_\_\_



Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

October 4, 2024

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Marchel L. Linatoc

Date of Birth : April 17, 2002

Age : 22 Years Old

Sex : Female

Civil Status : Single

Educational Attainment : High School Graduate

Occupation : Chicken Seller

Address : San Agustin, Alaminos, Laguna

**II.**  **FAMILY COMPOSITION:**

NAME RELATION CIVIL AGE SEX EDUCATIONAL OCCUPATION

STATUS ATTAINMENT

Celso A. Linatoc Father Married 67 Male Elementary Grad. DECEASED

Milagros Linatoc Mother Married 65 Female High School Grad. None

**III. PROBLEM PRESENTED:**

Client came to this office seeking for a Social Case Study Report for her request of burial assistance from DOH-MAIP.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client and her family live in their owned house that is made up of light and concrete materials. Client’s father died last September 30, 2024 due to Probable Acute Myocardial Infarction; Type II Diabetes Mellitus for 11 years. Client’s family has no ample money to fully pay their funeral debts thus she asks of burial assistance from your good office.

**V.** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of burial assistance from DOH-MAIP. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**NORIDDI A. CARREON, RSW** MSWDO Designate

License No. 8057

Valid Until March 24, 2026

CTC No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Issued: \_\_\_\_\_\_\_\_\_\_\_

Place Issued: \_\_\_\_\_\_\_\_\_\_\_



Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

October 4, 2024

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Erwin U. Estrella

Date of Birth : January 28, 1997

Age : 37 Years Old

Sex : Male

Civil Status : Married

Educational Attainment : High School Graduate

Occupation : Vendor

Address : Brgy. San Benito, Alaminos, Laguna

**II.**  **FAMILY COMPOSITION:**

NAME RELATION CIVIL AGE SEX EDUCATIONAL OCCUPATION

STATUS ATTAINMENT

Jennilyn P. Estrella Wife Married 35 Female High School Grad. None

Kate Jane Estrella Daughter Single 19 days Female N/A

Keylyn Estrella Daughter Single 13 Female High School Student

Monique Estrella Daughter Single 12 Female High School Student

Wena Estrella Daughter Single 4 Female N/A

**III. PROBLEM PRESENTED:**

Client came to this office seeking for a Social Case Study Report for his request of medical assistance from DOH-MAIP.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client and his family live in their owned house that is made up of light and concrete materials. Client’s spouse gave birth to a live term baby girl del. via NSD to a GsPs mother last September 11, 2024 thus she asks of medical assistance from your good office.

**V.** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of medical assistance from DOH-MAIP. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**NORIDDI A. CARREON, RSW** MSWDO Designate

License No. 8057

Valid Until March 24, 2026

CTC No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Issued: \_\_\_\_\_\_\_\_\_\_\_

Place Issued: \_\_\_\_\_\_\_\_\_\_\_



Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

October 4, 2024

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Nancy M. Tompong

Date of Birth : February 9, 1991

Age : 33 Years Old

Sex : Female

Civil Status : Single

Educational Attainment : College Graduate

Occupation : None

Address : #059 A Purok 1 San Agustin, Alaminos, Laguna

**II.**  **FAMILY COMPOSITION:**

NAME RELATION CIVIL AGE SEX EDUCATIONAL OCCUPATION

STATUS ATTAINMENT

Ceferino Sr. J. Tompong Father Married 63 Male High School Level Sick at Present

Natividad Tompong Mother Married 63 Female High School Grad. None

Mary Grace Perilla Sister Married 36 Female High School Level Home Maker

Ariel Perilla Brother Married 36 Male High School Grad. Carpenter

Princess Sandra Perilla Niece Single 4 Female Day Care Child Student

Francis Jacob Perilla Nephew Single 5 Male Kindergarten Student

**III. PROBLEM PRESENTED:**

Client came to this office seeking for a Social Case Study Report for her request of medical assistance from DOH-MAIP.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client and her family live in their owned house that is made up of light and concrete materials. Client’s father was diagnosed with Acute Coronary Syndrome Unstable Angina; Chronic Kidney Disease Stage V secondary to Hypertensive Kidney Disease on maintenance hemodialysis; Pulmonary Tuberculosis-Clinically Diagnosed thus she asks of medical assistance for her father’s continuous medical needs and treatment from your good office.

**V.** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of medical assistance from DOH-MAIP. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**NORIDDI A. CARREON, RSW** MSWDO Designate

License No. 8057

Valid Until March 24, 2026

CTC No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Issued: \_\_\_\_\_\_\_\_\_\_\_

Place Issued: \_\_\_\_\_\_\_\_\_\_\_



Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

October 4, 2024

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Clarinel T. Averion

Date of Birth : June 8, 1997

Age : 27 Years Old

Sex : Female

Civil Status : Single

Educational Attainment : College Graduate

Occupation : Manager

Address : Brgy. Sta. Rosa, Alaminos, Laguna

**II.**  **FAMILY COMPOSITION:**

NAME RELATION CIVIL AGE SEX EDUCATIONAL OCCUPATION

STATUS ATTAINMENT

Gil B. Averion Father Married 61 Male Elementary Grad. Farmer

Glenda Averion Mother Married 48 Female College Graduate Beautician

Kerubin Averion Brother Single 21 Male College Student Student

**III. PROBLEM PRESENTED:**

Client came to this office seeking for a Social Case Study Report for her request of medical assistance from DOH-MAIP.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client and her family live in their owned house that is made up of light and concrete materials. Client’s father got confined at SPC Medical Center last September 23, 2024 to September 26, 2024 due to slurring of speech and was diagnosed with Cerebral Infarction due to Thrombosis of Cerebral Artery thus she asks of medical assistance from your good office.

**V.** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of medical assistance from DOH-MAIP. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**NORIDDI A. CARREON, RSW** MSWDO Designate

License No. 8057

Valid Until March 24, 2026

CTC No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Issued: \_\_\_\_\_\_\_\_\_\_\_

Place Issued: \_\_\_\_\_\_\_\_\_\_\_



Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

October 4, 2024

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Erica B. Lalusin

Date of Birth : November 25, 2003

Age : 20 Years Old

Sex : Female

Civil Status : Single

Educational Attainment : Senior High School

Occupation : None

Address : Brgy. III Poblacion, Alaminos, Laguna

**II.**  **FAMILY COMPOSITION:**

NAME RELATION CIVIL AGE SEX EDUCATIONAL OCCUPATION

STATUS ATTAINMENT

Demesio G. Lalusin Grand Father Married 76 Male Elementary Grad. DECEASED

Ligaya Lalusin Grand Mother Widow 75 Female Elementary Grad. None

**III. PROBLEM PRESENTED:**

Client came to this office seeking for a Social Case Study Report for her request of burial assistance from DOH-MAIP.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client and her family live in their owned house that is made up of light and concrete materials. Client’s grand father died last September 25, 2024 due to Pulmonary Failure, Chronic Obstructive Pulmonary Disease and Hypertension. Client’s family has no ample money to fully pay their funeral debts thus she asks of burial assistance from your good office.

**V.** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of burial assistance from DOH-MAIP. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**NORIDDI A. CARREON, RSW** MSWDO Designate

License No. 8057

Valid Until March 24, 2026

CTC No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Issued: \_\_\_\_\_\_\_\_\_\_\_

Place Issued: \_\_\_\_\_\_\_\_\_\_\_



Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

October 4, 2024

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Rowell E. Mendoza

Date of Birth : September 28, 1985

Age : 39 Years Old

Sex : Male

Civil Status : Married

Educational Attainment : Vocational Course

Occupation : Production Operator

Address : Brgy. San Gregorio, Alaminos, Laguna

**II.**  **FAMILY COMPOSITION:**

NAME RELATION CIVIL AGE SEX EDUCATIONAL OCCUPATION

STATUS ATTAINMENT

Estelita Mendoza Mother Married 69 Female Elementary Grad. DECEASED

Eloisa Mendoza Wife Married 38 Female Vocational Grad. None

Nathan Mendoza Son Single 15 Male High School Student

Neighel Mendoza Son Single 10 Male Elementary Student

**III. PROBLEM PRESENTED:**

Client came to this office seeking for a Social Case Study Report for his request of burial assistance from DOH-MAIP.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client and his family live in their owned house that is made up of light and concrete materials. Client’s mother died last September 23, 2024 due to Ovarian Carcinoma. Client’s family has no ample money to fully pay their funeral debts thus he asks of burial assistance from your good office.

**V.** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of burial assistance from DOH-MAIP. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**NORIDDI A. CARREON, RSW** MSWDO Designate

License No. 8057

Valid Until March 24, 2026

CTC No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Issued: \_\_\_\_\_\_\_\_\_\_\_

Place Issued: \_\_\_\_\_\_\_\_\_\_\_



Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

October 3, 2024

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Alicia B. Avenido

Date of Birth : May 20, 1958

Age : 66 Years Old

Sex : Female

Civil Status : Single

Educational Attainment : College Graduate

Occupation : None

Address : Brgy. San Benito, Alaminos, Laguna

**II.**  **FAMILY COMPOSITION:**

NAME RELATION CIVIL AGE SEX EDUCATIONAL OCCUPATION

STATUS ATTAINMENT

Angelina B. Averion Sister Single 54 Female PWD

Pilar Avenido Mother Widow 94 Female Elementary Grad. None

Amor Marcelino Sister Married 64 Female College Graduate None

**III. PROBLEM PRESENTED:**

Client came to this office seeking for a Social Case Study Report for her request of medical of financial assistance for her sister’s medication from DOH-MAIP.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client and her family live in their owned house that is made up of light and concrete materials. Client’s sister was undergone operation of Enucleation Right Eye at Mary Mediatrix Medical Center and got confined last July 8 to July 10, 2024 and was diagnosed with Corneal Rupture, Phthisis Bulbi Right Eye, Community Acquired Pneumonia Moderate Risk, Obstructive Sleep Apnea, High Risk. thus she asks of financial or medical support from your good office.

**V.** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of financial or medical assistance from DOH-MAIP. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**NORIDDI A. CARREON, RSW** MSWDO Designate

License No. 8057

Valid Until March 24, 2026

CTC No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Issued: \_\_\_\_\_\_\_\_\_\_\_

Place Issued: \_\_\_\_\_\_\_\_\_\_\_



Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

October 3, 2024

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Rowena J. Bautista

Date of Birth : May 2, 1969

Age : 55 Years Old

Sex : Female

Civil Status : Widow

Educational Attainment : High School Under Graduate

Occupation : None

Address : Brgy. III Poblacion, Alaminos, Laguna

**II.**  **FAMILY COMPOSITION:**

NAME RELATION CIVIL AGE SEX EDUCATIONAL OCCUPATION

STATUS ATTAINMENT

Jan Robeen Bautista Son Married 35 Male High School Grad. Sick at Present

Danico Javier Brother Widow 69 Male High School Grad. None

**III. PROBLEM PRESENTED:**

Client came to this office seeking for a Social Case Study Report for her request of medical of financial assistance from DOH-MAIP.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client and her family live in their owned house that is made up of light and concrete materials. Client’s son was diagnosed with Chronic Kidney Disease Secondary to Diabetic Nephropathy and presently on hemodialysis 3x a week using left Intrajugular Catheter as his vascular access thus she asks of financial or medical support from your good office.

**V.** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of financial or medical assistance from DOH-MAIP. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**NORIDDI A. CARREON, RSW** MSWDO Designate

License No. 8057

Valid Until March 24, 2026

CTC No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Issued: \_\_\_\_\_\_\_\_\_\_\_

Place Issued: \_\_\_\_\_\_\_\_\_\_\_



Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

October 3, 2024

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Sharina L. Lunar

Date of Birth : January 29, 1999

Age : 25 Years Old

Sex : Female

Civil Status : Single

Educational Attainment : College Graduate

Occupation : Office Staff

Address : Brgy. Palma, Alaminos, Laguna

**II.**  **FAMILY COMPOSITION:**

NAME RELATION CIVIL AGE SEX EDUCATIONAL OCCUPATION

STATUS ATTAINMENT

Marilyn Lunar Mother Married 61 Female High School Grad. None

Dominador Lunar Father Married 62 Male Elementary Grad. Laborer

Patrick Lunar Brother Single 23 Male High School Grad. Cons. Worker

**III. PROBLEM PRESENTED:**

Client came to this office seeking for a Social Case Study Report for her request of medical of financial assistance from DOH-MAIP.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client and her family live in their owned house that is made up of light and concrete materials. Client was diagnosed with Atopic Dermatitis thus she asks of financial or medical support from your good office.

**V.** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of financial or medical assistance from DOH-MAIP. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**NORIDDI A. CARREON, RSW** MSWDO Designate

License No. 8057

Valid Until March 24, 2026

CTC No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Issued: \_\_\_\_\_\_\_\_\_\_\_

Place Issued: \_\_\_\_\_\_\_\_\_\_\_



Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

October 3, 2024

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Evangeline M. Malveda

Date of Birth : March 17, 1946

Age : 78 Years Old

Sex : Female

Civil Status : Married

Educational Attainment : High School Level

Occupation : None

Address : Brgy. Sta. Rosa, Alaminos, Laguna

**II.**  **FAMILY COMPOSITION:**

NAME RELATION CIVIL AGE SEX EDUCATIONAL OCCUPATION

TO CLIENT STATUS ATTAINMENT

Gregorio A. Malveda Husband Married 82 Male Elementary Grad. None

Dharyl Malveda Son Married 33 Male College Graduate Manager

Krystel Malveda Daughter In law Married 33 Female College Graduate None

Sacari Adam Malveda Grandson Single 8 Male Grade 3 Student

Sabia Anastacia Malveda Gradnd Daughter Single 3 Female N/A

**III. PROBLEM PRESENTED:**

Client came to this office seeking for a Social Case Study Report for her request of medical or financial assistance from DOH-MAIP.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client and her family live in their owned house that is made up of light and concrete materials. Client was diagnosed with HCVD; Coronary Artery Disease S/P Angioplasty; Type 2 Diabetes Mellitus; Heart Failure with reduced injection fraction thus she asks of medical or financial support from your good office.

**V.** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of financial or medical assistance from DOH-MAIP. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**NORIDDI A. CARREON, RSW** MSWDO Designate

License No. 8057

Valid Until March 24, 2026

CTC No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Issued: \_\_\_\_\_\_\_\_\_\_\_

Place Issued: \_\_\_\_\_\_\_\_\_\_\_



Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

October 2, 2024

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : King Brayly A. Valdez

Date of Birth : August 21, 2011

Age : 13 Years Old

Sex : Male

Civil Status : Single

Educational Attainment : Grade 7

Occupation : Student

Address : Brgy. II Poblacion, Alaminos, Laguna

**II.**  **FAMILY COMPOSITION:**

NAME RELATION CIVIL AGE SEX EDUCATIONAL OCCUPATION

TO CLIENT STATUS ATTAINMENT

Bryan Valdez Father Married 36 Male High School Grad. Warehouse man

Ma. Lyza Valdez Mother Married 34 Female High School Level Home Maker

Jhehyra Raven Valdez Sister Single 16 Female Grade 11 Student

Zaiyly Yam Valdez Sister Single 9 Female Grade 3 Student

Carl Dwyane Valdez Brother Single 7 Male Grade 1 Student

Gavin Valdez Brother Single 3 Male N/A

**III. PROBLEM PRESENTED:**

Client/patient’s mother came to this office seeking for a Social Case Study Report for his request of medical assistance from DOH-MAIP.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client/patient’s and his family lives in their grandmother owned house that is made up of light and concrete materials. Client got confined at Community General Hospital of San Pablo City last September 25, 2024 to September 30, 2024 due to joint pain and was diagnosed of other specified systemic involvement of connective tissue disease rule out malignancy. The client family are really having great financial difficulty for his hospitalization expenses incurred and continuous medical needs and treatment so much so they request of medical support from your good office.

**V.** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of medical assistance from DOH-MAIP. Said request will be process by his mother Ma. Lyza Valdez on his behalf. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**NORIDDI A. CARREON, RSW** MSWDO Designate

License No. 8057

Valid Until March 24, 2026

CTC No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Issued: \_\_\_\_\_\_\_\_\_\_\_

Place Issued: \_\_\_\_\_\_\_\_\_\_\_



Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

Sept. 4, 2024

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Claro M. Avecilla

Date of Birth : August 12, 1969

Age : 54 Years Old

Sex : Male

Civil Status : Married

Educational Attainment : High School Grad.

Occupation : None

Address : Brgy. Sta. Rosa Alaminos, Laguna

**II.**  **FAMILY COMPOSITION:**

NAME RELATION CIVIL AGE SEX EDUCATIONAL OCCUPATION

TO CLIENT STATUS ATTAINMENT

Marivic A. Avecilla Spouse Married 47 F High School Grad. Homemaker

James Clarence A. Avecilla Son Single 19 M Senior High Grad. Prod.Optr. Charmel A. Avecilla Daughter Single 17 F Grade 11 Student

Christian A. Avecilla Son Single 11 M Grade 5 Student

**III. PROBLEM PRESENTED:**

Client/patient’s son came to this office seeking for a Social Case Study Report for his request of medical assistance from DOH.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client/patient and his family lives in their owned house together with his family. He undergoes Hemodialysis treatment thrice a week at Nephro Plus Dialysis Center in San Pablo City. The client/patient was diagnosed of Chronic Kidney Disease Stage V secondary to Hypertensive Nephrosclerosis. The client receives financial support from his sister on limited amount only thus they are really having great financial difficulty for his continuous medical needs and treatment so much so they request of medical support from your good office.

**V.** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of medical assistance from DOH through Ms. Marisol “Sol” Aragones. Said request will be process by his wife Marivic on his behalf. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**NORIDDI A. CARREON, RSW** MSWDO Designate

License No. 8057

Valid Until March 24, 2026

CTC No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Issued: \_\_\_\_\_\_\_\_\_\_\_

Place Issued: \_\_\_\_\_\_\_\_\_\_\_





Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

July 8, 2024

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Kirsten M. Pido

Date of Birth : May 5, 2008

Age : 16 years old

Sex : Female

Civil Status : Single

Educational Attainment : Grade 11

Address : Brgy. San Andres Alaminos, Laguna

**II.**  **FAMILY COMPOSITION:**

NAME RELATION CIVIL AGE SEX EDUCATIONAL OCCUPATION

TO CLIENT STATUS ATTAINMENT

Hermie Ross A. Pido Father Single 41 Male College Level Driver

**III. PROBLEM PRESENTED:**

Client/patient’s father came to this office seeking for a Social Case Study Report for their request of medical assistance from DOH.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client/patient and her father live in their owned house that is constructed out of light and concrete materials. Client got confined at SPC Medical Center last July 2,2024 up to present due to Vehicular Accident. The family is having financial difficulty for her hospitalization accrued and continuous medical treatment thus she asked of medical support from your good office.

1. **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of medical assistance from DOH. Said request will be process by her father Hermie Ross A. Pido in her behalf. Thank you for your unending support to our needy constituents.

Prepared by:

**NORIDDI A. CARREON, RSW** MSWDO Designate

License No. 8057

Valid Until March 24, 202

CTC No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Issued: \_\_\_\_\_\_\_\_\_\_\_

Place Issued: Alaminos, Laguna





Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

July 8, 2024

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Kirsten M. Pido

Date of Birth : May 5, 2008

Age : 16 years old

Sex : Female

Civil Status : Single

Educational Attainment : Grade 11

Address : Brgy. San Andres Alaminos, Laguna

**II.**  **FAMILY COMPOSITION:**

NAME RELATION CIVIL AGE SEX EDUCATIONAL OCCUPATION

TO CLIENT STATUS ATTAINMENT

Hermie Ross A. Pido Father Single 41 Male College Level Driver

**III. PROBLEM PRESENTED:**

Client/patient’s father came to this office seeking for a Social Case Study Report for their request of medical assistance from DOH-MAIP.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client/patient and her father live in their owned house that is constructed out of light and concrete materials. Client got confined at SPC Medical Center last July 2,2024 up to present due to Vehicular Accident. The family is having financial difficulty for her hospitalization accrued and continuous medical treatment thus she asked of medical support from your good office.

1. **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of medical assistance from DOH-MAIP. Said request will be process by her father Hermie Ross A. Pido in her behalf. Thank you for your unending support to our needy constituents.

Prepared by:

**NORIDDI A. CARREON, RSW** MSWDO Designate

License No. 8057

Valid Until March 24, 202

CTC No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Issued: \_\_\_\_\_\_\_\_\_\_\_

Place Issued: Alaminos, Laguna





Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

July 3, 2024

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Pepito P. Aquino Jr.

Date of Birth : December 31, 1979

Age : 44 years old

Sex : Male

Civil Status : Married

Educational Attainment : High School Graduate

Address : Brgy. Palma Alaminos, Laguna

**II.**  **FAMILY COMPOSITION:**

NAME RELATION CIVIL AGE SEX EDUCATIONAL OCCUPATION

TO CLIENT STATUS ATTAINMENT

Lea Aquino Spouse Married 32 Female High School Grad. Housewife

Ezekiel Aquino Son Single 7 Male Grade 2 Student

**III. PROBLEM PRESENTED:**

Client/patient’s wife came to this office seeking for a Social Case Study Report for their request of medical assistance from DOH.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client/patient and his family live in their owned house that is constructed out of light and concrete materials. Client was diagnosed of T/C Intracranial Tumor and recommends for Cranial CT with Contrast/ BUN/ CREA. The family is having financial difficulty for his continuous medical treatment thus he asked of medical support from your good office.

1. **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of medical assistance from DOH. Said request will be process by his wife Lea Aquino in his behalf. Thank you for your unending support to our needy constituents.

Prepared by:

**NORIDDI A. CARREON, RSW** MSWDO Designate

License No. 8057

Valid Until March 24, 202

CTC No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Issued: \_\_\_\_\_\_\_\_\_\_\_

Place Issued: Alaminos, Laguna





Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

July 5, 2024

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Mark F. Bigal

Date of Birth : May 10, 1982

Age : 42 years old

Sex : Male

Civil Status : Single

Educational Attainment : Vocational Course

Address : #198 Brgy. Del Carmen Alaminos, Laguna

**II.**  **FAMILY COMPOSITION:**

NAME RELATION CIVIL AGE SEX EDUCATIONAL OCCUPATION

TO CLIENT STATUS ATTAINMENT

Flor F. Bigal Mother Married 69 Female College Graduate None

Marcelino Bigal Father Married 63 Male College Graduate None

**III. PROBLEM PRESENTED:**

Client/patient came to this office seeking for a Social Case Study Report for his request of medical assistance from Hon. Senator Joel Villanueva with Office Address at Rm. 508 & 8 (Extension) GSIS Bldg., Financial Center, Diokno Blvd., Pasay City.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client/patient and his family live in their owned house that is constructed out of light and concrete materials. Client was suffering from Chronic Kidney Disease V Secondary to Chronic Glomerulonephritis since October 2011. Patient is maintained on two Hemodialysis sessions per week at Community General Hospital of San Pablo City Inc. The family is having financial difficulty, only his brother support for them thus he asked of medical support from your good office.

1. **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of medical assistance from Senator Joel Villanueva. Thank you for your unending support to our needy constituents.

Prepared by:

**NORIDDI A. CARREON, RSW** MSWDO Designate

License No. 8057

Valid Until March 24, 202

CTC No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Issued: \_\_\_\_\_\_\_\_\_\_\_

Place Issued: Alaminos, Laguna





Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

April 05, 2024

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Caiden Vil D. Nuevo

Date of Birth : February 17, 2024

Age : 1 month ½ old

Sex : Male

Civil Status : Single

Educational Attainment : N/A

Address : Brgy. San Agustin Alaminos, Laguna

**II.**  **FAMILY COMPOSITION:**

NAME RELATION CIVIL AGE SEX EDUCATIONAL OCCUPATION

TO CLIENT STATUS ATTAINMENT

Vil Justine C. Nuevo Father Married 25 M 3rd Year College BNS

Elaica May Nuevo Mother Married 24 F 2nd Year College None

**III. PROBLEM PRESENTED:**

Client/patient’s father came to this office seeking for a Social Case Study Report for their request of medical assistance from DOH-MAIP.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client/patient and his family live in their owned house that is constructed out of light materials. Last April 2, 2024 client was admitted at Community General Hospital of San Pablo up to present due to Interstitial Pneumonia, patient doctor said he can be discharge anytime. The family has no ample money to accrued the hospital bill thus his family asks of some medical support from your good office.

1. **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of medical assistance from DOH-MAIP. Said request will be process by his father Vil Justine on his behalf. Thank you for your unending support to our needy constituents.

Prepared by:

**NORIDDI A. CARREON, RSW** MSWDO Designate

License No. 8057

Valid Until March 24, 2026

CTC No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Issued: \_\_\_\_\_\_\_\_\_\_\_

Place Issued: Alaminos, Laguna



Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

April 05, 2024

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Reynaldo G. Icaro

Date of Birth : December 25, 1964

Age : 59 Years Old

Sex : Male

Civil Status : Married

Educational Attainment : Vocational Grad.

Address : Brgy. IV Alaminos, Laguna

**II.**  **FAMILY COMPOSITION:**

NAME RELATION CIVIL AGE SEX EDUCATIONAL OCCUPATION

TO CLIENT STATUS ATTAINMENT

Helen Javier Common Law Wife Married 53 F 2nd Yr. High School Vendor

Relen Rose Icaro Daughter Single 15 F Grade 10 Student Reign Andrew Icaro Son Single 12 M Grade 7 Student

**III. PROBLEM PRESENTED:**

Client/patient’s spouse came to this office seeking for a Social Case Study Report for his request of financial assistance from Presidential Action Center at Jose P. Laurel St. Brgy. 645, San Miguel Malacañang, Manila.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client/patient and his family lives in his parent-in-law’s owned house. Client was diagnosed with Chronic Kidney Disease Stage V Secondary to Gouty Nephropathy and is currently maintained on three times a week hemodialysis at Renal Hub and Management Inc. in San Pablo City. The client and his family’s financial means won’t suffice for his continuous medical treatment thus he asked of financial support from your good office

**V.** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of financial assistance from Office of the President to spend for his medical treatment. Said request will be process by his common law wife Helen on his behalf. We continuously thank you for your good office for the unending support you extend to our needy constituents.

Prepared by:

**NORIDDI A. CARREON, RSW** MSWDO Designate

License No. 8057

Valid Until March 24, 2026

CTC No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Issued: \_\_\_\_\_\_\_\_\_\_\_

Place Issued: \_\_\_\_\_\_\_\_\_\_\_



Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

April 05, 2024

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Claro M. Avecilla

Date of Birth : August 12, 1969

Age : 54 Years Old

Sex : Male

Civil Status : Married

Educational Attainment : High School Grad.

Address : Brgy. Sta. Rosa Alaminos, Laguna

**II.**  **FAMILY COMPOSITION:**

NAME RELATION CIVIL AGE SEX EDUCATIONAL OCCUPATION

TO CLIENT STATUS ATTAINMENT

Marivic A. Avecilla Spouse Married 47 F High School Grad. Homemaker

James Clarence A. Avecilla Son Single 19 M Senior High Grad. Prod.Optr. Charmel A. Avecilla Daughter Single 17 F Grade 11 Student

Christian A. Avecilla Son Single 11 M Grade 5 Student

**III. PROBLEM PRESENTED:**

Client/patient’s son came to this office seeking for a Social Case Study Report for his request of medical assistance from DOH.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client/patient and his family lives in their owned house together with his family. He undergoes Hemodialysis treatment thrice a week at Nephro Plus Dialysis Center in San Pablo City. The client/patient was diagnosed of Chronic Kidney Disease Stage V secondary to Hypertensive Nephrosclerosis. The client receives financial support from his sister on limited amount only thus they are really having great financial difficulty for his continuous medical needs and treatment so much so they request of medical support from your good office.

**V.** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of medical assistance from DOH through Ms. Marisol “Sol” Aragones. Said request will be process by his wife Marivic on his behalf. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**NORIDDI A. CARREON, RSW** MSWDO Designate

License No. 8057

Valid Until March 24, 2026

CTC No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Issued: \_\_\_\_\_\_\_\_\_\_\_

Place Issued: \_\_\_\_\_\_\_\_\_\_\_



Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

April 03, 2024

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Edgar M. Gratil

Date of Birth : June 15, 1973

Age : 50 Years Old

Sex : Male

Civil Status : Single

Educational Attainment : High School Grad.

Address : #143 Bagong Silang St. Brgy. I Alaminos,Laguna

**II.**  **FAMILY COMPOSITION:**

NAME RELATION CIVIL AGE SEX EDUCATIONAL OCCUPATION

TO CLIENT STATUS ATTAINMENT

Amor P. Dumaraos Common-law wifeSingle 50 F High School Grad. Homemaker

Justmark Gratil Son Single 26 M College Grad. Prod.Optr.

John Paulo Gratil Son Single 24 M Grade 9 Construction

Worker

**III. PROBLEM PRESENTED:**

Client/patient’s son came to this office seeking for a Social Case Study Report for his request of medical assistance from DOH.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client/patient and his family lives in their own house that constructed out of light and concrete materials. Client/patient was admitted last March 1, 2024 at SPC Medical Center in San Pablo City up to present due to Dyspnea. Patient is known Diabetic diagnosed with Chronic Kidney Disease on Hemodialysis. During his dialysis, CBC was done which revealed low Hemoglobin and was then advised admission for blood transfusion. However patient developed Severe Dyspnea and was intubated and was subsequently admitted. The family has no ample money to spend for his medical expenses thus he asked of some medical support for his hospitalization and medical treatment from your good office.

**V.** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of medical assistance from DOH through Ms. Marisol “Sol” Aragones. Said request will be process by his common-law wife Amor on his behalf. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**NORIDDI A. CARREON, RSW** MSWDO Designate

License No. 8057

Valid Until March 24, 2026

CTC No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Issued: \_\_\_\_\_\_\_\_\_\_\_

Place Issued: \_\_\_\_\_\_\_\_\_\_\_



Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

April 03, 2024

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Renor R. Arida

Date of Birth : March 18, 1969

Age : 55 Years Old

Sex : Male

Civil Status : Married

Educational Attainment : High School Graduate

Address : Brgy. II Poblacion, Alaminos,Laguna

**II.**  **FAMILY COMPOSITION:**

NAME RELATION CIVIL AGE SEX EDUCATIONAL OCCUPATION

TO CLIENT STATUS ATTAINMENT

Teresita Mahinay Common-law wife S 53 F High School Grad. None

Calen Vien Espelimbrgo Granddaughter S 6 F Grade I Student

**III**. **PROBLEM PRESENTED:**

Client/patient’s came to this office seeking for a Social Case Study Report for his request of financial assistance from DOH.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client/patient and his family live in their own house and he used to have work but now becomes jobless. The client is currently sick due to Chronic Kidney Disease V, Secondary to Uric Acid Nephropathy and he maintained on two Hemodialysis session per week at Community General Hospital in San Pablo City. The clients just depend from minimal support from his relative and they are really in need of financial support to augment from his medical needs and continuous treatment.

**V.** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of financial assistance from DOH. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**NORIDDI A. CARREON, RSW** MSWDO Designate

License No. 8057

Valid Until March 24, 2026

CTC No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Issued: \_\_\_\_\_\_\_\_\_\_\_

Place Issued: \_\_\_\_\_\_\_\_\_\_\_



Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

April 02, 2024

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : John Kevin D. Morado

Date of Birth : May 7, 2005

Age : 18 Years Old

Sex : Male

Civil Status : Single

Educational Attainment : Grade 10

Address : Bagong Silang St. Brgy. I Poblacion Alaminos,Laguna

**II.**  **FAMILY COMPOSITION:**

NAME RELATION CIVIL AGE SEX EDUCATIONAL OCCUPATION

TO CLIENT STATUS ATTAINMENT

Ruel G. Morado Father Married 52 M High School Level Patient

Jocelyn D. Morado Spouse Married 51 F Elem.Grad. None

Ruel John D. Morado Son Single 24 M Elem.Level Prod.Optr.

Hanna Mae D.Morado Daughter Single 22 F High School Grad. Prod.Optr.

Hannalyn D.Morado Daughter Single 20 F Senior H.S. Grad.

Rhael D. Morado Son Single 17 M Grade 9 Student

**III**. **PROBLEM PRESENTED:**

Client/patient’s son came to this office seeking for a Social Case Study Report for his request of Financial Assistance from the good Governor, Hon. Ramil L. Hernandez.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client/patient and his family live in their own house. Client got confined at San Pablo Doctors Hospital in San Pablo City last March 28, 2024 up to present due to Seizure Disorder, patient was also diagnosed of Cerebral Infarction ; Partial Motor Seizure . The family has no ample money for his accrued hospitalization & continuous medical treatment thus he asked of medical support from your good office.

**V.** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of financial assistance from the Governor’s Office. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**NORIDDI A. CARREON, RSW** MSWDO Designate

License No. 8057

Valid Until March 24, 2026

CTC No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Issued: \_\_\_\_\_\_\_\_\_\_\_

Place Issued: \_\_\_\_\_\_\_\_\_\_\_



Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

April 02, 2024

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Ruel G. Morado

Date of Birth : January 18, 1972

Age : 52 Years Old

Sex : Male

Civil Status : Married

Educational Attainment : High School Level

Address : Bagong Silang St. Brgy. I Pob. Alaminos,Laguna

**II.**  **FAMILY COMPOSITION:**

NAME RELATION CIVIL AGE SEX EDUCATIONAL OCCUPATION

TO CLIENT STATUS ATTAINMENT

Jocelyn D. Morado Spouse Married 51 F Elem.Grad. None

Ruel John D. Morado Son Single 24 M Elem.Level Prod.Optr.

Hanna Mae D.Morado Daughter Single 22 F High School Grad. Prod.Optr.

Hannalyn D.Morado Daughter Single 20 F Senior H.S. Grad.

Rhael D. Morado Son Single 17 M Grade 9 Student

John Kevin D. Morado Son Single 18 M Grade 10 Student

**III**. **PROBLEM PRESENTED:**

Client/patient’s son came to this office seeking for a Social Case Study Report for his request of medical assistance from DOH-MAIP.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client/patient and his family live in their own house. Client got confined at San Pablo Doctors Hospital in San Pablo City last March 28, 2024 up to present due to Seizure Disorder, patient was also diagnosed of Cerebral Infarction ; Partial Motor Seizure . The family has no ample money for his accrued hospitalization & continuous medical treatment thus he asked of medical support from your good office.

**V.** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of medical assistance from DOH-MAIP. Said request will be process by his son John Kevin on his behalf. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**NORIDDI A. CARREON, RSW** MSWDO Designate

License No. 8057

Valid Until March 24, 2026

CTC No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Issued: \_\_\_\_\_\_\_\_\_\_\_

Place Issued: \_\_\_\_\_\_\_\_\_\_\_



Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

April 2, 2024

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Rubylyn Y. Pasia

Date of Birth : February 23, 1981

Age : 43 Years Old

Sex : Female

Civil Status : Single

Educational Attainment : College Grad.

Address : Brgy. San Ildefonso Alaminos, Laguna

**II.**  **FAMILY COMPOSITION:**

NAME RELATION CIVIL AGE SEX EDUCATIONAL OCCUPATION

TO CLIENT STATUS ATTAINMENT

Ruther Regner Y. Pasia Brother Single 41 M College Grad.

Estelita Y. Pasia Mother Widow 68 F College Grad. Senior Citizen

**III**. **PROBLEM PRESENTED:**

Client/patient’s brother came to this office seeking for a Social Case Study Report for her request of Medical Assistance from DOH-MAIP.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client/patient and her family live in their own house that is constructed out of light and concrete materials. Client was diagnosed of Breast CA Stage 4 and done surgery procedure of mastectomy and biopsy. Patient is advised for Oral Treatment Chemotherapy every 21 days. The family are having financial difficulty to fully support for her continuous medical needs and treatment thus she is asking of some augmentation from your good office.

**V.** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of Medical Assistance from DOH-MAIP. Said request will be process by her brother Ruther on her behalf. We thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**NORIDDI A. CARREON, RSW** MSWDO Designate

License No. 8057

Valid Until March 24, 2026

CTC No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Issued: \_\_\_\_\_\_\_\_\_\_\_

Place Issued: \_\_\_\_\_\_\_\_\_\_\_



Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

March 25, 2024

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Jaiden Shai Azrael R. Villaceran

Date of Birth : March 15, 2024

Age : 10 days old

Sex : Male

Civil Status : Single

Educational Attainment : n/a

Address : Block 23, Lot 2 Purok 1 Bella Vita

Brgy. San Andres Alaminos, Laguna

**II.**  **FAMILY COMPOSITION:**

NAME RELATION CIVIL AGE SEX EDUCATIONAL OCCUPATION

TO CLIENT STATUS ATTAINMENT

Villfler F. Villaceran Father Married 31 M College Grad. Auditor

Jacquelyn R. Villaceran Mother Married 29 M College Grad. None

**III**. **PROBLEM PRESENTED:**

Client/patient’s father came to this office seeking for a Social Case Study Report for his request of medical assistance from DSWD R.O IV A.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client/patient and his family live in their own house. Client’s mother got confined at Daniel O. Mercado Medical Center in President Laurel Hi-way Pob. 3 City of Tanauan, Batangas at the same time his mother gave birth to Jaiden last March 15, 2024. Client /patient’s mother was discharged last March 16, 2024 but Jaiden still at the hospital due to Early Preterm at 28 weeks. According to the doctor he still needs to stay at the hospital for another 1 month. The family has no ample money to accrued for his hospitalization thus he asked of medical support from your good office.

**V.** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of medical assistance from DSWD R.O IV-A in Alabang, Muntinlupa City. Said request will be process by his father on his behalf. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**NORIDDI A. CARREON, RSW** MSWDO Designate

License No. 8057

Valid Until March 24, 2026

CTC No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Issued: \_\_\_\_\_\_\_\_\_\_\_

Place Issued: \_\_\_\_\_\_\_\_\_\_\_



Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

March 22, 2024

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Francis Nico M. Manalo

Date of Birth : February 12, 2024

Age : 1 month & 10 days old

Sex : Male

Civil Status : Single

Educational Attainment :

Address : Brgy. San Gregorio Alaminos,Laguna

**II.**  **FAMILY COMPOSITION:**

NAME RELATION CIVIL AGE SEX EDUCATIONAL OCCUPATION

TO CLIENT STATUS ATTAINMENT

Nicaella M. Manalo Mother Married 35 F High School Grad. None

Sander Manalo Father Married 38 M High School Grad. Construction

Worker

Mikyla Nicole M. Manalo Sister Single 16 F Grade 11 Student

Sandra Mae M. Manalo Sister Single 12 F Grade 7 Student

Andrei M. Manalo Brother Single 10 M Grade 5 Student

**III**. **PROBLEM PRESENTED:**

Client/patient’s grandmother came to this office seeking for a Social Case Study Report for his request of medical assistance from DOH-MAIP.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client/patient and his family live in their own house. Client’s mother got confined at SPC Medical Center in San Pablo City and at the same time his mother gave birth to Francis last February 12, 2024. Client/patient’s mother was discharged last February 14, 2024 but Francis Nico the client/patient still at the hospital due to Live Preterm Baby Boy VIA NSD BW 1.55 BL 40cm Prematurity. Client/patient can discharge anytime according to the doctor. The family has no ample money to accrued for his hospitalization thus he asked of medical support from your good office.

**V.** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of medical assistance from DOH-MAIP. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**NORIDDI A. CARREON, RSW** MSWDO Designate

License No. 8057

Valid Until March 24, 2026

CTC No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Issued: \_\_\_\_\_\_\_\_\_\_\_

Place Issued: \_\_\_\_\_\_\_\_\_\_\_



Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

March 15, 2024

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Domenick Cailao

Date of Birth : August 20, 1994

Age : 29 yrs old

Sex : Male

Civil Status : Single

Educational Attainment : College Graduate

Address : Brgy. II-Pob. Alaminos,Laguna

**II.**  **FAMILY COMPOSITION:**

NAME RELATION CIVIL AGE SEX EDUCATIONAL OCCUPATION

TO CLIENT STATUS ATTAINMENT

Tirso Cailao Father Married 54 M Elementary Grad. Driver

Ana May M. Cailao Mother Married 52 F Elementary Grad. None

Giselle Sahagun Live in Partner Single 28 F College Level None

Drent Ellnick S. Cailao Son Single 10 M Grade 5 Student

Dale S. Cailao Son Single 6 M Kinder Sick at Present

Drea Gale S. Cailao Daughter Single 3 F

**III**. **PROBLEM PRESENTED:**

Client/patient’s father came to this office seeking for a Social Case Study Report for his request of medical assistance from Hon. Governor Ramil L. Hernandez.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client/patient and his family live in their own house. Patient consult to his Doctor and he was advice to confined in Laguna Medical Center last March 13, 2024 up to present. He was diagnosed of Inguinal Hernias Hypospadias. The family has no ample money to accrued for his medical needs and treatment thus he asked of medical/financial support from your good office.

**V .** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of medical assistance from your good office. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**NORIDDI A. CARREON, RSW** MSWDO Designate

License No. 8057

Valid Until March 24, 2026

CTC No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Issued:\_\_\_\_\_\_\_\_\_\_\_

Place Issued:\_\_\_\_\_\_\_\_\_\_\_



Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

March 15, 2024

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Dale S. Cailao

Date of Birth : January 20, 2018

Age : 6 yrs old

Sex : Male

Civil Status : Single

Educational Attainment : Kinder

Address : Brgy. II-Pob. Alaminos,Laguna

**II.**  **FAMILY COMPOSITION:**

NAME RELATION CIVIL AGE SEX EDUCATIONAL OCCUPATION

TO CLIENT STATUS ATTAINMENT

Tirso Cailao GrandFather Married 54 M Elementary Grad. Driver

Ana May M. Cailao GrandMother Married 52 F Elementary Grad. None

Domenick Cailao Father Single 29 M College Graduate Salesman

Giselle Sahagun Mother Single 28 F College Level None

Drent Ellnick S. Cailao Brother Single 10 M Grade 5 Student

Drea Gale S. Cailao Sister Single 3 F

**III**. **PROBLEM PRESENTED:**

Client/patient’s father came to this office seeking for a Social Case Study Report for his request of medical/financial assistance from DOH.

**IV. CLIENT’S HISTORICAL BACKGROUND:**

Client/patient and his family live in their own house. Patient consult to his Doctor and he was advice to confined in Laguna Medical Center last March 13, 2024 up to present. He was diagnosed of Inguinal Hernias Hypospadias. The family has no ample money to accrued for his medical needs and treatment thus he asked of medical/financial support from your good office.

**V .** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of medical/financial assistance from DOH. Said request will be process by his father on his behalf. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**NORIDDI A. CARREON, RSW** MSWDO Designate

License No. 8057

Valid Until March 24, 2026

CTC No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Issued:\_\_\_\_\_\_\_\_\_\_\_

Place Issued:\_\_\_\_\_\_\_\_\_\_\_



Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

March 15, 2024

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Dale S. Cailao

Date of Birth : January 20, 2018

Age : 6 yrs old

Sex : Male

Civil Status : Single

Educational Attainment : Kinder

Address : Brgy. II-Pob. Alaminos,Laguna

**II.**  **FAMILY COMPOSITION:**

NAME RELATION CIVIL AGE SEX EDUCATIONAL OCCUPATION

TO CLIENT STATUS ATTAINMENT

Tirso Cailao GrandFather Married 54 M Elementary Grad. Driver

Ana May M. Cailao GrandMother Married 52 F Elementary Grad. None

Domenick Cailao Father Single 29 M College Graduate Salesman

Giselle Sahagun Mother Single 28 F College Level None

Drent Ellnick S. Cailao Brother Single 10 M Grade 5 Student

Drea Gale S. Cailao Sister Single 3 F

**III**. **PROBLEM PRESENTED:**

Client/patient’s father came to this office seeking for a Social Case Study Report for his request of medical/financial assistance from DOH-MAIP.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client/patient and his family live in their own house. Patient consult to his Doctor and he was advice to confined in Laguna Medical Center last March 13, 2024 up to present. He was diagnosed of Inguinal Hernias Hypospadias. The family has no ample money to accrued for his medical needs and treatment thus he asked of medical/financial support from your good office.

**V.** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of medical/financial assistance from DOH-MAIP. Said request will be process by his father on his behalf. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**NORIDDI A. CARREON, RSW** MSWDO Designate

License No. 8057

Valid Until March 24, 2026

CTC No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Issued:\_\_\_\_\_\_\_\_\_\_\_

Place Issued:\_\_\_\_\_\_\_\_\_\_\_



Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

March 12, 2024

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Isaac M. Cueto

Date of Birth : June 3, 1959

Age : 64

Sex : Male

Civil Status : Married

Educational Attainment : Grade 3

Address : Purok 6 Brgy. San Gregorio Alaminos,Laguna

**II.**  **FAMILY COMPOSITION:**

NAME RELATION CIVIL STATUS AGE SEX EDUCATIONAL OCCUPATION

TO CLIENT ATTAINMENT

Freah Kzleen Cueto Granddaughter Single 6 F Grade I Student

John Froiland Cueto Son Married 30 M 2nd Yr.High School Laborer

Evangeline C. Cueto Wife Married 61 F 22nd Yr. High School None

**III**. **PROBLEM PRESENTED:**

Client/patient’s wife came to this office seeking for a Social Case Study Report for his request of medical assistance from DOH-MAIP.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client/patient and his family live in their own house. The patient is undergone medical checked-up at San Pablo City District Hospital in San Pablo City and he was diagnosed of Chronic Obstructive Pulmonary Tuberculosis; Community Acquired Pneumonia. The family has no ample money to accrued for his medical needs and treatment thus he asked of medical support from your good office.

**V .** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of medical assistance from DOH-MAIP. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**NORIDDI A. CARREON, RSW** MSWDO Designate

License No. 8057

Valid Until March 24, 2026

CTC No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Issued:\_\_\_\_\_\_\_\_\_\_\_

Place Issued:\_\_\_\_\_\_\_\_\_\_\_



Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

March 12, 2024

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Victoria Z. Abrigo

Date of Birth : October 25, 2024

Age : 78 yrs. old

Sex : Female

Civil Status : Single

Educational Attainment : College Graduate

Address : #2 Fandiño St. Brgy. III, Alaminos, Laguna

1. **FAMILY COMPOSITION:**

NAME RELATION CIVIL AGE SEX EDUCATIONAL OCCUPATION

TO CLIENT STATUS ATTAINMENT

Edlyn Lacap Distant Relative Married 46 F High Schools Grad. Homemaker

**PROBLEM PRESENTED:**

Client/patient’s distant Edlyn came to this office seeking for a Social Case Study Report for her request of medical from Agimat Partylist.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client is a single blessedness soul and she now lives by herself in her owned house. Her cousin usually visits her every Tuesday and Friday accompanies her on her dialysis session. The client /patient is sick and she was diagnosed of Chronic Renal Failure secondary to Diabetic Nephropathy with Visual Disability. She is suffering from such illness for 6 years already undergoing hemodialysis treatment thrice a week at San Pablo Medical Center at San Pablo City. Her medical expenses for a month costs her at least Php. 50,000 but she receives a monthly pension of Php 6,000 only thus she asked for some augmentation from your good office to support for her continuous medical needs.

**IV .** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of medical assistance from Agimat Partylist for her continuous medication. Said request will be process by Ms. Edlyn on her behalf. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**NORIDDI A. CARREON, RSW** MSWDO Designate

License No. 8057

Valid Until March 24, 2026

CTC No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Issued:\_\_\_\_\_\_\_\_\_\_\_

Place Issued:\_\_\_\_\_\_\_\_\_\_\_



Republic of the Philippines

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Alaminos, Laguna

March 12, 2024

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Victoria Z. Abrigo

Date of Birth : October 25, 2024

Age : 78 yrs. old

Sex : Female

Civil Status : Single

Educational Attainment : College Graduate

Address : #2 Fandiño St. Brgy. III, Alaminos, Laguna

1. **FAMILY COMPOSITION:**

NAME RELATION CIVIL AGE SEX EDUCATIONAL OCCUPATION

TO CLIENT STATUS ATTAINMENT

Edlyn Lacap Distant Relative Married 46 F High Schools Grad. Homemaker

**PROBLEM PRESENTED:**

Client/patient’s distant Edlyn came to this office seeking for a Social Case Study Report for her request of medical from Office of the Vice President Public Assistance Division Extension Office LLG Building Baseview Commercial Area , Barangay Sico in Lipa City through Hon. Vice President Sara Duterte.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client is a single blessedness soul and she now lives by herself in her owned house. Her cousin usually visits her every Tuesday and Friday accompanies her on her dialysis session. The client /patient is sick and she was diagnosed of Chronic Renal Failure secondary to Diabetic Nephropathy with Visual Disability. She is suffering from such illness for 6 years already undergoing hemodialysis treatment thrice a week at San Pablo Medical Center at San Pablo City. Her medical expenses for a month costs her at least Php. 50,000 but she receives a monthly pension of Php 6,000 only thus she asked for some augmentation from your good office to support for her continuous medical needs.

**IV .** **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of medical assistance from your good office for her continuous medication. Said request will be processed by Ms. Edlyn on her behalf. We continuously thank your good office for the unending support you extend to our needy constituents.

Prepared by:

**NORIDDI A. CARREON, RSW** MSWDO Designate

License No. 8057

Valid Until March 24, 2026

CTC No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Issued:\_\_\_\_\_\_\_\_\_\_\_

Place Issued:\_\_\_\_\_\_\_\_\_\_\_



REPUBLIC OF THE PHILIPPINES

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

ALAMINOS, LAGUNA

­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­

------------------------------------------------------------------------------------------------------------------------------------------

March 12, 2024

**SOCIAL CASE STUDY REPORT**

**IDENTIFYING DATA:**

Name : Renor R. Arida

Date of Birth : March 18, 1969

Age : 54 years old

Sex : Male

Civil Status : Married

Educational Attainment : High School Graduate

Address : Brgy. 2 Poblacion Alaminos, Laguna

1. **FAMILY COMPOSITION:**

NAME RELATION CIVIL AGE SEX EDUCATIONAL OCCUPATION

TO CLIENT STATUS ATTAINMENT

Teresita A. Mahinay Spouse Married 52 F High School Grad. Housewife

Cale Vien Espelembergo Granddaughter 5 F Grade 1 Student

1. **PROBLEM PRESENTED:**

Client came to this office seeking for a Social Case Study Report for his request of Medical/Financial Assistance from Philippine Amusement Gaming and Corporation through Hon. Alejandro H. Tengco, PAGCOR’s Chairperson and Chief Executive Officer.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client and his family live in their owned house and he used to have work but now becomes jobless. The client is currently sick due to Chronic Kidney Disease V, Secondary to Uric Acid Nephropathy and he maintained on two Hemodialysis session per week at Community General Hospital in San Pablo City. The clients just depend from minimal support from his relative and they are really in need of Medical/Financial support to augment from his medical needs and continuous treatment.

V. **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of medical/financial assistance for his continuous medical treatment. Thank you for your unending support to our needy constituents.

Prepared by:

**NORIDDI A. CARREON, RSW** MSWDO Designate

License No. 8057

Valid Until March 24, 2026

CTC No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Issued:\_\_\_\_\_\_\_\_\_\_\_\_\_

Place Issued:\_\_\_\_\_\_\_\_\_\_\_\_\_



REPUBLIC OF THE PHILIPPINES

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

ALAMINOS, LAGUNA

November 14, 2022

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Caredo A. Sumadsad

Date of Birth : August 1, 1962

Age : 60 years old

Civil Status : Married

Educational Attainment : College Graduate

Address : Brgy, San Agustin, Alaminos, Laguna

1. **FAMILY COMPOSITION:**

NAME RELATION CIVIL AGE SEX EDUCATIONAL OCCUPATION

TO CLIENT STATUS ATTAINMENT

Sevilla S. Capiña sister Married 53 F College Grad. Sick at present

Jimmy Capeña in-law Married 59 M College Grad, Retired

Jim Nathaniel Capeña nephew Single 19 M College level Student

1. **PROBLEM PRESENTED:**

Client came to this office seeking for a Social Case Study Report for his request of Financial Assistance from the good Governor, Hon. Ramil L. Hernandez.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client and her family lives in their owned house at Brgy. San Agustin, Alaminos, Laguna. Her sister request by her Physician for CT scan of the Chest, head, neck and upper abdomen with IV contrast. After through physical and medical examinations, the patient was found to have breast cancer. They have incurred medical expenses from their patient’s continuous medication so much, so she asked of financial support from your good office.

1. **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of financial assistance from your good office. Looking forward to merit your favorable approval on this request. Thank you.

Prepared by:

**NORIDDI A. CARREON, RSW** Social Welfare Officer II

License No. 8057

Valid Until March 24, 2023

CTC No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Issued:\_\_\_\_\_\_\_\_\_\_\_\_\_

Place Issued:\_\_\_\_\_\_\_\_\_\_\_\_\_

****



REPUBLIC OF THE PHILIPPINES

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

ALAMINOS, LAGUNA

March 8, 2024

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Fortunato S. Guno

Date of Birth : February 28, 1978

Age : 45 Years old

Sex : Male

Civil Status : Single

Educational Attainment : High School Graduate

Address : Brgy. San Agustin, Alaminos, Laguna

1. **FAMILY COMPOSITION:**

NAME RELATION CIVIL AGE SEX EDUCATIONAL OCCUPATION

TO CLIENT STATUS ATTAINMENT

Remedios G. Bala Sister Married 48 Female High School Grad. Housewife

Renato C. Bala Brother in law Married 53 Male High School Grad. Laborer

1. **PROBLEM PRESENTED:**

Client came to this office seeking for a Social Case Study Report for his request of medical from the DOH-MAIP.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client live in his sister’s owned house, he was diagnosed of Chronic Kidney Disease Stage 5 Secondary to Diabetic Nephropathy and is undergoing Hemodialysis twice a week at Community General Hospital in San Pablo City. Client had been sick for almost three years already thus he asks of financial support from your good office.

V . **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of medical assistance from DOH-MAIP. Thank you for your unending support to our needy constituents.

Prepared by:

**NORIDDI A. CARREON, RSW** MSWDO Designate

License No. 8057

Valid Until March 24, 2026

CTC No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Issued:\_\_\_\_\_\_\_\_\_\_\_\_\_

Place Issued:\_\_\_\_\_\_\_\_\_\_\_\_\_



REPUBLIC OF THE PHILIPPINES

MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

ALAMINOS, LAGUNA

March 8, 2024

**SOCIAL CASE STUDY REPORT**

1. **IDENTIFYING DATA:**

Name : Fortunato S. Guno

Date of Birth : February 28, 1978

Age : 45 Years old

Sex : Male

Civil Status : Single

Educational Attainment : High School Graduate

Address : Brgy. San Agustin, Alaminos, Laguna

1. **FAMILY COMPOSITION:**

NAME RELATION CIVIL AGE SEX EDUCATIONAL OCCUPATION

TO CLIENT STATUS ATTAINMENT

Remedios G. Bala Sister Married 48 Female High School Grad. Housewife

Renato C. Bala Brother in law Married 53 Male High School Grad. Laborer

1. **PROBLEM PRESENTED:**

Client came to this office seeking for a Social Case Study Report for his request of medical from the SWADCA in Sta.Cruz, Laguna.

1. **CLIENT’S HISTORICAL BACKGROUND:**

Client live in his sister’s owned house, he was diagnosed of Chronic Kidney Disease Stage 5 Secondary to Diabetic Nephropathy and is undergoing Hemodialysis twice a week at Community General Hospital in San Pablo City. Client had been sick for almost three years already thus he asks of financial support from your good office.

V . **RECOMMENDATION:**

In view of the foregoing facts stated above, the undersigned worker recommends the client for provision of medical assistance from SWADCA Sta. Cruz, Laguna. Thank you for your unending support to our needy constituents.

Prepared by:

**NORIDDI A. CARREON, RSW** MSWDO Designate

License No. 8057

Valid Until March 24, 2026

CTC No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Issued:\_\_\_\_\_\_\_\_\_\_\_

Place Issued:\_\_\_\_\_\_\_\_\_\_\_

